Title: Combined discussion on Statutory Resolution regarding Disapproval of Indian Medical Council (Amendment) Ordinance, 2016 (No. 4 of 2016) and The Indian Medical Council (Amendment) Bill, 2016, the Dentists (Amendment) Ordinance, 2016 (Ordinance No. 6 of 2016) and the Dentists (Amendment) Bill, 2016.

HON. DEPUTY SPEAKER: Now we take up Item No. 19, 20, 21 & 22 together. Shri N.K. Premachandran to move the Statutory Resolution.

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

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

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

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

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

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

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

SEVERAL HON. MEMBERS: We agree.

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

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

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

SHRI JAGAT PRAKASH NADDA: I beg to move:

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

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

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

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

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

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

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

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

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

This is the only statutory authority by which the medical education can be regulated in the country. What happened in the year 2010? We saw that even the Medical Council of India was dipped in financial irregularities. It was full of corruption. It was being superseded by the Board of Governors appointed by the Government. That was the experience which we did have in the year 2010. The Medical Council of India is the statutory authority to see that the medical education in the country is the best so that we have the best doctors, the best professionals in our country but unfortunately the same Medical Council of India misusing their powers indulged in financial irregularities and corrupt practices. As a result, the Medical Council of India was finally replaced by the nominated Board of Governors by the Government of India. That was the position of the Medical Council of India.

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

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

The medical education in India has now become a very lucrative business. As hon. Deputy Speaker is also from South India, you may notice that out of 381 medical colleges in the country, 154 medical colleges are in the South. Everybody knows what is happening in all these medical colleges. For getting admission in a medical college under the management quota, it requires lakhs of rupees for an undergraduate course and crores of rupees for a postgraduate course. It is an accepted fact in the country. What would be the fate of the doctors who have graduation or post graduation degrees from these medical colleges after paying this much capitation fee? One has to pay Rs.2 crore or Rs.2.5 crore as capitation fee or donation, whatever we may call it, for getting admission to a medical college. If such doctors come out of the colleges as skilled professionals, what will be the fate of the poor patients in the country?

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

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

Sir, what is the purpose of this Ordinance or the Bill that we are discussing today? The entire purpose of the Bill is to provide a statutory mechanism or to conferring a statutory status to the Medical Entrance Examination. That is the purpose of the Bill. If that be the purpose of the Bill and students are admitted to the medical colleges as per the merit list of the entrance examination conducted by the Government of India or the Medical Council of India, then the fee structure has to be definitely regulated by means of a legislation or by any other means either by the Medical Council of India or by the Government of India so that the poor students of our country also gets an opportunity to have their education in the medical colleges. That is a suggestion that I would like to make.

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

Sir, against the judgement of the 2013, on a review petition submitted by the Government of India as well as the Medical Council of India on 28th April and 9th May, 2016, the Supreme Court directed that the National Eligibility Entrance Test shall come into effect immediately. These are two totally contradictory judgements. In the year 2013 the Government of India decided to have the NEET examination which was declared null and void and in 2016 on April 28th and May 9th the same Supreme Court had ruled that the Government has to commence the NEET examination and it should come into effect immediately. Further the Supreme Court has directed to conduct the examination in two phases, that is, NEET Phase I and NEET Phase II. The first one is on 1st May and the second one is on 24th July, 2016. Who is at fault for this? This is the same thing that we discussed when we discussed the National Judicial Appointment Commission Bill. There is a question on the credibility of the judicial verdicts that are being pronounced. Now the Supreme Court without giving breathing time to the Government directed that this should be applicable to the whole country. What is the role of the Judiciary? They are discharging the functions of the Executive. Nowadays Judiciary is discharging the functions of the Executive. They are becoming the law-makers of the country and they are trespassing every sphere of activity, be it the Executive or the law-making powers. The Supreme Court is directing that the Government should conduct the Entrance Examination on 1st May and then on 24th of July.

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

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

In my State, Kerala, the Entrance Examination was already conducted by the State Government. Most of the State Governments have already completed the Entrance Examination. The Supreme Court is saying that all the Entrance Examinations in which the students have appeared are to be treated as null and void. There is no validity of that Examination. What is the right of the Supreme Court to say all these things? The Supreme Court can give a mandatory direction that they should have a National Medical Entrance Examination. All the States have acted on the basis of the Medical Council of India Act. This Entrance Examination has been conducted by the respective State on the basis of the Medical Council of India Act and the Supreme Court, one fine morning, declares that all the Entrance Examinations held in various States are to be declared as null and void. Under the leadership of Medical Council of India, the CBSE has been entrusted with the task of conducting the medical test on particular two days and the entire student community has to appear once again for the examination. This was the first condition.

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

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

I fully appreciate the Government. Though we have political differences, Shri Nadda Ji, I fully appreciate the Government's immediate action on this issue. You have convened the all-Party meeting and had consultations with all the State Health Ministers and came to a consensus that Ordinance or some other mechanism has to be applied so as to resolve this issue. That is why, this Ordinance has been promulgated. I am only

having technical and formal objections in the case of the pronouncements of the Ordinance. Otherwise, I fully agree with the contents of the Bill.

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

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

As a result, the students are in big trouble. Finally, the Government of India has decided to entrust these colleges to the State Government. Mr. Deputy-Speaker, Sir, in your State also, the State Government has taken over the Coimbatore ESI Medical College. Similarly, in my constituency, the State Government has decided to take over the Paripally ESI Medical College and that process is complete now. There the inspection by the Medical Council of India is not yet over. So far Rs. 550 crore have been invested by the Government of India. The entire infrastructure has been built up. But unfortunately from 2014 to 2016, this is being kept idle and it is a national waste. ...(Interruptions)

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

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

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

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

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

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

HON. DEPUTY-SPEAKER: Motions moved:

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

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

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

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

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

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

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

Why was this Ordinance promulgated? I am totally supporting the hon. Health Minister for promulgating the Ordinance and for also bringing in this piece of legislation. I am one of the Members of Parliament who raised this issue in this august House. What has happened in Kerala? Students in Kerala have written the examination; State Government has already conducted the examination. Not only in Kerala, Gujarat has also conducted the examination. Students are expecting the results. One fine morning, the Supreme Court said that on such and such date the Government would conduct uniform entrance test. What does it mean? What type of pressure is put on the students? What will be the consequences? How can the Supreme Court dictate the Government that by such and such date you conduct the examination? I have never seen such a thing. Already the State Governments have their own rules. In Kerala, thousands of students are in difficulty; they had called us frantically to know as to what would be their future. What is going to happen? All the family members are in a very difficult situation. At that time, only one way was available, and that is to promulgate the Ordinance. That is what the Government has done. I really congratulate the Minister. That was the need of the hour. Hon. Kharge ji and other Members have also raised the issue.

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

15.00 hours

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SHRI MALLIKARJUN KHARGE: Moreover it is a Government college.

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

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

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

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

In addition to this, I would like to share a larger concern in this area. Nowadays we are discussing about the NEET examination. We are discussing about the national level entrance examination. Already Premachandran *ji* told, regional language should be there. I think the hon. Minister will agree that whenever we are going for a national entrance examination, all regional languages should be allowed and the examination should be conducted in their respective language. You know better than me. Nowadays, a lot of institutions are flourishing all over India for giving camp to the entrance examinations. In entrance coaching centres, exorbitant fees are taken away from the students. You can see the results of the entrance examinations. If you go in for a research on that, you can see that the percentage of the students from poor ground is very low. Why is it happening?

It is because, you have to spend a lot of money for succeeding in the examinations. You have to go to tuitions, special tuition classes, coaching centres, coaching camps. In my State, there are two-three centres; I am not naming. Everybody goes there and stays there for two-three years and spends a lot of money.

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

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

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

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

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

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

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

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

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

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

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

दुनिया में जितने भी विक्रसित देश हैं, इनमें सबसे मुश्कित कोई एन्ट्रेंस एन्जाम या स्टडी हैं तो वह मेडिकत कॉलेज की मानी जाती हैं। यहां तक कि चाहे इंग्लैण्ड हो, आस्ट्रेलिया हो, अमेरिका हो, सभी जगह एन्ट्रेंस टैस्ट के माध्यम से ही एडिमिशन होता हैं। कहीं भी पैसे से एडिमिशन नहीं ते सकते हैं। यूएस 24 परसेंट जीडीपी हैंल्थ पर खर्च करता है, वहां 12वीं को भी एतिजिबत नहीं माना जाता हैं। 12वीं के बाद तीन साल पढ़ना पड़ता हैं, उसके बाद मेडिकत कॉलेज में एन्ट्रेंस एम्जाम के थू लेगा होगा। एम्जाम के चार साल देने के बाद फिर एम्जिट टैस्ट देना पड़ेगा, एम्जिट टैस्ट देने के तीन साल तक रेजीइंसी कोर्स होगा, तब कहीं जाकर मेडिकत सिर्टिफिकेट मिलता हैं तािक वह प्रेविट्स कर सके। हमारे यहां था कि पीसीएम में 50 परसेंट मार्क्स होने चािहए, उसके बाद बाकी सब कुछ प्रइवेट मेडिकत कॉलेज में मैनेजिबएत था। गवर्नमेंट मेडिकत कॉलेज का फिर भी बहुत अच्छा स्टैंडर्ड था, कम्पीटिशन था तेिकन प्रइवेट मेडिकत कॉलेज में इस तरह की कोई चीज नहीं थी। 50 परसेंट मार्क्स के ताए जाएं? अभी तो बिहार में ही प्रीडिगत साइंस का एम्जाम्पत देस चुके हैं। ऐसा नहीं है कि सिर्फ बिहार में ही यह सब होता है, कश्मीर से कन्याकुमारी तक जिसके पिता के पास जुगाड़ टेवनोतॉजी हो, 50 परसेंट मार्क्स के लिए कहीं कोई दिवकत नहीं है, चाहे कैसा भी स्टुडेंट वयों नहीं हो।

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

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

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

SHRI K.C. VENUGOPAL: No.

डॉ. संजय जायसवाल: यह आपके ही स्पोवसमैन का बोला हुआ हैं। ...(न्यवधान) जो ऑल पार्टी मीटिंग हुई थी, उसमें आपने वया बोला था, वह भी मैं यहां पढ़ देता हुं--

"Shri Jairam Ramesh, Indian National Congress indicated that no one is against NEET." ...(Interruptions) என है, मैं मैंशन नहीं करना चाहुना।

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

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

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

HON. DEPUTY SPEAKER: You please continue.

...(Interruptions)

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

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

दूसरा, एम.शी.आई. स्क्रीलिंग एम्जामिनेशन लेगी, तो वह पूरी तरह से ट्रांसपेरेंट रहेगा या नहीं, इसका एश्योरेंस भी मंत्री जी द्वारा लोक सभा को दिया जाना बहुत जरूरी हैं, क्योंकि अभी हम लोग देखते हैं कि फेरिन मेहिकल ग्रेजुएट का जो टैस्ट होता है, वह नैशनल बोर्ड ऑफ एम्जामिनेशन लेता हैं। अब एन.बी.ई. में क्या-क्या होता है, उस तरफ मैं आप लोगों का ध्यान आकर्षित करना वाहूंगा। एक आर्टिकल है, लास्ट ट्वैल्व ईयर्स में जो मेहिकल ग्रेजुएट्स एम्जाम देते हैं, उनका क्या होता है? वर्ष 2015 में 6 हजार बच्चे एपीयर किये, जिनमें 731 ने पास किया। That is 11 per cent. जून, 2015 में 5,967 बच्चों ने पूर्वश लिया, 603 बच्चे पास हुए, जो केवल दस पूर्तिशत हैं। जून, 2014 में 5,724 बच्चों ने एम्जाम दिया, केवल 282 बच्चे पास हुए, जो केवल वार पूर्तिशत हैं। लास्ट दो वर्षों से हम देख रहे हैं कि फेरिन मेहिकल एंट्रेंस टेस्ट में चार से दस पूर्तिशत रिजल्ट आ रहा हैं, लेकिन अगर आप सितम्बर, 2005 का रिजल्ट देखें, तो 2,851 बच्चों में से 2,192 बच्चों ने ववालीफाई कर लिया, जो 76 पूर्तिशत हैं, जबकि उस समय बाहर के ग्रेजुएट्स केवल रशिया और सीआईएस कंट्रीज से आते थे, जो इंग्लिश में पढ़ाई भी नहीं करते थे। वर्ष 2005 में अचानक क्या हुआ कि 76 पूर्तिशत बच्चों ने ववालीफाई कर लिया? उसी पूकार वर्ष 2008 में 58 पूर्तिशत बच्चों ने ववालीफाई कर लिया। वह तब तक पॉसिबल नहीं हैं, जब तक ववेशन पेपर लीक नहीं हुआ हो। इसीलिए मैं आपके माध्यम से मंत्री जी को ध्यान दिलाना चाहुंगा कि इस वीज पर वह बहुत कांश्रस रहें कि एम्जाम में किसी भी तरह की गड़बड़ी न होने पाए।

महोदय, इसके साथ ही एक नई पूब्लम शुरू होगी - वह है इंडियन बट्चों का फॉरेन जाना। सभी को पता है कि बांग्लादेश और नेपाल हमारे पड़ोसी देश हैं, नेपाल और मेरी कांस्टीट्वेंसी का कॉमन बॉर्डर हैं। वहां पर आजकल ग्रेजुएट कॉलेज कम खुतते हैं, मेडिकल कॉलेज ज्यादा खुल रहे हैं। कोई भी ऐसा शहर या टाउनिशप नहीं है, जहां एक मेडिकल कॉलेज नहीं खुला हो। जो बट्चे यहां पैसे देने में असफल होंगे, वे वहां जाएंगे, सीआईएस कंट्रीज में जाएंगे, फिलीपीन्स जाएंगे। इन सभी को रेकने का सबसे अच्छा तरीका यह है कि हम अपने यहां ज्यादा से ज्यादा मेडिकल कॉलेज खुलवाएं। हमारे मंत्री जी भी बोलते हैं कि वीएवआरसी को, रूरल हेल्थ को एलाऊ किया जाए। हमारे पास ये जो 6000 बट्चे हैं, जो चार साल से कम्पीट नहीं कर रहे हैं, आठ साल से कम्पीट नहीं कर रहे हैं, व्यों न हम एमसीआई में इनको रजिस्ट्रेशन हो जाएगा, because they have already taken course for five and a half years. इस तरह करने से इन सभी फॉरेन से पढ़े बट्चों का एडजस्टमेंट हो जाएगा और जो हम लोग रूरल डॉक्टर्स के लिए परेशान हैं कि गांचों में डाक्टर्स नहीं जाते हैं, उस समस्या के समाधान के लिए एक झटके में आपको 6000 डाक्टर्स मिल जाएंगे।

उसी तरह से मेडिकल कॉलेज खोलने के नॉमर्स को भी कम करने की जरूरत हैं, जो आज वेणुगोपाल जी भी कह रहे थे। मेडिकल कॉलेज में दो जरूरी वीजें हैं- पेशेंट और टीचर। Why do we need auditoriums? आज हम गूगल पर सब कुछ देख सकते हैं। Why do we need 256 foreign journals in a medical college? Why do we need examination halls? किसी भी यूनिवर्सिटी के एग्जामिनेशन हॉल में कंडवट कर सकते हैं। इस तरह से करके इस पूरी वीज को इतना डिफिकल्ट कर दिया गया है कि मेडिकल कॉलेज नहीं खुल सकते हैं। आज देखिए इंजीनियरिंग कॉलेजेज की क्या रिशति हैं। जब हम लोग स्टूडेंट थे तो इंजीनियरिंग कॉलेजेज में भी डोनेशन लगता था, आज इतने इंजीनियरिंग कॉलेजेज खुल गए हैं कि जो बच्चा चाहता है, अपनी कीस देता है और एडिमिशन लेता है, उसे कोई दिवकत नहीं हैं।

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

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

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

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

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

Having said this, Sir, I would like to dwell on the Medical Council (Amendment) Bill. This Bill, intended to provide for uniform entrance examination to all medical educational institutions for UG and PG courses, does a gross injustice to the various States and will shatter the dreams of the students from rural areas and villages who aspire to seek admission in UG and PG seats in medical colleges, particularly in government medical and dental colleges in their home States.

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

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

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

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

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

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

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

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

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

The students belong to different States, speak different languages, and come from diverse socio-economic backgrounds. Any common system

that is introduced must be practical and feasible. It should not be hastily thrust on unwilling or unprepared sections of society without due deliberations. So, I request the Government to hold discussions with different States before arriving at a decision on this matter.

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

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

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

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

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

Even now, 15 per cent of MBBS seats are carried out through a common exam only, which is conducted by the Centre. For the remaining seats which are under the State pool, this exam is exempted and the cut-off marks obtained in the Plus-2 exam are taken for reckoning for selection process. If now, the NEET exam is emphasised for these seats also, then it will be an encroachment of the State's powers which goes against the principle of federalism.

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

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

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

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

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

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

Thank you.

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

experiment of the private medical colleges through their capitation fee, I would like the Government to expand its area and allow the ESI medical hospital. There is one in my constituency Kamarhati to open medical colleges.

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

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

Now we are discussing whether the examination which the students have to undertake when they go to study the undergraduate medical course of MBBS or the postgraduate course of MD, has to be regional, has to be done through the State Boards, or it has to be centrally done through the National Eligibility cum Entrance Test. The first point that I would like to make here is that though it is impeaching upon the State authority to hold the examination, this is going to be legislated and we have certain recommendations, while supporting it with this condition.

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

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

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

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

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

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

We also agree with the hon. Member when he was speaking about eating into the numbers of domicile seats. The domicile seats have to be addressed because we have about 85 per cent domicile seats in the States with 15 per cent seats being common. We don't want this common test to eat into our 85 per cent. With these suggestions, I would like to elaborate that the health policy of the country seems lopsided. The health structure should be such that it is bottom-heavy where we have rural hospitals, where we have more primary healthcare centres. The common man can reach easily within his ability and get checked for common diseases and can get referred to tertiary centres only when difficult diseases or operating procedures come into being. So, the tertiary healthcare centres or the teaching hospitals or referral centres like the All India Institute of Medical Science here get only the difficult cases.

As the hon. Members present in this august House will agree with me, every time they go to their constituency, constituents come with the

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

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

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

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

16.00 hours

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

The house job that the students used to do when we were students has been done away with I do not know with whose knowledge and whose wisdom. If the house job is brought back students qualify the undergraduate final MBBS examination and get into the subject of their choice. Suppose they do general surgery, the allied subject should be made available to them; if he does not get qualification enough to join general surgery, he can join other branches of surgery like thoracic surgery, cardiothoracic surgery, head neck surgery, or even gynaecology.

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

The hon. Minister is here. They should also try to enhance the number of Diplomate of National Board so that they can work in the State hospitals. I agree completely with my learned friend Shri Premachandran when he was talking about the Medical Council of India. You are trying to have a single examination. But who is going to hold the examination? Is it the Medical Council of India which is submerged in irregularities and malpractices, which cancel the number of seats in undergraduate and postgraduate level in government hospitals because they are getting money and five-star facilities in private hospitals? How can the Medical Council of India be entrusted the job of holding this examination? It is the life and profession not only of lakhs of students who are aspiring to become medical doctors but also of us because in our old age we are going to depend on these doctors to take care of our health. So, the Medical Council of India cannot be given the charge to hold this examination. There has to be another body taking care of all the factors like regional language, frequency of examination centres, time of holding examination, not cutting into our 85 per cent, and a uniform syllabus for the whole country.

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

a serious body having people who are not corrupt. A supervisory board had been placed on MCI in 2010 because of corruption. So, we cannot allow such a body to hold the examination. We have to have a system in which the States are not neglected and the children are not deprived. Thank you, Sir.

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

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

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

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

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

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

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

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

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

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

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

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

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

There was a Question put in Rajya Sabha on Indian Medical Council on 23rd December, 2014. That Question was relating to admission. A lot of talk is now going on relating to admission of students. A lot of corruption is taking place at the time of admission of students. A lot of money is changing hands at the time of admission of students but as Medical Council of India is entrusted with the job to find out and monitor how a doctor is performing, have we, at any point of time, heard that there has been some action taken against some doctors who have not performed their duty perfectly?

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

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

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

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

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

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

National Curriculum dilutes personalisation according to culture, mindset and social realities in different regions of the country. There are 25 different curricula in the country, and as many different media of instruction. This is a problem for all States because they come out giving their high school exams in Class X, try to cope up with English or other language – this is not a problem in Hindi. It is a problem in other Indian languages - we have to not only master the other foreign language that I am talking but also learn a little bit of Hindi. But I have to think in my own mother tongue and translate it, and then, I have to speak. These are the predicaments of the people who are not from Hindi speaking States. This will be a problem with all those children who will be forced to go to other States to study.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Therefore, there has to be a common ground for all the students. NEET examination must be based on a common syllabus. The Central Government must take efforts to reduce the disparity between the CBSE syllabus and various States Boards' syllabus. The Centre must study the syllabus of all

the States and must devise a common syllabus based on the syllabus of various States and then only prepare for NEET. This will really give a level playing field for the students across the nation. Only then will we be able to give justice to all the students all over the nation.

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

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

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

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

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

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

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

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

Sir, the NEET examination, when it is conducted all over India, the regional languages are also allowed; after 12th class also it is allowed; and everybody can participate. After conducting the examination in Telugu and other languages, one has to compulsorily go through English because MBBC curriculum is in English. That is, anatomy, physiology, all these things are in English. Therefore, on the lines of the Civil Services, the NEET also can be conducted. It is one way to integrate the nation. With one stroke of examination, all people will write the same exam with the same syllabus. The NEET syllabus needs to be aligned with all the SSE syllabuses of different States. Therefore, there would not be much of anomaly with the students' preparation for the exams.

What I feel, it is high time we should introduce one paper on moral ethics. Doctors need to be told about ethics being followed. I will give you a small example. When you go to a small hospital and a poor fellow goes to that hospital to complain about headache, he will be asked to undergo CT scan. If there is any problem in the left chest, if there is pain there, he will be asked to undergo MRI. There is data available, a reliable and verifiable data that because of health care in India, four crore people are being reduced to poor people and they are suffering from poverty. They are well off before diseases. But, গঠাৰা আৰ্গ, ৰানাহা কাই না গঠাৰা আৰহ, কম ই কম হল বালা কাই কাই কাই কাই কাই কাই আৰ্বা আৰ্হা কাই কাই আৰ্বা আৰহ্য কাই কাই কাই কাই কাই কাই আৰ্বা আৰ্হা কাই কাই আৰ্বা আৰহ্য কাই কাই কাই কাই কাই আৰ্বা আৰহ্য কাই কাই কাই আৰ্বা আৰহ্য কাই আৰহ্য আৰহ

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

There is a small joke. I think my colleagues in the House will agree with me. There is a movie called 'Munna Bhai M.B.B.S.'. That is the one which opens the medical community's eyes for ever. That is, every disease is not the same as everybody cannot be the same. There are no two people alike in the world. There are six billion people in the present world. Six billion people were born and died. There are 12 billion people on record. None of the two people are alike. As two people are not alike, the diseases and physiology also cannot be the same. Physiology will be the same, pathology will be the same, but disease manifestations will be different because of the psychology. Therefore, there is a need to introduce a psychology paper also to integrate medical sciences with the psychological sciences. Why two people having the same bacteria in the body react differently? I have tuberculosis in my lungs; another fellow also may be having tuberculosis in his lungs; but one will have manifestation of the tuberculosis and another may not have tuberculosis manifestation. It is because of nutritional standards also. Some people may not get any symptoms also because they are very brave. There are certain historians and there are so many achievers in the world who suffered from so many diseases, life threatening diseases. Stephen Hawking has motor neurone disease. He is still alive. He got a Nobel price. How can you explain his disorder along with the achievements? We can only explain it by understanding human psychology. Human psychology has to be understood before understanding anybody's pathology or physiology. It is high time we should introduce a curriculum of psychology in the medical sciences so that the integration of the human behaviour can be understood along with the human pathology. It is because, two diseases or one disease in two persons

will not be the same. Therefore, I suggest – if at all it is acceptable to the Minister – for inclusion of psychology, ethics and law, for the valid reasons which I explained. Ethics should be included because the unscrupulous practices should be curbed. I am saying that law should be there because so many doctors are being dragged to the court under the Consumer Protection Act.

My third point is about psychology because psychology determines how a man suffers, how a prognosis will depend. Some people will come out of the fever within two days; some people will suffer fever for 15 days and some people die of fever without any reason also. Medical science is the only science which has not developed to an extent which it actually should have been.

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

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

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

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

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

Since 1993, I will quote various judgements. The first court case had come in 1993 in my earlier State of Andhra Pradesh, that is, Unnikrishnan vs state of Andhra Pradesh. The then Judge, Krishna Iyer gave the judgement which was one of the excellent judgements balancing the private investor and also the interests of the common meritorious students. That was struck down by the Supreme Court Judgement which consisted of 11 judges in TMA Pai Foundation vs. State of Karnataka. Then, that judgement is again revised by PA Inamdar & Others vs. State of Maharastra. You can see there. What is the gist of these judgements? The Supreme Court Chief Justice Altamas Kabir, with the three Judges Bench have given a judgement. The same thing was struck down in 2013. Again Mr. Dave, who was a judge in the three judge Bench, has again struck down it in 2015 which has led to the President's Ordinance. What is the gist of the judgement in the case of Inamdar and T.M.A.Pai Foundation? The State and Central Governments have no role in the admission process of private medical colleges. It means, private medical colleges can admit them the way they would like to.

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

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

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

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

The question is, are we going to tell the private institutes? No. Can the Central Government and the State Government really afford to invest all the money which is required for the education, which has to cater for 1.25 billion people? No. The private institutes also have to invest. You put a clause that the private investors can invest but it is only charity. Which individual in this country is going to invest Rs.100 crore on medical college for charity? Let me tell you this. No. We are trying to treat. In Mahabharat, there is a quotation. Dharmaraja says very cleverly: " अध्वत्थामा इतः जरो वा कुंजरो।" So, we are deceiving ourselves. Self-deception is being practised.

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

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

Of course, on behalf of our Party, we are going to support the Bill. This would be my suggestion. It was a thunder from the blue sky. It is not the National Eligibility cum Entrance Test but it has become a National Emergency Entrance Test. How can a student who is studying in a State syllabus suddenly compete in the Central syllabus? Suppose I have a diesel car, how can I suddenly ride it with petrol? Of course, this ordinance is being considered and we support it. But I have a few suggestions to give because it is in the interest of the country. Why do almost 15000 to 20000 students go to China, Nepal, Philippines and CIS countries to study? The cost of MBBS study in these countries is Rs.12 to Rs.15 lakh but in our country the cost comes between Rs.50 lakh to Rs.1 crore and even much more for PG study.

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

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

HON. CHAIRPERSON: Please conclude.

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

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

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

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

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

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

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

17.00 hours

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

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

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

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

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

Sir, doctor-population ratio in our country is 1:1647 as against the WHO norm of 1:1000. We are far behind when we compare to WHO norm. *The Hindu* yesterday carried a front-page story regarding the alarming situation of doctors in our country - WHO Report Sounds Alarm on 'Doctors' in India. This is *The Hindu's* report based on WHO's recent study titled 'The Health Workforce in India". According to the WHO report, 31 per cent of allopathic doctors were educated only up to secondary school level, 57 per cent did not have any medical qualification. This is astonishing. In rural India, just 18.8 per cent of allopathic doctors had a medical qualification. Is it not shocking? The WHO Report says that density of all doctors is just 36 per lakh of population, and when it is compared to China it is 130. It was found that in 175 districts in the country there are no dentists at all with a medical qualification when the study was conducted.

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

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

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

HON. CHAIRPERSON: He is listening to everybody.

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

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

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

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

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

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

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

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

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

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

17.11 hours (Hon. Deputy -Speaker in the Chair)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

colleges would ultimately lead to lots of problems to the poor people.

We also have to give the devil its due share. The private colleges spend huge sums of money. None of us could be charitable to them because to maintain the high quality of the infrastructure and high quality of teaching and instruments, it certainly involves lots of money. Since the Government is not able to handle the department like this, the private people have come in a large way. Therefore, in the interest of maintaining the high standards, both infrastructure and the education and teaching, I think, the Government should also consider some of the issues of the private colleges where they are investing huge money.

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

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

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

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

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

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, the two legislations of the Indian Medical Council (Amendment) Bill 2016, and the Dentist (Amendment) Bill 2016, have been clubbed together for discussion. The two Bills are basically related to the admission of undergraduate and postgraduate medical students in our country where both Medical Council of India and Dentist Council of India are involved and virtually both are playing the same role in enrolling the medical students in our country. The focus of this legislation is on the legal implication of Supreme Court verdict which has ruffled the feathers of medical students and which necessitated the extreme measures. But in spite of all this, I would like to move my Statutory Resolution because I thought it prudent to warn this Government that they should have anticipated this kind of a problem much earlier and they should have taken the proactive measure to deal with this situation.

This legislative document is going to insert one Section for conducting of uniform entrance examination to all medical and dental institutions at the undergraduate and postgraduate level through such designated authority in Hindi, English and in such other languages and in such matter as may be prescribed. It is also going to insert a proviso in the said Section so as to provide that notwithstanding any judgement or order of any court, the provision of this Section shall not apply in relation to the uniform entrance examination at the undergraduate level for the academic year 2016-17 conducted in accordance with any regulation made under this Act.

More than 6.5 lakh students were left in doldrums because of this verdict delivered by Supreme Court. Naturally, we had raised this issue under the leadership of Shri Mallikarjun Kharge in this House to persuade the Government that in such a situation, they would rise to the occasion and take appropriate measures. That is why the contents of the legislation are very much in compliance with our demand and that is why we must appreciate the endeavour made by this Government.

NEET was declared illegal and unconstitutional by the Supreme Court in India in 2013. I would like to raise this issue because some notions are being created here that this Government has done a historical legislation by bringing this Bill. It is not like that. In the year 2013, NEET was declared illegal. It was restored on 11th April, 2016 after a five-judge constitution bench recalled the earlier verdict and allowed the Central Government and the Medical Council of India to implement the common entrance test till the court decides afresh on its validity.

For long, we have been listening to the observation made by our esteemed colleague with rapt attention. The common refrain of all the participants is that the Medical Council of India has been mired into a wave of corruption. We may safely say that MCI has turned into a miasma of corruption in India. Naturally, there is need to overhaul the MCI and DCI in order to facilitate the future generation of our country to learn properly so that our health could be protected. It is because in our society, we recognize doctors as our semi-Gods and if our semi-Gods are not equipped with proper implements, then who would save us?

I am coming from a State named West Bengal. In this august House, there was one great parliamentary luminary whose name is Priya Ranjan Dasmunsi. He held very prominent positions in the Government. Now he has become speechless; he has become listless. But during his tenure in this House he dreamt to establish one All India Institute of Medical Sciences in his constituency named Raiganj, situated in the northern part of West Bengal. Shri Priya Ranjan Dasmunsi has become speechless and listless but his dream still remains alive. I feel pain to see that in spite of all resources provided to establish the hospital, still it has not seen the light of the day under one pretext or the other. First, in selecting the site the

entire issue was confused and still the situation continuing like that as a result of which the people of West Bengal, especially the people of north Bengal, Jharkhand, Bihar, and Assam have been deprived of enjoying the facilities of an institution like AIIMS in West Bengal.

West Bengal is such a State where once upon a time the population of South and East India came to be treated in the hospitals of West Bengal. But gone are those days; gone are those heydays of West Bengal. Now, the entire health infrastructure in West Bengal has been deteriorating from bad to worse. You will be astonished to know that most of the patients in West Bengal always prefer to visit South India whenever they think they should have proper treatment. They have lost their confidence and faith upon the health infrastructure existing in West Bengal. You will be astonished to know that in a premier educational institution in West Bengal even a dog can get the opportunity of undergoing dialysis but not a human being. This is the sordid plight of the healthcare system in West Bengal.

I would like to draw the attention of the hon. Minister that so far as my knowledge goes the Supreme Court by an order has proposed to set up a three-member committee headed by former Chief Justice of India R.M. Lodha to perform the statutory functions of the Medical Council of India. Now it is assumed that the Lodha Panel will steer the MCI. There is hope that the key questions swept under the carpet of the Medical Council will be addressed quickly; among the most important is the need to reduce the cost of medical education and increased access in different parts of the country.

Everybody knows that India is suffering severely so far as the population to doctor ratio is concerned vis-Ã -vis the recommendation of the World Health Organisation. The cost of education has become so high that common people, especially for those belonging to the poorer sections it has become next to impossible to admit their children in medical institutions. Development of health facility has long been affected by sharp asymmetry between under-graduate and post-graduate seats in medicine. There are only about 25,000 post-graduate seats against the capacity of 55,000 graduate seats. The Lodha Committee is in a position to review this gap.

Sir, fraudulent practices and rampant corruption in a medical education system need to be looked at immediately. I would urge upon this Government to bring forward a holistic legislation in order to deal with the variegated problems of the health facility available in our country. You will be astonished to know that one out of every six medical colleges in India holds cheating records as per the Government records and court filing. The study found that to pass inspection medical colleges take the help of doctors from other institutes provided by recruiting companies who stand in as faculty in return for a fee. The Study also found that healthy people are rounded up to pretend to be sick during inspection so that the teaching hospital can show that it has enough patients to provide clinical experience to medical students. Paying bribes in the form of donation, fake degrees can be procured so easily. The Indian Medical Association estimates that 45 per cent of the Indian medical practitioners, that is 17 lakh doctors, are unqualified and lack in formal training. These are the most salient features that need to be taken care of.

Sir, I would like to make some suggestions to the Minister. Since money power plays an important role in its election, the MCI should not be an elected body dominated by vested interests but should represent all stake-holders. The MCI, as presently elected, neither represents professional excellence nor its ethos. The current composition of the Council reflects that more than half of the members are either from 21 corporate hospitals or in private practice.

Sir, the MBBS syllabus has remained unchanged for 14 years but requires to be revised every four to five years to be in step with developments in medical profession. Methods of teaching too need urgent revamp.

Doctors' salaries need revision, especially, if they serve in public health care and rural sector. As for the proliferation of private hospitals, they need to be monitored to check unethical practices. MCI seems to be playing a regulatory mechanism. Sometime it plays as a persecutory body. That needs to be obviated with.

Game changer reforms of a transformational nature are needed. There is a total system failure due to which the medical education system is fast sliding downwards and quality has been hugely sidelined in the context of increasing commercialisation of medical education and practice.

Sir, I have been nominated by my Party to participate in the Dental Council of India. I abdicate my responsibility. I would like to urge upon the Minister that around the world the use of dental amalgam has been phasing out. Sanjay Ji is here. Setting up national objectives for minimising amalgam use was very important because it promotes mercury. So, promoting mercury-free dental restoration, including raising public awareness of mercury content of amalgam was an urgent need to protect the environment and public life. Our medical students should be attached with their own identification numbers so that we can easily track our medical fraternity at one go.

With these words I conclude my speech. Thank you, Sir.

डॉ. किरिट पी. सोलंकी (अहमदाबाद) : धन्यवाद उपाध्यक्ष महोदय, आपने मुझे 'द इंडियन मेडिकत काउंसित (अमेंडमेंट) बित, 2016' और 'द डेंटिस्ट (अमेंडमेंट) बित, 2016' पर बोतने की अनुमति दी हैं_। यह बहुत अहम बित हैं और मैं इसके समर्थन में खड़ा हुआ हूं_। मैं सभी पार्टियों का धन्यवाद करता हूं कि उन्होंने इसे सपोर्ट किया है_।

उपाध्यक्ष महोदय, मेडिक्त में एडमिशन के लिए अभी-अभी सुप्रीम कोर्ट के फैसले की वज़ह से छात्रों के लिए जिस स्थित का निर्माण हुआ, उसमें उनके सामने अपना भविष्य धुंघता दिख्य रहा था। तब हमारी सरकार ने, एन.डी.ए. की सरकार ने, हमारे यशस्वी पूधान मंत्री श्री नरेन्द्र भाई मोदी के नेतृत्व एवं हमारे कुशल स्वास्थ्य मंत्री श्री जे. पी. नड्डा जी के नेतृत्व में भारत सरकार ने अध्यादेश के जरिए छात्रों को न्याय दिलाने के लिए यह बिल लाया हैं। इसीलिए, मैं हमारी सरकार और हमारे पूधान मंत्री जी का खरे दिल से धन्यवाद करता हूं, उनका आभार करता हूं। मेडिकल स्टूडेंट्स को न्याय दिलाने के लिए यह किया गया हैं।

हमारे देश में मेडिकल एजुकेशन और मेडिकल प्रोफेशन के कंट्रोल के लिए ऑटोनोमस बॉडी मेडिकल काउंसिल ऑफ इंडिया और डेंटल काउंसिल ऑफ इंडिया बनाई गयी है। इसके ज़रिए आज तक जो एडिमिशन की प्रिक्रिया थी, इसमें अनेक प्रकार के बोर्ड के थू एडिमिशन होता था, पी.एम.टी. के ज़रिए एडिमिशन होता था। हर राज्य के बोर्ड के हिसाब से एडिमिशन होता था। आजकल शिक्षा में निजीकरण होने की वज़ह से निजी विश्वविद्यालय और प्राइवेट मेडिकल कॉलेज के अपने इंट्रेस टेस्ट हुआ करते थे। इस इंट्रेस टेस्ट की वज़ह से मेडिकल छात्रों को बहुत सारी मुश्किलें होती थीं। उन्हें अतग-अलग राज्यों के बोर्ड में इंट्रेस टेस्ट देना पड़ता था। इसकी वज़ह से एजेंसियों में स्टैण्डर्ड नहीं होता था। उनमें यूनिफॉर्मिटी का अभाव था। मेडिकल स्टूडेंट्स को अलग-अलग परिस्थितियों से मुज़रना पड़ता था। कभी उन्हें यहां भटकना पड़ता था, कभी वहां भटकना पड़ता था। उनके टेस्ट्स की डेट्स में वलैश होता था। उनका जो सिलेबस था, वह अलग-अलग होता था। इसकी वज़ह से उन पर मानसिक दबाव रहता था। वे फूस्ट्रेशन में रहते थे और जब बच्चे फूस्ट्रेशन में रहते थे तो वे न जाने कैसी-कैसी हरकतें करते थे। कई बार इसके लिए स्टूडेंट्स को अलग-अलग प्रिपेरेशन करना पड़ता था। यहां-वहां जाने की वज़ह से धन का अपन्यय होता था, समय की बब्दित होती थी और सबसे अहम चीज़ यह होती थी कि निजी मेडिकल कॅलिज अपने हिसाब से इंट्रेंस टेस्ट लेते थे। इसमें न कोई पास्तिर्शता होती थी और न ही कोई स्टैण्डडॉइजेशन होता था। सिर्फ कैपिटेशन की वज़ह से लाखों रुपए मेडिकल, एम.बी.बी.एस. और बी.डीएस. कोर्सेस में सर्च किए जाते थे। पोस्ट मूँजुएट कोर्स के लिए तो करोड़ों का कारोबार है। आजकल लोग रेडियोलॉजी में जाना ज्यादा पसंद करते हैं। मैंने एक बार पढ़ा था कि मुम्बई की एक कॉलेज में रेडियोलॉजी की सीट करीब करोड़ों रुपयों में बिकी थी। ऐसी हालात में हमारी सरकार जो कॉमन नेशनल इतिजिब्लिटी इंट्रेस टेस्ट (नीट) लेकर आई है, मैं उसका समर्थन करता हूं और सरकार को बहुत-बहुत धन्यवाद देता हूं।

सुप्रीम कोर्ट में जब नीट को लाया गया तब वर्ष 2013 में सुप्रीम कोर्ट ने इसे असंवैधानिक करके स्वारिज़ कर दिया था। जब अप्रैल, 2016 में इसे लाया तो सुप्रीम कोर्ट ने एक दूसरे प्रकार का फैसला लिया और नीट को तत्काल प्रभाव से इंप्लीमेंट किया गया और इसको एक मई और जुलाई में दो फेज़ में लेने को कहा गया। हम न्यायपालिका का आदर करते हैं, न्यायपालिका का सम्मान करते हैं। मगर, शिक्षा के क्षेत्र में इन दोनों फैसलों को आप देखिए, वर्ष 2013 का फैसला और वर्ष 2016 का फैसला देखिए, दोनों फैसलों में जमीन-आसमान का अन्तर हैं। विद्यार्थियों को इससे परेशानी हुई थी। वर्ष 2016 में जो फैसला आया, उसका हम स्वागत करते हैं। मगर, सुप्रीम कोर्ट ने कहा कि it will be enforced with immediate effect, इसमें इंग्लिश एजुकेशनल लैंग्वेज रहेगा और उसे सेंट्ल बोर्ड के हिसाब से लिया जाएगा।

मैं गुजरात से आता हूं। हमारे गुजरात और पूरे देश में विद्यार्थियों में एक पूकार का आक्रोश हो गया। इनके पैरेंट्स हमारे घर आने लगे कि इतने चंद दिनों में हमारे बद्दो कैसे इंग्लिश मीडियम में कर तेंगे? वे तोग अपनी वर्जावयुत्तर तेंगुएज में करने वाते थे, कोई हिंदी में करने वाता था, कोई अपने राज्य की तेंगुएज से एपीयर होने वाता था। ऐसी रिथित में हमारी सरकार ने जो फैसता तिया और अध्यादेश ताने का कार्य किया, मैं समझता हूं कि यह एक बहुत बोल्ड फैसता था। विद्यार्थियों को एक साल का ब्रीदिंग टाइम दिया गया और नीट फैसते के लिए अध्यादेश ताए। इस अध्यादेश को आज बिल में रूपांतरित करने के लिए, कानून बनाने के लिए बिल पेश किया गया है। मैं इसके समर्थन में बोतने के लिए खड़ा हूं।

हमारी एनडीए सरकार ने जिस तरह से तोगों के पूर्त संवेदना दिखाई है, मेडिकल स्टूडेंट्स और डेंटल स्टूडेंट्स के पूर्त संवेदना दिखाई है, इसकी वजह से पूर्ट देश में सौहार्द का वातावरण बना है। निट की वजह से पारदर्शिता आएगी। इसकी वजह से सिलेबस में यूनिफार्मिटी आएगी। स्टूडेंट्स पर जो तनाव हुआ करता था, वह तनाव कम होगा। अलग-अलग राज्य का जो अलग-अलग इंट्रेंस टेस्ट हुआ करता था, उस पर रोक तगेगी। मेंगल इंट्रेंस टेस्ट की वजह से विद्यार्थी इसमें अपना दाखिता ते पाएंगे। पहले उसमें जो तिटिगेशंस होते थे, वे तिटिगेशंस भी बहुत कम होंगे। मैं समझता हूं कि निट की वजह से मेडिकत स्टैंडर्ड भी बेहतर होगा। सबसे जो अहम है, जैसा मैंने पहले बताया कि निजी कॉलेज शिक्षा में व्यापार कर रहे थे, उस पर रोक तगेगी। मैं केन्द्र सरकार को धन्यवाद करता हूं। सरकार जो बित ताई है, इसकी वजह से मेडिकत एजुकेशन और डेंटल एजुकेशन में में समझता हूं कि आने वाते दिनों में बहुत सारे सुधार होने वाते हैं। इस बित में शेडयूत कास्ट, शेडयूत ट्राइब और ओबीसी के तिए सांविधानिक आरक्षण का जो प्रवधान है, वह बरकरार रहेगा, यह बहुत अच्छी बात हैं। राज्यों को पहले यह शंका थी कि राज्यों के कोटे पर कुछ कटौती होगी, मगर इस बित में कहा गया है कि राज्यों के कोटे को बरकरार रखा जाएगा। हर राज्य अपने कोटे को सम्पन्न करेंगे। इसितए यह बित एक तितीवापन तेकर आया है। मंत्री जी यहां बैठे हैं, तो मैं कुछ सुझाव मंत्री जी के सामने पेश करना चाहता हूं।

जो उसमें बच्चे आएंगे, उनमें गरीब और सम्पन्न घराने के बच्चे आने वाले हैं, गांव के बच्चे भी नीट में आने वाले हैं और शहर के बच्चे भी आने वाले हैं। इंट्रेंस टेस्ट में जो लोग कोचिंग पाएंगे और जो लोग कोचिंग नहीं पा सकंगे, उनमें कैसे तालमेल करेंगे, उसमें किस तरह से बैलेन्स करेंगे, सरकार को इस बात को सोचना पड़ेगा_। गरीबों के लिए, एससी, एसटी लोगों के लिए, ओबीसी, पिछड़े लोगों के लिए भी हमें इसमें कुछ पूर्वधान करना पड़ेगा, चाहे एवसट्रा कोचिंग के जरिए से उनको आप कोचिंग दीजिए, लेकिन इनका भी हमें इसमें ख्याल रखना पड़ेगा, उनको न्याय देना होगा_।

एडमिशन के संबंध में डॉ. संजय जायसवाल जी ने बताया कि एडमिशन की पूर्किया में कोई घोटाला न हो जाए, यूपीएससी में जिस तरह से उसके ऊपर कंट्रोल हुआ करता है, उस तरह से कंट्रोल होना चाहिए, ताकि इसमें कोई धांधली न हो पाए। मेडिकल डेंटल एजुकेशन में यूजीपीजी कोर्स में फी स्ट्रक्चर जो होने वाला है, में मंत्री जी को पूर्शना करता हूं कि फी स्ट्रक्चर में एक पूकार की कंसीड्रेशन करना चाहिए, गरीबों के लिए कंसीड्रेशन करना चाहिए। दूर गांव और देहात से जो लोग आने वाले हैं, उनके लिए भी हमें कुछ सोचना पड़ेगा, शेडसूल कास्ट और शेडसूल ट्राइब के लोगों के लिए भी सोचना पड़ेगा।

जहां तक मेडिकत एजुकेशन का सवात है, मैं खुद मेडिकत एजुकेशन से आता हूं। मैं मेडिकत कॉलेज में आज भी टीचर के रूप में पहाता भी हूं। मैं आजे कुछ सुझाव आपके सामने पूरतुत करता हूं। आज मेडिकत कॉलेजज में रिसर्च के नाम पर जीरो हुआ करता हैं। मैं मंत्री जी को निवंदन करता हूं कि रिसर्च पर बत देना होगा। हर टीचर को हर सात रिसर्च पेपर पिलाश करने का उनको एक टार्नेट देना पड़ेगा, तािक सही मायनों में जो एजुकेशन हैं, उसका अपतिपटमेंट हो सके। यहां मेडिकत कॉलेजज में पहले दो पूकार की सिस्टम रहती थी, फुत टाइम मेडिकत टीचर्स भी रहते थे और हमारे गुजरात और महाराष्ट्र में ऑनरेरी टीचर्स भी रहते थे। मैं फुत टाइम टीचर्स सिस्टम का स्वागत करता हूं। लेकिन आज मैं फुत टाइम सिस्टम देख रहा हूं तो न शिक्षा होती हैं न रिसर्च होती हैं। जब मैं पढ़ता था तब हमारे ऑनरेरी टीचर सुबह साढ़े सात बजे हमारा लेक्चर लेते थे। उसके बाद वे अस्पताल जाते थे। अस्पताल बंद करने के बाद नौ बजे हमें पढ़ाते थे। रिवंदार के दिन एकस्ट्रा पढ़ाते थे। मेरा कहने का मतलब है कि, it is not the system which is important but it is the personal accountability which is important. इसी वजह से हमें इस बात का भी ध्यान रखना पड़ेगा वर्गीकि विद्यार्थी और टीचर के बीच तालमेल होना चाहिए। उन्हें पढ़ाने की जिम्मेदारी होती हैं। आजकत्न मेडिकत साइंस बहुत एडवांस होती हैं। लेपूरेकोपी होती हैं, ज्वाइंट्स होते हैं, कार्डियोलॉजी में भी कई इनोवेशन्स होते हैं। हर टीचर के लिए कंटिन्युएशन मेडिकत एजुकेशन का प्रवधान करना चाहिए वर्गोकि, he has to keep pace with the scenario of developing medical techniques and medical education.

जहां तक डैंटल कॉलेजेस का सवाल हैं, इस देश में तकरीबन 80 प्रतिशत डैंटल कॉलेज निजी हैं, सरकारी कॉलेजों की संख्या बहुत कम हैं। मैं मंत्री जी से विनती करता हूं कि आने वाले समय में डैंटल कॉलेज सरकारी कॉलेज बनें। आपने मुझे बोलने की अनुमति दी, इसके लिए बहुत-बहुत धन्यवाद।

भी राजेश रंजन (मधेपुरा): उपाध्यक्ष महोदय, मैं आपके माध्यम से मंत्री जी से कहना चाहूंगा कि आप पेरियार के मंदिर जाते हैं। बाबा साहेब अम्बेडकर को एक सौ दिन से याद कर रहे हैं। महात्मा फूले को याद करते हैं, लेकिन महात्मा फूले के आचरण, चरित्र और उनके जीवन पर आप नहीं चल पाते। महात्मा फूले ने अंग्रेजों से एक बात कही थी कि जो सबसे अत्यधिक कर देता है, आप उस व्यक्ति, समाज को सबसे बेहतरीन और अच्छी एजुकेशन देंगे। उसी वक्त महात्मा फूले ने कॉमन और कम्पलसरी एजुकेशन की वकालत की थी।

आजादी के 67 सालों के बाद डब्ल्यूएवओ आपको आइना दिखा रही हैं, मुझे कभी-कभी लगता है कि मुन्नाभाई, थ्री-इंडिएट और पीके जैसी पिक्चर आपको लगातार आइना दिखाते रही हैं, क्या ये पिक्चर हमें आइना नहीं दिखाती हैं? सवा सौ करोड़ रुपये में मातू सात लाख डॉक्टर हैं। मंत्री जी, यदि आप किसी निजी लोगों को मेडिकल कॉलेज खोलने की मान्यता देते हैं तो मेरा आपसे आगृह हैं कि पहले आप उसे वित्तीय संसाधन दें, आप उसे अनुदान दें, आप हिन्दुस्तान में कॉपरेटिव सिस्टम को लागू करें, पूंजिपतियों पर कॉपरेटिव के माध्यम से नहीं होगा, आप अपोलो को एक रूपये में जमीन दे देते हैं लेकिन वहां आपका कोई कानून लागू नहीं होता हैं। अपोलो जैसे मेडिकल कॉलेज व हॉस्पीटल में किडनी बेचे जाते हैं, गंगाराम हॉस्पीटल जैसी जगहों पर भोषण होता हो, एक रूपये में सरकार उसे जमीन देती हैं। हमारे कई मित्रों ने कहा कि एमसीआई दुनिया की भूष्टतम संस्था हैं, एमसीआई को बेल कौन दिया? आपको आश्चर्य होगा, आज नीट पर बहस हो रही हैं, हमारे मित्र जायसवाल जी ने कहा कि दुनिया जानती हैं कि यह आईर किस कारण से हुआ।

मेरा आगृह हैं कि मेडिकल कॉलेज खोलने के लिए अनुदान राधि दें। आज जैंसी भी स्थिति हैं, आप विलनिकल एवट लागू वर्षों नहीं कर रहे हैं? सुप्रीम कोर्ट और हाई कोर्ट इंटरिफयर नहीं करती हैं।

मेरा दूसरा प्वाइंट हैं कि रि-एडिमिशन और डोनेशन के लिए आप क्या करेंगे? हम थर्ड सेमेस्टर में गए भी नहीं कि चार करोड़ रुपये हमसे पी.जी. के लिए ले लिए जाते हैं। पहले ही सीट बुक हो जाती हैं। चार-पांच करोड़ रुपये पी.जी. के लिए ले लिए जाते हैं। ये चालीस लाख-पचास लाख रुपये डोनेशन लेते हैं। आप क्यों नहीं पूंजिपतियों पर अंकुश लगाना चाहते हैं? आप क्यों नहीं इस नागरूपी दांत को तोड़ना चाहते हैं? क्या हम राजनीतक व्यक्ति उसके गुलाम हो चुके हैं। क्या हम पैसे के लिए दुनिया का सारे बुरे कर्म करेंगे? क्या इन पूंजीपतियों को हम चैलेंज नहीं कर सकते हैं? क्या सरकार मेडिकल और हेल्थ केयर अपनी तरफ से नहीं देगी?

डॉक्टर जांच इसिलए लिखता है क्योंकि यह प्राइवेट लोगों के हाथ में हैं। क्या जांच घर पंचायत स्तर पर आप शुरू नहीं कर सकते हैं? क्या निजी लोगों के हाथ से जांच होना जरूरी हैं? आप सरकारी जांच घर कर दो। कॉमन और बड़े आदमी सभी को जांच के लिए फी कर दो तब डॉक्टर जांच लिखना बंद कर देंगे जो सबसे ज्यादा लूटते हैं।

उपाध्यक्ष महोदय, मैं केवल प्वाइंट ही बता रहा हुं। अल्ट्रासाऊंड और सीटी रकेन जैसी चीजें हैं सरकारी अस्पताल में क्यों नहीं लगाते।

18.00 hours

HON. DEPUTY SPEAKER: We will extend the time up to 7 o'clock.

PROF. SAUGATA ROY: Sir, we can extend the time of the House with the condition that the Bill will not be passed today. It can be passed tomorrow.

HON, DEPUTY SPEAKER: At 7 o'clock we will see that.

18.01 hours

HON. DEPUTY SPEAKER: Shri Rajesh Ranjan, you can continue your speech now, but please conclude soon.

श्री राजेश रंजन (मधेपुरा): उपाध्यक्ष महोदय, डॉ. जायसवाल ने यहां कहा था कि तीन साल तक डॉक्टरों को मूमीण स्तर पर ट्रेनिंग के लिए भेजा जाए। यह बहुत महत्वपूर्ण हैं। इस पाइंट को भी आप नजरअंदाज नहीं कर सकते हैं। इससे यह होगा कि डॉक्टर्स मूमीण स्तर पर जाकर काम करेंगे, तो इससे हमारे मूमीण स्तर का जो सिस्टम हैं, वह सुधरेगा और आम लोगों तक डॉक्टर की पहुंच बढ़ेगी और गूमीण स्तर पर डॉक्टरों का जो अभाव होता हैं, उसमें कमी आएगी।

उपाध्यक्ष महोदय, मैं अन्त में आपके माध्यम से मंत्री जी का ध्यान बिहार की रिशति की ओर ले जाना चाहता हूं। दिल्ली के एम्स में 60 प्रतिशत मरीज बिहार से आते हैं और उसके बाद उत्तर प्रदेश के मरीजों का प्रतिशत हैं। मैं आपसे पूछना चाहता हूं कि आपने बिहार में कितने एम्स खोले हैं? मैंने कोशी में एम्स खोलने के लिए आपसे कई बार आगृह किया, कई पत्र लिखे, लेकिन कुछ नहीं हुआ। वहां पानी में आर्सेनिक सबसे ज्यादा है, जिसके कारण कैंसर रोग बढ़ रहा हैं। मैंने आपसे वहां एक कैंसर अस्पताल खोलने के लिए कहा, लेकिन कुछ नहीं हुआ। मैंने आपसे सुपौल, मधेपुरा चा सहस्सा में एक एम्स खोलने का आगृह किया, लेकिन कुछ नहीं हुआ।

महोदय, वहां स्थित बहुत खराब है, इसिलए मैं आपसे कहना चाहता हूं कि आप हर जिला स्तर के हॉस्पीटल में कम से कम ब्रेन ट्यूमर, कैंसर और किडनी के इलाज की व्यवस्था करें, ताकि लोगों को दिल्ली न आना पड़े और आपको दिल्ली में एम्स की अधिक व्यवस्था न करनी पड़े।

उपाध्यक्ष महोदय, मैं आपसे अंत में एक बात बड़ी विनमूता से कहूंगा कि सदन में बातें होती हैं, लेकिन ये जो एम.सी.आई. के चेयरमैन हैं, ये राजनीतिक व्यवस्था के तहत वहां बैठते हैं। जेल जाने के बाद भी आज वही उसे चला रहे हैं। मैं आपसे आगृह करूंगा कि उनकी करोड़ों-अरबों रूपए की सम्पत्ति हैं, इसिए उनकी जांच होनी चाहिए। आप उसकी जांच वयों नहीं कराते हैं और वयों उनकी सम्पत्ति को महिषासुर की तरह बढ़ने की पूड़िस दे दी हैं? वह जेल से निकलता हैं और फिर एम.सी.आई. का चेयरमैन बन जाता हैं। चिंद आप ऐसे लोगों को बढ़ावा देते रहेंगे, तो भेरा आगृह हैं कि मेडीकल के संबंध में जो कानून आप बनाना चाहते हैं, उससे आपकी मंशा पूरी नहीं होगी। इसिए मैं कहना चाहता हूं कि राजनीतिक लोगों को अपने चरित्र में बदलाव लाना पड़ेगा और राजनीतिक व्यवस्था को आपको आम लोगों के लिए बनाना होगा, तािक एस.सी., एस.टी. और ओ.बी.सी. के लोग मेडीकल की शिक्षा गृहण कर सकें।

महोदय, इन्हीं शब्दों के साथ मैं अपनी बात समाप्त करता हूं_।

श्री दुष्यंत चौटाला (हिसार) : माननीय उपाध्यक्ष महोदय, मैं इस स्थान से अपना भाषण प्रारम्भ करने की अनुमति चाहता हूं।

महोदय, मैं इंडियन मेडीकल कौंसिल (अमेंडमेंट) बिल, 2016 पर बोलने के लिए खड़ा हुआ हूं। यह एक बहुत महत्वपूर्ण बिल हैं। हम जहां एनईईटी की बात करते हैं, वहां यह बहुत महत्वपूर्ण हो जाता है, वयोंकि इसके तहत पूरे देश के अंदर एक कॉप्रीहेंसिव टैस्ट के लिए सुप्रीम कोर्ट के आदेश के अनुसार पहले सरकार ने ऑर्डीनेंस लाने का काम किया और आज इस बिल पर इस सदन में वर्चा हो रही हैं।

महोदय, चौधरी देवी लाल जी यह कहा करते थे कि उनका समय बहुत अच्छा था। तब शिक्षा और चिकित्सा, दोनों मुप्त में मिला करती थीं, लेकिन हमारे लिए यह दुर्भाग्य की बात है, वयोंकि हमारा समय ऐसा है कि जहां जितना ज्यादा पैसा शिक्षा और चिकित्सा पर खर्च करेंगे, उतनी ज्यादा अच्छी शिक्षा और चिकित्सा मिलती हैं। महोदय, आज यदि हम एमबीबीएस की एक सीट की बात करें, तो इस बारे में मुझ से पूर्व बोलने वाले क्लाओं ने भी बहुत अच्छी तरह से बताया कि 8-10 लाख रूपए तो बेरिक फीस है और इसके उपर मैनेजमेंट कोटे और एन.आर.आई. कोटे में करोड़ों रूपए की डोनेशन ती जाती हैं। अगर एमडी की सीट की बात करें, तो डेढ़ से 2 करोड़ रूपए तक की डोनेशन ती जाती हैं। अब जब यह स्थिति हैं, तो आप स्वयं सोविए कि एक गरीब व्यक्ति अपने बट्वों को कैसे मेडीकत की शिक्षा दिला पाएगा? डब्ल्यूएवओ कहता है कि 1000 व्यक्तियों पर एक डॉक्टर उपलब्ध होना चाहिए,जबिक हमारी सरकार कहती है कि आज हमारे देश में 1,681 लोगों के ऊपर एक डॉक्टर हैं।

एम.सी.आई. से जब पूछा जाता है कि डॉक्टरों की उपलिब्ध कितनी है तो कहा जाता है कि 893 लोगों पर एक डॉक्टर हैं। इसमें आयुष डॉक्टरों को एड कर लेते हैंं। आयुष डॉक्टरों को यह रजिस्टर नहीं करती, लेकिन जब नंबर दिखाने की बात आती हैं तो आयुष डॉक्टरों को अपने साथ जोड़ लेती हैं।

हमारे देश में मैंडिकत काउंसित और डेंटत काउंसित का क्या उपयोग हैं? कॉलेजेज़ में सीट गूंट करनी हैं तो एमसीआई परमिशन देगी_। क्या एक रैंगुलेटरी अथारिटी के पास यह अथारिटी होनी चाहिए कि वह देश में सीट अतॉटमेंट करे_। जो काम हमारे देश में हैंत्थ मिनिस्ट्री का होना चाहिए, आज वह काम एमसीआई को दिया गया हैं_। सबसे पहले सरकार को फैसता लेना पड़ेगा कि क्या काउंसित एक रैंगुलेटरी अथारिटी की तरह काम करेगी या सीट आबंटन में अगुणी होकर सबसे बड़े मामले में फोकस करने का काम करेगी?

जहां तक ज्वाइंट एल्ट्रेंस की बात हैं, नीट की बात हैं, हमारे देश में अनेक भाषाएं हैं, आज हर पूदेश में उस पूदेश का शिक्षा बोर्ड हैं। आज जब हम हरियाणा की तरफ देखते हैं तो हरियाणा बोर्ड का व्यक्ति सी.बी.एस.ई. से कम्पीट नहीं कर सकता हैं। अगर ज्वाइंट एल्ट्रेंस एग्जाम बनाएंगे भी तो सी.बी.एस.ई. पैंटर्न पर बनाएंगे। वया हम स्टेट के उस शिक्षण बोर्ड्स को अनुमति हेंगे कि वह सी.बी.एस.ई. से कम्पीट कर पाएं? सबसे पहले सरकार को यह फैसला लेना पड़ेगा कि क्या पूरे देश में साइसेज़ में मैंडिकल स्ट्रीम के लिए एक कॉमन स्तेबस, कॉमन क्राइटेरिया, कॉमन बुक्स, कॉमन कैरिकुलम एजुकेशन विभाग में एक सात में ला पाएगी? अगर हमने नीट 2017-18 में लागू कर दिया तो यह मानकर चलना चाहिए कि गरीब का बच्चा, किसान का बच्चा, जो आज सरकारी स्कूल में स्टेट बोर्ड्स में पढ़ रहा है, हम उससे डॉक्टर बनने का अधिकार छीनने का कम कर रहे हैं।

दूसरी तरफ अगर हम किसी डॉक्टर का खर्च देखें तो लगभग 40 से 50 लाख का अतिरिक्त खर्च होता हैं। इसे कम किया जा सकता हैं, तेकिन कितना कम करेंगे? अगर हम गवर्नमेंट इंस्टीटयुशन्स की बात करें तो देश में 422 मैंडिकल कॉलेजिस हैं, 200 सरकारी हैं और 222 प्राइवेट कॉलेजेज़ हैं।

मुझे बहुत दुख के साथ कहना पड़ रहा है कि नार्थ में केवल 16 परसेंट, नार्थ-ईस्ट में केवल दो परसेंट, सैंट्रल इंडिया में दो परसेंट और साउथ इंडिया में 46 परसेंट मैंडिकल कॉलेज़ हैं। बिहार जैसे राज्य में देश की तमाम 8.5 परसेंट आबादी है, जबकि 2.56 परसेंट मैंडिकल सीट्स हैं। उत्तर प्रदेश में देश की 16.50 प्रतिशत जनसंख्या है जबकि 8.2 परसेंट मैंडिकल सीट हैं। हमारे देश में यह कैसा बैतेंस हैं? हिस्याणा प्रदेश की बात करें तो केवल पांच या छः मेडिकल कॉलेज हैं। हम कैसे प्रदेश के अंदर डॉवटरों की उपलिख पूरी तरह से जनता को करा सकते हैं, जबकि हमारे बीच में डॉवटर नहीं हैं। जहां हम मैंडिकल कॉलेज बनाना चाहते हैं, लोग इफ्रास्ट्रवर प्रोवाइट कर सकते हैं, वहां सरकार की एनओसीज़ मिलने की समस्या है, मैंडिकल काउसित्स की समस्या है। हम कैसे देश के युवा को एजुकेट करके देश की सेवा में उतार सकेंगे? जब नीट पर ऑल पार्टी बैठक थी, मुझे बोलने का मौका मिला था, हमने मंत्री जी से आगृह किया था कि जिस तरह यू.पी.एस.सी., एस.एस.सी. में ज्वाइंट कॉमन एन्ट्रेस एनजाम रीजनल भाषाओं में लेते हैं, उसी तरिक से हर रीजनल भाषा में, केवल पांच नहीं बिल्क पंजाबी या किसी और पूदेश की भाषा को इनकलूड करके नीट में ज्वाइंट एनजाम लेना चाहिए। अवेलेबिलिटी आफ बुवस, प्रापर कैरिकुलम प्रत्येक सरकार को अगते दो साल में लागू करना चाहिए। साथ ही साथ हम यह एश्योर करें कि स्टेट के बच्चे जो स्टेट कॉलेजेज़ में दाखिला लेना चाहते हैं, प्रदेश में उनके लिए कीटा उपलब्ध हो। अगर सरकार के पास पैसे नहीं हैं, वह गरीब आदमी को मेडिकल फिल्ड में पूरी तौर पर भिक्षा प्रोवाइड नहीं कर सकती, तो जो बड़ेन्ब पूंजीपति हैं, जो आज इस देश में वाखों-करोड़ों रूपये कमाते हैं, उन पर दैवस बहाकर इस देश में मेडिकल फैसिलिटीज के इप्रोवाइजेशन में, वह पैसा हमारे प्यूचर की एजुकेश हमें उत्तता पहिंगा, तब जाकर इतरें के बच्चे, जो महंगे-महंगे स्कूटर में पढ़ते हैं, केवल मात् वही आपको डावटर बनते हुए दिसेंगे। गरीब किसान का बच्चा कमा वें सरकारी स्कूल से आपका डावटर बनते हुए दिसेंगे। गरीब किसान का बच्चा कमा वें कर सरकारी स्कूल से आपका डावटर बनते हुए दिसेंगे। गरीब किसान का बच्चा कमा वें कर सरकारी स्कूल से सात हैं आपका डावटर बनते हुए दिसेंगे।

में यही आगूह करते हुए आपका और सरकार का आभार प्रकट करता हूं_।

धन्यवाद।

SHRIMATI SUPRIYA SULE (BARAMATI): Thank you, Sir. I stand here on behalf of my party to speak on the Indian Medical Council (Amendment) Ordinance. The hon. Health Minister in his tenure has made a lot of very good interventions starting from immunization programmes to making sure that the public health reaches the common man. But I think the biggest challenge is this. I represent those thousands of parents, especially the State where I come from, who were completely devastated. It is because, today an average Indian aspires, dreams big for himself but he misses out; he wants to live through his children. It is time and ages of aspirational India. I think that is the hope these parents came from whether it is an IIT, whether it is an IIM or all the competitive exams. All these parents aspire to send their children, to give them a better quality of life and a better quality of opportunity through education. I think the NEET exam came as a shock to most of the parents. That is when we had agitations in our State. We reached out to the Higher Secondary Education Minister in Maharashtra who reached out to you in turn. We had some relief by pushing this exam ahead.

If you look at the entire picture, do we really need this exam? I quote even from what the Chair said as to what is the logic behind taking it. We are not against it at all. I am completely agreeable with you if you can have one common exam. But the impression that the parents get and the teachers get, the perception about this exam is that it is very pro-urban and it is very pro-CBSE exams because the curriculums are completely different.

In our State, we have three boards. We have the ICSE Board, the CBSE Board and the State Board. About 90 per cent students in our State go to the State Board. About 5 to 6 per cent go to the ICSE Board. Now, yes, CBSE is growing, but it is mostly used by professionals or people whose jobs constantly make them move. They have the Kendriya Vidyalayas as an option but it is very hard to get a seat today. So, given this background, what do you really have in mind? I think, most of my seniors have talked about it earlier. My colleague Dr. Dastidar extensively talked about all the issues. She herself is a doctor and her two sons are also doctors. I know what difficulty she has gone through to put her children through this education all the way because two of her boys today study in my State in a private college. So, as a parent the difficulties that she has seen, I have seen very closely. The cost of making your son or your daughter a doctor today is about Rs. 15 lakh which is impossible for an average parent. What Dushyant said is absolutely true. If he goes to a private college, you have to book the seats at least two years ahead. I remember Kakoli was running around like a headless chicken for over two years to make sure her sons get the right marks, get the right coaching and make sure they get into a right college to do their masters degrees. So this is the whole disparity of having a good doctor. About today's doctors, like everybody else, the sense of the entire House is that it is no more a noble cause. A doctor and a lawyer in the good old days were the thinkers of a village or a city. They were not businessmen. Today, unfortunately, being a doctor has lost its sheen because clinical diagnosis no more matters in this country. Even the previous Government or this Government will have wonderful machines even put in the rural India. But what is the outcome? Do we have the technicians for it? Most of our constituencies have all these facilities. We have the facilities but we do not have the manpower for it. So,

the chicken or the eggs; what are we really going to address? So, this NEET exam is a wonderful intervention. But I would really appreciate if you consult the States because it is a concurrent subject. It is not something that nobody has said before. Given this background, if we really want more doctors, are you willing to take away or provide seats for every child from the private education? I mean private education in this entire debate has been looked at very badly. But today, whether we like it or not, all the children of most of the people, who sit here, go to private schools. We are not sending our children to Zilla Parishads and Government schools because the faith, that is, in basic education, for primary education, unfortunately, in this country, we

believe, private school is a better school. So, how are you going to look at this disparity? I am not promoting any private college. But today there are a lot very, very good colleges. I mean if you talk about the college in Vellore, that was the first private college started when there was even no medical intervention and Vellore Medical college, which is a private college is a very, very good college. The Manipal college is a very good college.

One of our colleagues in Rajya Sabha runs a wonderful college. Even in Belgaum, as a matter of fact, an elected member, who is part of your team, runs a wonderful college with very minimal capitation. But how do we cover both? I mean why cannot we have an open discussion on how their costs can come down? So, you have some way of monitoring that. Or how do the Government seats come? Today, I know people, who had 99 per cent, cannot get into KEM medical college in Mumbai. I mean besides 99 per cent, there is only one mark that you have lost. So, how are we going to address this issue? I think it is not only about the entrance exam. What I think is for the hon. Health Minister is looking for a larger solution of finding good doctors. Go back to the old school of thought where we all had family doctors. There is no concept of family doctors. Even if I want to answer, I cannot get a family doctor in this country any more. Even MBBS doctors are not trusted. And by the time, these people get masters, imagine their age. I mean looking at Kakoli's children, till they are 29, they are not even settled. While if you do a business management programme today, the boys, working on Wall Street or with any foreign degree, by 24, are earning and even buying apartments for themselves. So, it is a very difficult and a high cost job. So, I urge this Government to address this issue of how we can have more doctors. The entrance exam is not the only challenge ahead of you. It is to make sure that how we can bring this disparity between private and Government. It has to be done together.

We support it but I still urge you to please have faith in the States. The State Boards cannot cope with CBSE and no rural child today will be able to become a doctor in this country if this goes on. So, please do rethink about what you are doing. We are with you. Everything must go on merit but every child deserves an opportunity.

SHRI E.T. MOHAMMAD BASHEER (PONNANI): Thank you Chairman for giving me this opportunity.

Sir, of course, this piece of legislation will have a positive impact with regard to admission in the medical colleges. There are many welcome suggestions in this Bill. There are many more things. During this debate, my learned friends were giving very effective suggestions.

As far as our country is concerned, perhaps our country may be having the highest number of medical colleges. We produce 50,000 doctors in a year. As far as our country is concerned, the most important issue is pertaining to the quality education.

We are the policy makers. Physicians and those who teach physicians must open their eyes to the opportunities, realities and responsibilities.

I am of the firm opinion that a major surgery is required for the restructuring of the entire medical education system in our country. I hope that the Minister, who is having a vision and determination, will come with a comprehensive legislation at a later stage. The first stage is that of admission. Okay we have started the move. That is the foundation. The very foundation of the medical education depends upon the quality. Of course, this is a welcome step in this.

My second important point is this. Most of my friends who are participating in this discussion were saying about corruption and that kind of things. How to curb corruption in this field? .

The hon. Chair was also saying about the role of the Government with regard to AICTE and UGC. The Government is having a control. As far as MCI is concerned, they are living in an island of their own. They believe in that. Nobody can question them. In this respect, I would like to say that our Standing Committee have made a very strong recommendation. With regard to corruption, they say,

"The Committee observe issues related to corruption in the MCI… Further, it is noted that autonomy should be balanced with accountability as MCI is funded by the Government. Therefore, it should enforce accountability on MCI. The Ministry should take measures to amend the present statute or enact a new legislation which allows the Government to intervene in the matters of corruption."

Sir, this is a democratically elected Government. The hon. Minister is the Head of the Department. He is answerable to this House and he is answerable to the tax payers of this country. If the MCI believes that nobody can question them, it is to be corrected. So, either we should go for an amendment or go for a new legislation.

Coming to the vision document of the MCI and all these things, it is high time to examine how far they have implemented all these kinds of things. With regard to qualification of the doctors and such things, my learned friends were saying about that. I do not want to repeat it. Not only on the allopathy side, but this WHO Report also says about the total percentage of doctors in various sectors. In allopathy, it is only 42.7 per cent; in Ayurvedic, it is 60.1 per cent; in Homeopathy, it is 41.8; in Unani it is 45.8 per cent; and on the dental side, it is 42.3 per cent. It is an alarming situation.

We have to ensure that we produce only qualified doctors. We have to identify the fake kind of doctors. I urge upon the Government to take very, very effective action to eliminate this kind of fake doctors from this field.

HON. DEPUTY SPEAKER: Please wind up.

SHRI E.T. MOHAMMAD BASHEER: Yes, Sir, I am concluding.

My next point is that there is a necessity for a comprehensive legislation regulating the private institutions. My learned friends were saying about various judgements of the Supreme Court, namely, the T.M.A. Pai Foundation case, Unnikrishnan case, the Islamic Academic case and all those cases. What is the final result? Now the private institutions, without reservation and without any kind of things, are administered according to their will and pleasure. So, I urge upon the Government to come forward to have a comprehensive legislation for regularizing the private colleges, especially, self-financing colleges.

Similarly, towards the end, I wish to say one more point with regard to medical ethics. We are all proud of our medical ethics. Laws are there. Regulations are there. Unfortunately, nobody is caring about that. These kinds of ethics are not adhered to. I humbly appeal to the hon. Minister to take an initiative in that respect also. It should not remain in dead letters. We have to take effective action to ensure that the medical ethics are adhered to.

Sir, with these few words, I once again support the Bill, and conclude. Thank you very much.

श्री कौशतेन्द्र कुमार (नातंदा) : माननीय उपाध्यक्ष जी, आपने मुझे भारतीय आयुर्विज्ञान परिषद (संशोधन) विधेयक, 2016 और दंत विकित्सक संशोधन विधेयक, 2016 पर अपने विचार रखने का मौका दिया है, मैं इसके तिए आपको बहुत बहुत धन्यवाद देता हूं।

सरकार ने दोनों वियेयक अपने अध्यादेश को कानूनी रूप देने के लिए पेश किये हैं। वैसे तो माननीय सर्वोच्च न्यायालय ने इस अध्यादेश पर किसी भी पूकार की रोक लगाने से इंकार कर दिया है, किंतु माननीय न्यायालय की टिप्पणी इस ओर इशारा करती हैं कि राज्यों को अपनी परीक्षा आयोजित करने की अनुमति देने वाला अध्यादेश लाना सरकार के लिए उचित नहीं हैं। पूथम हप्Âटया यह भी अध्यादेश को संदिग्ध पा रहे हैंं। कई राज्यों की अपनी- अपनी आशंकाओं को महेनजर रखते हुए कोर्ट ने इस पर कोई रोक नहीं लगाई है, फिर भी भविÂय में अगर कोर्ट कोई गंभीर निर्णय लेता है तो उन छात्रों को परेशानी हो सकती हैं।

अतः भविष्य की परेशानियों से सरकार को पूर्णतः अवगत होना चाहिए। सरकार को एक और बात स्पष्ट करनी चाहिए कि 'नीट' लागू होने की स्थित में भी राज्य सरकार अपने 85 प्रतिशत कोटे के लिए लिस्ट तैयार कर सकती है, परन्तु वह 'नीट' के परिणाम के आधार पर ही होगा। मुख्य परेशानी क्षेत्रीय भाषा की हैं। क्षेत्रीय भाषा पर सभी लोगों के तर्कसंगत विचार आये हैं। लोगों का कहना है कि क्षेत्रीय भाषा होनी चाहिए। अगर उन पर किसी अन्य भाषा का बोझ डाला जाएगा तो निश्चित रूप से विद्यार्थियों को परेशानी हो सकती हैं।

उपाध्यक्ष महोदय, कई राज्यों ने इन आशंकाओं को ध्यान में रखते हुए, इस पर केन्द्र से दसत हेने की भी मांग की हैं। मैं सरकार का ध्यान एक और बिन्दु की ओर आकृष्ट करना चाहूंगा कि मेंडिकल की पढ़ाई काफी महंगी हैं। खासकर, प्राइवेट कॉलेज में यह काफी महंगी हैं और पी.जी. की पढ़ाई और ज्यादा महंगी हैं। माननीय मंत्री जी यहां बैठे हैं, मैं चाहूंगा कि आये से ज्यादा जो प्राइवेट मेंडिकल कॉलेजेज हैं, उनको आप किस स्थित में रखेंगे और पी.जी. की पढ़ाई में जो 'बोली' लग रही हैं कि दो करोड़ रुपया या तीन करोड़ रुपया दिया जाये, उसकी क्या स्थित होगी, उस पर भी विचार करने की जरूरत हैं। आज हमारे गरीब के बच्चे, जो दिलत हैं, पिछड़े हैं, उन लोगों की पढ़ाई का क्या हिसाब होगा? अभी नीतिश कुमार जी बिहार के मुख्यमंत्री बने हैं। उनहोंने 'स्टूडेंट केडिट कार्ड' देने का फैसला किया हैं कि जो भी आई.एस.सी. पास करेगा, उसको चार लाख रुपये का 'स्टूडेंट केडिट कार्ड' मिलेगा। उसी तर्ज पर, मैं माननीय मंत्री जी से अनुरोध करूंगा कि जो 'नीट' पास करते हैं, जो मेडिकल की पढ़ाई करना चाहते हैं, वैसे विद्यार्थियों को आप भी 15 लाख रुपये से 20 लाख रुपये का 'स्टूडेंट केडिट कार्ड' देने का पूयास करें, जिससे गरीब के भी बच्चे पढ़ सकें।

उपाध्यक्ष महोदय, मैं बिहार से तुन कर आया हूं। बिहार में डॉक्टरों की काफी कमी हैं। मैं माननीय मंत्री जी से चाहूंगा कि देश के हर जिले में एक मेडिकल कॉलेज हो, यह मेरा एक सुझाव हैं। मैं इसलिए यह बात कह रहा हूं कि खास कर हमारे उत्तरी बिहार में मेडिकल कॉलेजेज की काफी कमी हैं। बिहार में मात्र सात-आठ मेडिकल कॉलेजेज हैं। हमारे साथी बता रहे थे कि पूर्वी उत्तर पूदेश में मेडिकल कॉलेजों की कमी है और पहाड़ी राज्यों में भी मेडिकल कॉलेज की कमी हैं। कई जगहों पर मेडिकल कॉलेज की कमी है, वहां पर मेडिकल कॉलेज खोलने की जरूरत हैं। आपने बिहार में 'एम्स' बनाया है, लेकिन आज भी 'एम्स' पूर्ण रूप से चालू नहीं हुआ हैं। मैं आपसे निवेदन करूंगा कि उसको भी पूर्ण रूप से चालू किया जाये।

मैं एक बात और कहना चाहता हूं कि 'पूथानमंत्री राहत कोष' का जो पैसा लोगों को इलाज कराने के लिए मिलता हैं, उसमें काफी परेशानी हो रही हैं। मैं आपसे यह इसलिए निवेदन कर रहा हूं कि अभी हमारे जैसे माननीय सांसदों के पास 21 आदिमयों की वेटिंग हैं। जो बीमार लोग आते हैं, वे गरीब होते हैं, उन्हीं को पैसा दिया जाता हैं। आज रोगी इलाज कराने-कराने 'एम्स' में ही रह जाते हैं, उनकी पैसा नहीं मिलता हैं। मैं आपसे निवेदन करूंगा कि इसमें वेटिंग नहीं होनी चाहिए। जो भी रोगी, जिन्हें पूधानमंत्री राहत कोष' से पैसा मिलना चाहिए, उनको एक महीने, दो महीने या तीन महीने में पैसा मिल जाना चाहिए, वेटिंग नहीं होनी चाहिए।

में यही बात कह कर अपनी बात समाप्त करता हूं_।

DR. ANBUMANI RAMADOSS (DHARMAPURI): Thank you, Sir, for letting me speak on the Indian Medical Council (Amendment) Bill, 2016 and the Indian Dental Council (Amendment) Bill, 2016.

Sir, I feel that the NEET entrance exam is against social justice, social equity, rural students, against State autonomy, vernacular issues as well as minority institutions. I mostly speak for the Government colleges and I believe that this amendment is only for one year, that is, this year. From next year onwards, both the Government and the private medical colleges will fall under the NEET category.

Coming back to NEET there are some issues which the hon. Minister has to address urgently and immediately. For example, Tamil Nadu had an entrance exam since 1984 till 2006. In 2006, all the parties got together and said that 'we do not need an entrance exam'. Then, we had an Act passed in Tamil Nadu to do away with the entrance exam. When there was entrance exam in Tamil Nadu, about 15 per cent of the rural students got admission to MBBS in medicine. Since the time we did away with the entrance exam in Tamil Nadu in 2006, 65 per cent of the students, who got admission to MBBS, were from the rural areas.

So, this NEET is definitely against social equity and against rural students. For an entrance exam, students need coaching centres and coaching centres are all located in the urban areas. To get into a coaching centre, a student has to pay between five to seven lakh rupees. A rural student definitely cannot have so much money to do it. So, this is definitely a gross injustice to the rural students. Definitely, the Government has to oppose tooth and nail for the government colleges even for next year onwards as well. This is something which is a very contentious issue.

Sir, we definitely need a lot more doctors and a lot more institutions have to come up and their quality has to be regulated. Certainly, there are issues about private colleges charging exorbitant fees or capitation fees. Some colleges charge even one crore rupees for MBBS. Some colleges charge even three crore rupees or four crore rupees for a post-graduate course. Then, there are issues about government colleges, like in the State of Tamil Nadu. A State's autonomy is usurped here.

The State of Tamil Nadu does a lot of investment into health sector. In having an all India entrance exam, one main issue is: Why do we need an entrance exam? The student for one whole year slogs it out for XII board exams. He slogs it out day and night. This includes his parents also. Then, after one whole year of slogging it out, he writes an exam. Is that not enough? Why do you need one more exam? Why do you torture students with one more exam? Why can you not have admission based on marks obtained in XII Board exam?

There is also disparity in the syllabus. We have huge disparities in our country about the syllabuses. In Tamil Nadu, we have ICSE Board, CBSE, Oriental, Matriculation, Anglo-Indian, State Board or the Uniform Syllabus Board. Comparing the Uniform Syllabus Board or the State Board to CBSE, you cannot ever reach the standard of that Board. You imagine a student who has studied with a Uniform Syllabus Board and competing for an entrance exam based on CBSE syllabus, it is definitely not possible at all. Absolutely, it is against natural justice, against social justice and against social equity.

It is also against the State's autonomy. In fact, most of the States are opposing it. The Government should also go and take it up with the Supreme Court and oppose it tooth and nail for the government colleges. I would like to give an example of minority institutions. We have Christian Medical College, Vellore. They are doing a yeoman service to the society. There are going to be issues about that also. There are issues relating to reservation also. In Tamil Nadu, we have 69 per cent reservation. So, I would like the Minister to clarify it.

This year, it is okay, but next year onwards, when the government institutions will again be coming under the NEET, we will be having huge problems.

Sir, through you, I would request the Government to take these contentious issues into consideration and do away with the NEET exam for government colleges. The Government should do this not only for this year but subsequent years as well so that parity is restored and social justice is restored.

Thank you.

HON. DEPUTY SPEAKER: This is what most of the Members are feeling. The sense of the House is like that. Now, you have to think how you are going to proceed.

Most of the Members, like you, are raising this issue. Hon. Minister already knows very well the feeling of the House.

Dr. Heena Vijaykumar Gavit.

DR. HEENA VIJAYKUMAR GAVIT (NANDURBAR): Sir, I rise to support the Medical Council of India (Amendment) Bill, 2016 and the Dentists (Amendment) Bill, 2016.

I would like to thank the hon. Minister for bringing the Ordinance at an appropriate time. It has safeguarded the interest and dreams of the students. It has also given a big relief to the parents who had made sacrifices to educate their children.

This Bill is in accordance with our Prime Minister Modiji's vision of sabka sath sabka vikas wherein States have been exempted for this year for admissions in the government medical and dental colleges. The students all over the country, their parents and the teachers have been eagerly waiting for this landmark Bill which will bring transparency in the selection process and admissions to the medical and dental colleges. The NDA Government is the first Government in the country since Independence that has taken this big step and brought a remarkable change in the medical education policy in the country.

Today, when the students excel in a private medical college entrance examination, unfortunately, they are not guaranteed admission in that college because of high capitation fees. The Parliamentary Standing Committee for Health and Family Welfare in its 92nd Report has mentioned that a majority of seats in the private medical and dental colleges have a capitation fees ranging from Rs. 25 lakh to Rs. 50 lakh or even more than that and it is in this context that a common entrance test will not only help in merit-based admissions, but will also prevent the exploitation of students that happens in the name of admissions in private medical colleges.

I would like to appreciate my Government's efforts to take on board the view points of different State Governments and the concerns of the Members of Parliament cutting across party lines such as my colleagues Dr. Ghosh, Shri Rajeev Satav to promulgate an Ordinance on 24th May exempting the States from the ambit of NEET for this year. This Bill also introduces an amendment providing the MCI and the Dental Council of India to conduct exams in regional languages, which was one of the concerns raised by many of the State Governments that the entrance should be conducted in regional languages. I completely agree that the under-graduate entrance should be in the regional languages, but I would like to suggest that the PG entrances should be only in English because the entire medical and dental courses all over the country are in English. So, it is not justifiable to conduct a PG entrance exam in a regional language. This is one of my suggestions to the hon. Minister.

The efforts of the Government are extremely welcome and I can feel that " $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ As a doctor and citizen of this country, I would like to make certain suggestions based on my experience to ensure social justice and also successful implementation of this programme. Common entrance test is a welcome step, but common syllabus should be declared as soon as possible because the syllabus, which is mentioned for NEET, is the 11^{th} and 12^{th} CBSE syllabus. This is a two-year academic syllabus and I do not know how a student will be able to study a two-year academic syllabus in just 8-9 months. I am sure that today when the Bill gets passed, the syllabus -- at the earliest, if we consider it -- is going to be declared in the next one month. So, there is time from August till May when the NEET exam will be conducted. I think that this is one area where the Government should think about it.

Again, since I come from the State of Maharashtra, I would also like to mention about how there is a difference between a State Board and a CBSE Board. The 7th standard CBSE syllabus is equal to the 9th standard State Board syllabus. So, anyways, two years the State Board students are disadvantaged. So, when it comes to 11th and 12th standard CBSE Board syllabus, it means that a student from a State Board will have to study three years behind, that is, 8th, 9th and 10th CBSE plus 11th and 12th CBSE. This is going to be a very big thing for a student to study five years syllabus in just 6-8 months. So, I think that this is one area where while finalising the syllabus for NEET examination the State Board as well as CBSE Board should be considered and the syllabus finalised.

Also, I would like to mention that if we see the 10th standard science and technology textbook, it is around 200 pages, that is, the Physics, Chemistry and Biology. If we see in the next three months when the student takes admission in 11th standard, it is almost four times more, that is, the entire syllabus is four times more of what he has studied in 10th standard. Now, I fail to understand that in three months how a student's skill is going to increase four times more. So, this is again one area where I think that while finalising the syllabus for medical entrance or any examination for that matter, the syllabus should be re-formed, re-evaluated and a new syllabus should be introduced.

NEET, for example, covers 11th and 12th CBSE portion while the State Board covers the 12th standard State Board. So, again, there is a discrepancy in the syllabus of the State as well as of the CBSE. So, I think that these are the areas where the hon. Minister must take a keen interest into and consider the students because this is a matter of their future. A student thinks of becoming a doctor right from the time he is a kid. For almost eight to ten years of his life, he dreams of becoming a doctor and when the time comes for him to actually give this entrance exam and take admission, these are all the difficulties that he has to face.

Again, being a medical student and also as a Member of Parliament representing a tribal constituency, I wish to highlight one very important issue, which comes up. In the private medical colleges where there are Scheduled Caste and Scheduled Tribe students, their scholarships are not being given to the college on time and as a result, the private medical colleges trouble the students and harass the students. They do not give them their hall-tickets, and this kind of exploitation is done. So, I would request the hon. Minister to ensure that such issues do not take place since the private medical colleges are now going to be under the ambit of NEET.

A poor student, who is meritorious and taking admission in a private medical college, is not in a condition to pay the fees. I would request the hon. Minister that some provision for educational loans should be made for these meritorious and deserving students who, unfortunately, are not in a position to pay the fees. When a student goes to a private medical college to take admission, he is asked to pay the fees right on day one when he goes to that college. If a student is not able to pay the fees, he will be deprived of the medical education, despite being one of the meritorious students.

These are the areas where the hon. Minister should look into with serious concern.

The data shows that we are falling short of 7,50,000 doctors in our country. I would also like to mention a fact that today the doctor-patient ratio in the country is 0.7 per 1,000 patients, whereas, in China, it is 1.4. So, with NEET, is the Government also planning to increase the number of seats or opening of new medical colleges so that this deficiency of 7,50,000 doctors could be met?

To keep a check on the scams which happen during the admission of medical fraternity, I would like to know whether the Government is also planning to scan the answer-sheets and do the paper-checking under strict, highly intelligent and integrated people's team. Also, I would like to suggest that precaution should be taken while doing paper-checking. It should be done under CCTV surveillance and this surveillance should be done with clarity.

Lastly, while setting a paper, the books which are referred to are mostly private publications. So, a student is not aware of which book he should read. I would like to suggest to the hon. Minister that a Central Board should make a standard text-book which should be referred to while setting a question-paper, and the student will refer to that text-book, which will, in a true sense, give justice

because in the medical entrance exams, there are different values and they differ with different publications. So, when a question-paper comes to a student, he is unable to understand which value he should mark. Since there is a negative marking system, I hope the hon. Minister will consider all these suggestions. With these words, I support the Bill. Thank you.

DR. K. KAMARAJ (KALLAKURICHI): Sir, I wish to express my sincere thanks and indebtedness to our beloved leader, hon. Chief Minister Puratchi Thalaivi Amma, for giving me an opportunity to speak in this House on this important Bill, the Indian Medical Council (Amendment) Bill and the Dentists (Amendment) Bill, 2016.

Our beloved leader, Puratchi Thalaivi Amma, has guided our Party, All India Anna Dravida Munnetra Kazhagam, to register a historic victory after 32 years. Contesting in 234 seats under our own Party symbol and registering a victory in 134 seats has created a history after 32 years. Our leader has

become the Chief Minister of Tamil Nadu for a record sixth time. This is due to the overwhelming support and affection shown by the people of Tamil Nadu for the socio-economic policies of our Party leader, hon. Puratchi Thalaivi Amma.

Sir, why has this Bill come before us? In India, there are around 400 medical colleges. In earlier years, only a few Government Medical Colleges were there. But due to demand for more medical doctors, the Medical Council of India has given permission to many medical colleges. With this, many private medical colleges have come for admitting students to MBBS and Dental courses. These private medical colleges spend a lot of money in creating infrastructure and corruption becomes an issue. So, many people approached the Court to prevent corruption. First of all, in the year 2010, the MCI brought in a regulation saying that there would be a common entrance examination all over India who are appearing either for the private colleges or the Government colleges and also for the minority institution. But the Tamil Nadu Government and a few other State Governments and the private medical colleges approached the Supreme Court against the National Eligibility-cum-Entrance Examination. The judgment was delivered by the Supreme Court by a three-Judge Bench. In that Bench, majority of the Judges struck down the National Eligibility Entrance Examination. They said:

"âe; holding that NEET would deprive the States, State-run universities and medical colleges, including those enjoying the constitutional protection, of their right to admit students to MBBS, BDS and postgraduate courses as per their own procedures, beliefs and dispensations. In our view, the role attributed to, and the powers conferred on, the MCI and the DCI under the Indian Medical Council Act, 1956, and the Dentists Act, 1948, do not contemplate anything different, and are restricted to laying down standards which are uniformly applicable to all medical colleges and institutions to ensure the excellence of medical education."

That was the view of a majority of the Judges. One Judge who dissented said that he dissented to rein in corruption in the medical admission. In the same judgment, a majority of the judges said that conducting an examination is not under the purview of the Medical Council of India. For this, the MCI and the Central Government filed a review petition in the Supreme Court. That judgment was delivered in April this year. This judgment was given by a five-Judge Bench headed by the same dissenting Judge who already had given an opinion on this case. This Bench, without hearing the full case, recalled their earlier order. That has resulted in this National Eligibility-cum-Entrance Test. Against this NEET, some of the students and some of the private institutions went to the Court. Again the same Judge was sitting in the three-Judge Bench. He gave a ruling that this Government and the MCI should conduct the NEET along with the CBSE for this year. That is the reason that this Government has brought this Bill. But the judgment given by the three-Judge Bench was a hasty decision. It has not taken into account the factors involved in this case. Even the MCI opposed the participation of the Tamil Nadu Government in this case. They fought against this. The MCI and the Central Government want to impose the NEET. They are citing the judgment and are trying to bring in the NEET. That is the reason why this case has come up.

The judge who gave the judgement did not consider the fact that there are many languages spoken in the country and many students study in many languages. The judgement said that English and Hindi can be the only languages in which candidates can write the examination. It does not take into consideration other students who study in their own regional languages.

The syllabus for the examination is mostly based on the CBSE syllabus even though they say that they get subjects from the State Boards also. It is unfortunate that 30 per cent of the subjects do not overlap in the examination. The content of State syllabus is also different. So, the State students appearing for the entrance examination may not be able to compete with the students who have studied in the CBSE system. Also, students from rural areas who appear in the entrance examination will not have the same standards as the other students. Without going into all these matters, the judges have imposed the National Eligibility Cum Entrance Examination on the students.

Consequent upon the protests from State Governments and many private colleges, the Central Government has brought in this legislation to allow the State Governments to conduct their admissions under their own policies for their own seats and the private seats. If the States want to conduct the entrance examinations, they can do so. Even then they have given two entrance examinations. How do you use these marks to take the students in? They said that the policy of normalisation should be used. What is the procedure to do normalisation to take in the students based on this examination? This is the reason they brought in this case.

I am a medical doctor from Tamil Nadu. I am from the batch of 1984. I got a seat based on the qualification in the entrance examination along with an interview. Our hon. leader, the then Chief Minister, *Puratchi Thalaivar* MGR, brought the entrance examination in order to prevent use of personal influence in the interviews. That examination went well till 2004. After protests from the general public that most of the students who got MBBS seats are mainly from the urban areas and students from rural areas are being deprived of medical seats because they are not able to compete with students from urban areas, the Government brought in the Tamil Nadu Admission in Professional Educational Institutions Act, 2006. Subsequently this Act was contested by students but upheld by the High Court and the Supreme Court. Now this regulation by the MCI overrules the Act which is enacted by the State Government and the President has given his assent to this order. This is one point.

Why do we want to conduct this examination? The purpose is to ensure that students from rural areas and economically weaker background also get admission into medical courses. That is why the Tamil Nadu Government is admitting students based on Plus-2 marks. In respect of postgraduate examination this judgment says that 50 per cent of the seats be reserved for the Central Pool and the other 50 per cent seats for the State Pool. I just want to make a point in this regard. In Tamil Nadu, all the super specialty seats are reserved only for students who studied from the State. We create medical colleges, we create medical infrastructure, and we want people to work in our medical colleges and hospitals. According to that we design and we act. What this Act says now is that from December 2016 there would be a common entrance examination for postgraduate medical courses and 50 per cent of the seats have to be reserved for students from other States. Why should we give seats to the students of other States? When our students study in our colleges, they will go and work in the rural areas, district hospitals and taluka hospitals. How can the students from other States come and study in our colleges and work in our hospitals? That is why the Tamil Nadu Government has protested against this Act.

This Union Government and the Medical Council of India want to impose a national entrance examination on students. It is very unconstitutional, anti-poor and anti-minority. I want to remind the House that after this Government has come to power, they want to impose Hindi, they want to impose Sanskrit and they want to deprive the States of their rights. They want to take away whatever rights have been given by the Constitution. So,

we strongly oppose the national entrance examination. We also request the Government that till the main judgement comes, we must continue to have the same procedure. We want the Central Government to discuss it with the States so that our State will have our own system of admission. With this, I conclude.

DR. RATNA DE (NAG) (HOOGHLY): The Dentists (Amendment) Bill 2016 has been brought before the august House to replace an Ordinance promulgated by the Government on 24th May, 2016 to amend the Dentists Act of 1948. Its primary purpose is to introduce a uniform entrance examination for all dental colleges for undergraduate and postgraduate degrees. With one stroke of power, the Supreme Court has taken away the rights of the States to hold the undergraduate medical examination for admission to MBBS and BDS courses.

The candidates at the State level would be affected from the NEET. There was a reason and logic behind such plea as the NEET is in accordance with the CBSE syllabus and the students from the State Boards will be at a disadvantage. Is it not a genuine concern of the State towards its own people? As the House is aware, the Dentists Act provides for the constitution of the Dental Council of India to regulate permission to start colleges, courses or increase the number of seats, registration of dentists and standards of professional conduct of dentists etc. If we go by the existing situation of dentists in our country, it seems the Dental Council of India has failed miserably in performing its primary functions.

There is acute unemployment of dentists. New dental graduates are going jobless. In India, we have 309 dental colleges which give us about 36,000 dentists every year. This figure is much higher. In 2010, there were 30,517 dentists whereas in 1970, we would get to see only 8,000 dental students graduate annually. Dental Council of India should have taken note of growing clash between demand and supply and accordingly adjusted the situation of the availability of dentists in the country. New dental graduates have a very low prospect of a job.

HON. DEPUTY SPEAKER: Now it is seven of the clock. There are still four Members left to speak. Afterwards, the Minister wants to pass the Bill.

THE MINISTER OF CHEMICALS AND FERTILIZERS AND MINISTER OF PARLIAMENTARY AFFAIRS (SHRI ANANTHKUMAR): Hon. Deputy Speaker, I request you to extend the House till the passing of Bill today.

19.00 hours

SHRI MALLIKARJUN KHARGE (GULBARGA): My request is this. Many Members of Parliament have spoken in favour of this Act and they are all keen to hear the Minister very patiently. ...(Interruptions) If any queries are there, or any other questions are there, they can also ask them. Therefore, my request is that you may extend the time of the House only to the extent of five Members whose names are there. ...(Interruptions) Let him come with all preparations tomorrow. We will listen to him. ...(Interruptions) इतवा अख्य चत रहा है। We are co-operating but why do you want to spoil this atmosphere? Shri Nadda can reply tomorrow. ...(Interruptions) You should remember that two Bills are combined together. We are discussing them together — one is the Dentists (Amendment) Bill and the other is the Indian Medical Council (Amendment) Bill. Therefore, you should be considerate towards us also. ...(Interruptions) All the Members are of the same view. Therefore, you take the views of this side and reply tomorrow. ...(Interruptions)

PROF. SAUGATA ROY (DUM DUM): We echo the view of Shri Kharge. Let the reply be tomorrow. That will be a proper reply. ...(*Interruptions*) अभी हाउस खाती हो गया हैं। इतनी महत्वपूर्ण मिनिस्ट्री हैं।

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): I will not take much time. I can reply as you decide. ...(Interruptions)

PROF. SAUGATA ROY: We know your capacity! But you can keep it tomorrow. ...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI S.S. AHLUWALIA): Sir, it is seven o'clock. If we take another half-an-hour's time, it will be concluded and two legislations will be passed. ...(Interruptions)

SHRI ANANTHKUMAR: Shri Kharge has to appreciate that a large number of Members are present and everybody is supporting the Bills. The entire House is supporting the Bills. ...(Interruptions) Our hon. Minister Shri Nadda is ever ready to reply. Therefore, when such a conducive atmosphere is there, I request Shri Kharge to consider and co-operate. ...(Interruptions)

SHRI MALLIKARJUN KHARGE: Do not make a prestige issue. We are ready to hear him tomorrow. We want the reply tomorrow. ...(*Interruptions*) You go ahead with those five Members and the discussion can conclude today. This is a reasonable demand. ...(*Interruptions*)

PROF. SAUGATA ROY: It is very late. ... (Interruptions)

SHRI MALLIKARJUN KHARGE: Why are you taxing us? You are taxing the people who are sitting here. ...(Interruptions)

PROF. SAUGATA ROY: What is the hurry? The Session has started only yesterday. ... (Interruptions)

DR. RATNA DE (NAG): Saugatada, let me finish. ...(Interruptions)

SHRI S.S. AHLUWALIA: I can withdraw my Members. There is no problem. ...(Interruptions)

HON. DEPUTY SPEAKER: As far as the Ruling Party is concerned, I am not having any Member in the list.

...(Interruptions)

SHRI S.S. AHLUWALIA: They are there. ...(Interruptions)

HON. DEPUTY SPEAKER: As far as my list is concerned, we have only four Members left today. You have to come to a conclusion. I cannot say anything.

...(Interruptions)

SHRI S.S. AHLUWALIA: He needs only 15 to 20 minutes. ... (Interruptions)

PROF. SAUGATA ROY: Many Members have spoken. He should speak at length. इमें डीटेल्ड रिप्लाई चाहिए। ...(व्यवधान)

SHRI S.S. AHLUWALIA: He will give you a detailed reply. He will answer all your questions. He has come prepared. He is already prepared. ...(Interruptions)

HON. DEPUTY SPEAKER: I am extending time for the discussion. Meanwhile, you may discuss and let me know. The discussion can take place; meanwhile, you come to a conclusion.

...(Interruptions)

SHRI MALLIKARJUN KHARGE: Why is he making it a prestige issue? The TMC, CPI (M), Congress, AIADMK and everybody is saying. If you do not want our co-operation, you do it; you address the empty benches. ...(Interruptions)

SHRI S.S. AHLUWALIA: Otherwise, I am not withdrawing my Members, Sir. Let them also speak. ...(Interruptions)

HON. DEPUTY SPEAKER: What about the reply and passing the Bill? You come to a conclusion.

So far as discussion is concerned, I will allow all the Members to speak. You may give the names of the Members from your Party who wish to speak. I will allow them to speak. I have no objection if the discussion goes on till 9.00 o.clock. You have to decide about the reply.

SHRI S.S. AHLUWALIA: Let the discussion be over first. In the mean time we will decide about the reply.

HON. DEPUTY-SPEAKER: You may continue, Madam.

DR. RATNA DE (NAG): New dental graduates have very low prospects of job. Starting his own practice cost him very much, apart from space and infrastructure. The major cause of unemployment of the dentists is mushrooming of dental colleges. The Dental Council should have regulated dental colleges keeping in mind the demand and supply of dentists. It has failed to do so. The Hon. Minister may respond to the prevailing scenario of dentists in the country.

In the end, I would like to strongly urge the Minister to streamline the dental education keeping in view the demand and ensure that those who pass out as dental graduates are provided with jobs. As I am in medical profession, I can understand the pain and agony of those dental graduates who have passed but are jobless. Hence, I would request the hon. Minister to consider a rather odd situation in which dental graduates are placed at present junction and accede to my request.

In the end I would say that MCI and DCI should be the autonomous bodies. This is my request. Thank you, Sir.

SHRI PREM DAS RAI (SIKKIM): Thank you Deputy Speaker, Sir. I rise to support the Amendment Bills in relation to the Medical Council and the Dental Council.

There are essentially two parts to this whole issue. One is, of course, an amendment which has been brought to take care of the problem which has arisen thanks to the Supreme Court judgement. But NEET is the need of the hour because from as far as Sikkim from the North-East, all students would like to access the best of medical colleges across the country. I continuously hear certain issues related to local problems but I must remind everyone that every institution, be they in the private sector or in the Government sector, is an institution which belongs to the nation. So, each and every member of the student fraternity has the right to access the best of medical education that this country can afford.

When it comes to this, because of the demand and supply issue this becomes a political issue. Therefore, I would request the hon. Minister to see that the situation is looked at in a holistic manner taking into account the kind of education that is prevalent across the country, different kinds of Boards that are there at the school level and at the entry level.

What I would like to say is that there are issues related to social justice. But if social justice is to be taken to its logical conclusion then those who are living in far off North-East also need to get the social justice that everybody else in the country demands. I would also like to state that the other part which is who conducts NEET is the question that has been debated very emphatically today. Is the Medical Council or the Dental Council a right institution to take on this onerous task has to be debated. Maybe, in the future we will have to re-think whether they are the fittest to do this.

Let me, for the sake of comparison, make a point here. What is happening is in the IITs and IIMs we have a system, what is called, the Joint Entrance Examination and it is a NEET like and it is conducted by the best of the institutions that this country has. Now that is the kind of DNA in terms of the examination process that has been instituted, whilst in the case of medical fraternity it is something which has grown organically and therefore vested interests seem to have percolated into the system.

HON. DEPUTY-SPEAKER: These IITs and IIMs are all central institutions. For that the process of examination what you are mentioning is correct. What about the State Governments? They are running their own institutions. Eighty-five per cent reservations is meant for local people in those institutions.

SHRI PREM DAS RAI: Sir, I concede your point.

HON. DEPUTY-SPEAKER: There are no vested interests. Please do not cast aspersions. Many hon. Members have raised it. Whatever you are telling is correct. You please raise your point. But do not say that other Members have vested interests. There are already 85 per cent reservations and the other 15 per cent is open and students from Sikkim can compete in those seats. Please do not say what other Members have raised and all. You say whatever you want to say. Please do not say that they are having vested interest.

SHRI PREM DAS RAI: Sir, I did not say that. I have not said about the vested interest of other Members. I have talked about the vested interest that has risen within the system of the process of examination in the medical fraternity. I have not alluded to the vested interest of other Members, or what they have said. What I am stating is my personal belief.

Sir, take, for example, the case of the Sikkim Manipal University. The Sikkim Manipal University is under MCI but because it is in the mountain State and because we have certain other issues related to the mountain States, they cannot fulfil some of the criteria that MCI has. Therefore, MCI does not take a holistic view and last year they reduced the seats in the medical college in the Sikkim Manipal University from 100 seats to 50 seats. This, I think, has done a great disservice to States like mine. I would like to request the hon. Minister to re-think whether MCI is the best way forward because whatever application of politics or application of social justice is something which they are impervious to.

Sir, with these words, I support the Bill and I thank you very much for giving me this opportunity to speak on this Bill.

Thank you.

SHRI BHARTRUHARI MAHTAB (CUTTACK): Sir, when will the Bill be put to vote so that we can go back home? It should be as early as possible. I would like to know as to when the Bill will be put to vote. Let us complete it today.

भी राजीव सातव (हिमोती): उपाध्यक्ष महोदय, इंडियन मेडिकल काउंसिल बिल, 2016 और डेंटिस्ट बिल, 2016 पर हम सदन में आज वर्चा कर रहे हैं। मैं यहां पर इस सरकार के विषठ मंत्री आदरणीय भी वैंकैस्या नायडू जी ने 2 मई, 2016 को सदन में जो वक्तव्य दिया, उसकी तरफ सदन का ध्यान आकृष्ट करना चाहूंगा। 2 मई के पहले 29 अप्रैल को भी सदन में इस बारे में वर्चा हुई। 2 मई को आदरणीय वैंकैस्या नायडू जी ने कहा, मैं उनको कोट कर रहा हूं। "Madam Speaker, let me make it very clear that it is not Government's decision. Shri Rajiv Satav should have verified his facts before saying it in the House. I am not trying to find fault with anybody because the record has to be straight." उन्होंने कहा कि इसमें केन्द्र सरकार दोषी हैं। लेकिन इसमें केन्द्र सरकार का कोई दोष नहीं है, यह सर्वोद्य न्यायालय का आदेश हैं, ऐसा वैंकैस्या नायडू जी ने इस सदन में 2 मई, 2016 को कहा। सर्वोद्य न्यायालय ने इस विषय पर दो आदेश दिए। सर्वोद्य न्यायालय ने 27 अप्रैल को कहा -- "All the three respondents are represented by the respective Council and they assured this court that they are ready and willing to hold NEET for admission to MBBS and BDS courses for the academic year, 2016-17."

So, it is not the Supreme Court who has decided it. It is the Central Government and it is the Medical Council of India and it is the CBSE जिन्होंने कोर्ट में कहा कि हम यह ऐन्ज़ाम तेने के तिए तैयार हैं। यह सुप्रीम कोर्ट का डिसीजन नहीं था, केन्द्र सरकार, सीबीएसई और मेडिकल काउंसिल ऑफ इंडिया ने कोर्ट के सामने स्टेटमैंट दिया। यह 27 तारीख को हुआ। 28 तारीख को कोर्ट के सामने फिर क्या हुआ। कोर्ट का जजमेंट हैं, मैं उसे कोट करना चाहुंगा -- "It has been submitted by the learned counsel appearing for all the respondents that it is proposed to hold the examination in pursuance of notification dated 21st December, 2010." यहां कहीं भी सुप्रीम कोर्ट ने कोई टिप्पणी नहीं की हैं। जो-जो केन्द्र सरकार, एमसीआई और सीबीएसई ने सुप्रीम कोर्ट के सामने स्था, उसे सुप्रीम कोर्ट ने माना हैं। इसीलिए मैं कहना चाहुंगा कि सरकार को पता ही नहीं था कि उनके किन कोर्ट में जाकर क्या बता रहे हैं। अगर सरकार को यह पता होता तो वैकैस्या नायहू जी जैसे विश्व मंत्री संसद में यह बयान नहीं देते। जब सुप्रीम कोर्ट का डिसीजन आया, उसके बाद विद्यार्थियों को जिस प्रकार का साइकॉलॉजिकल ट्रॉमा सहन करना पड़ा, उनके परिचार और छात्रों को जो तकलीफ हुई, उसमें सचमुच एक भूचाल आ गया। इसे सभी लोगों ने बदलने की बात की, हमने की और सदन के सदस्य अरविंद सावंत जी, डा. घोष आदि ने इस बारे में बात की। जब सुप्रीम कोर्ट में इस मामले की सुनवाई हुई तब यूनिफॉर्मिटी ऑफ दी सलेबस की बात हुई थी और सुप्रीम कोर्ट का आगृह था। हम सरकार से पूछना चाहते थे कि आपने अगले साल से सलेबस तो एक कर दिया, अगले साल से नीट लागू करने के बारे में अध्यादेश निकाता, लेकिन इससे जो समस्याएं उत्पन्न हो रही हैं, क्या उनकी तरफ भी हमने ध्यान दिया हैं। उनकी तरफ हमारा ध्यान नहीं हैं।

हम कहना चाहेंने कि महाराष्ट्र सरकार ने महाराष्ट्र अनएडेड पूडिवेट, पूंपैंशनल एजुकेशन इंस्टीट्सूशन्स एवट 2015 में पास किया और उसका इंटैंशन था कि ट्रांसपेँरंसी हो। उसके उपर अभी काम शुरू हैं। स्टेट ईटी और नीट में व्या फर्क हैं। इसमें फर्क हैं कि अगर स्टेट ईटी देखेंने तो वहां 200 पून हैं, नीट में 180 पून हैं। स्टेट ईटी में एक पून के लिए एक मार्क हैं और नीट में चार मार्क का एक पून हैं। इसमें नैमेटिव मार्किंग हैं यानी हमारे बटचे जिनको इस सलेबस के बारे में पता नहीं है, उन्हें नैमेटिव मार्किंग का सामना करना पड़ेगा। वया फर्क हैं? अगर हम महाराष्ट्र की बात करेंगे तो 20 पूर्तिशत बटचे सीबीएसई और इसकी तरफ देखते हैं और 80 पूर्तिशत बटचे स्टेट बोर्ड पढ़ रहे हैं, जब भूमीण भागों के बटचों को इसके बारे में पता ही नहीं हैं, तो अगर आपको लागू करना है तो 2017-2018 से नहीं बल्कि 2018-2019 से लागू करना चाहिए। आपने अध्यादेश निकाल, हम उसका समर्थन करते हैं। लेकिन मंत्री जी, हमारी आपसे दरख्वास्त हैं कि यह 2017-2018 के बजाए 2018-2019 के बारे में होना चाहिए क्योंकि जो बटचा अब ग्यारहवीं पास हो गया है और बरहवीं में गया है, उसे फिर से ग्यारहवीं सीबीएसई के उपर है, इसमें स्टेट के बटचे दूर-दूर तक कम्पीट नहीं कर पाएंगे। जो बात यहां कई सांसदों ने स्थी, वह यह है कि जो बटचा भूमीण अंचल में पढ़ रहा है, जिसके पास कोई सांसतें हैं, वह सीबीएसई के उपर है, इसमें स्टेट के बटचे दूर-दूर तक कम्पीट नहीं कर पाएंगे। जो बात यहां कई सांसदों ने स्थी, वह वह है कि जो बटचा भूमीण अंचल में पढ़ रहा है, जिसके पास कोई सांसतें हैं, इसमें महाराष्ट्र के एवर सांसदों के ति हमारे सांसतें हैं। सांसदों के सांसदों के हमारे सांसदों के सांसदों के सांसदों के सांसदों के सांसदों के सांसदों के सांसदों की भी मांग हैं।

उपाध्यक्ष जी, भेरा आपके माध्यम से आगृह हैं कि जो राज्य सरकार नीट से बाहर जाना चाहती हैं उन्हें बाहर जाने का सहूतियत दीजिए। यदि आप इसे नहीं कर सकते हैं तो वर्ष 2017-18 की बजाए 2018-19 से लागू कीजिए। आपको बोलने का अवसर देने के लिए धन्यवाद।

SHRI R. RADHAKRISHNAN (PUDUCHERRY): Mr. Deputy-Speaker, Sir, firstly I would like to express my gratitude to the hon. Health Minister for bringing in the Ordinance which enabled the students of Puducherry and Tamil Nadu to get admission based on the prevailing system of admission. I would also like to congratulate the hon. Health Minister and his team for bringing in a lot of initiatives in the health education, for improving health care, and reducing the cost of life saving drugs.

I would like to raise only one point regarding this NEET. The Governments of Puducherry and Tamil Nadu, after long deliberations, decided to do away with the entrance examination for the medical education. It was done so as to enable the students of rural background to get a chance to enter into the medical education. The decision was definitely right as proved by the statistics that it has helped a lot of students to get into the medical education. In this Ordinance you have extended the privilege of continuing with the same system.

I would also request the hon. Health Minister to enable the students of Puducherry and Tamil Nadu to continue with the admission procedure for the seats in the Government colleges and the seats which are allotted to the Government by the private medical colleges on the same method based on their 12th standard marks, which will definitely help the students. It will also help in ensuring social justice in the States. Thank you.

ADV. JOICE GEORGE (IDUKKI): Thank you for letting me to participate in this discussion. The very purpose and purport of this amendment is to get out of the rigour of the Supreme Court judgements dated 28th April, 2016 and 9th May, 2016. The House is unanimous in supporting the proviso of the proposed Section 10 (D) of the Amendment Act. As far as Section 10 (D) is concerned, I think, the sentiments of the House is against the very amendment.

The responsibility of the Medical Council of India is the maintenance of the higher standards of medical education throughout the country. They make recommendations to the Central Government for the matters related to the course of study; and they conduct inspections of institutions, etc. But what is happening? The Medical Council of India has failed in discharging its duties. As far as my experience is concerned, in my constituency, the Medical Council of India has given recognition for starting a new medical college in Idukki. We have admitted students for the year 2015-16. But this year they have declined to give recognition to the Idukki Medical College and the Government will be forced to relocate the students from this Medical College to some other colleges. What is the fate of those students? What is the fate of those aspirants who want to get a medical college in their reach? This has to be addressed. While discharging their duties, the Medical Council of India is lethargic in their attitude and they are not at all responsible for discharging their mandate under the Indian Medical Council Act.

In this regard, I urge upon the Government to have a comprehensive enactment for the purpose of regulating the medical education in india.

We all know that under the Advocates Act, the Bar Council has been conferred with certain powers to regulate the legal education in India. At the same time, UGC has got the power to regularise the legal education. Here, the monopoly has been conferred on the Indian Medical Council, and they have failed in discharging their duties.

Yet another issue is that there is a laudable example of making admission to medical colleges in your State, Tamil Nadu, based on the plus two marks. Rural people have to get opportunity in getting medical education. What is the reality which we are facing? There is paucity of doctors who are willing to practice in the rural areas. In that connection also, only the academic performance will not serve the purpose; the attitude and the aptitude of the students who are aspiring to get medical admission is also an important factor. Willingness of the doctors to discharge duties in the rural areas should also be considered while giving admission in the post-graduate courses.

Hence, I urge upon the Government to have a comprehensive enactment for the purpose of regulating medical education in India; that too, aiming for improving the standard of medical education, and also to have doctors with the attitude to save the people. Thank you, Sir.

डॉ. प्रीतम गोपीनाथ मुंडे (बीड): माननीय डिप्टी स्पीकर सर, आपने मुझे इस मुढे पर बोलने का मौंका दिया, इसके लिए मैं आपको धन्यवाद देती हूं। इतने सालों बाद इस क्षेत्र में पारदर्शिता लाने हेतु इंडियन मेडीकल कौरित (अमेंडमेंट) बिल और डेंटिस्ट्स (अमेंडमेंट) बिल लाए गए हैं, जिनका मैं स्वागत करती हूं। यह बहुत ही अच्छी बात है कि मैडीकल शिक्षा का दर्जा बढ़ाने के लिए सभी छातों को उनकी बौद्धिक क्षमता के अनुसार योग्य और समान अवसर दिलाने के लिए हमारी सरकार ने पहली बार जो कदम उठाया है, यह सराहनीय हैं।

महोदय, जहां हम समान अवसर की बात कर रहे हैं, वहां यह मुहा जरूर उठता है कि एनईईटी का जो सिलेबस हैं, वह सीबीएसई बेस्ड हैं। मुझ से पूर्व अनेक माननीय सांसद इस पर बोल चुके हैं, इसिलए मैं सिर्फ इतना ही कहना चाहूंगी कि अगर हम देश के अन्य राज्यों की कंडीशंस देखें, तो वहां की जो स्कूलिंग है या 11वीं और 12वीं का शिक्षण है, वह स्टेट एजूकेशन बोर्ड के माध्यम से दिया जाता है, जो सीबीएसई की तुलना में काफी कम हैं। यहां हम एनईईटी को रीजनत भाषाओं में कंडवट करने की बात कर रहे हैं, वयोंकि अलग-अलग राज्यों के गूमीण क्षेत्रों में जो विद्यार्थी हैं, वे केवल भाषा की कमी के कारण पीछे न छूट जाएं। इसके लिए हमें इस बात पर ध्यान देना जरूरी है कि काफी क्षेत्रों में जहां जिला परिषदों के स्कूल भी ठीक से नहीं चल रहे हैं, वहां के छात्रों को हम एनईईटी की परीक्षा देने लायक किस पुकार बना पाएंगे।

मंत्री महोदय, मैं इस बारे में आप से एक ही बात कहना चाहूंगी कि अगर हम पांच साल के बच्चे को 20 वर्ष के नौजवान के साथ रनिंग रेस में या कुश्ती के मैदान में खड़ा कर दें और फिर 20 साल के नौजवान को विजेता घोषित करें, तो यह काफी अनफेयर होगा। इसे ध्यान में रखते हुए अगर हम स्कूली माध्यम से छात्रों का शैक्षणीकरण कर पाएं, तो वह एक बेहद सराहनीय पूयास रहेगा।

महोदय, यहां प्राइवेट कोविंग के बढ़ते हुए खर्चे का एक और मुदा उठाया गया था। अगर हम छात्रों को 11वीं और 12वीं में कॉलेज के माध्यम से पर्याप्त मात्रा में एनईईटी के लिए तैयार नहीं कर पाएंगे, तो वे प्राइवेट कोविंग के लिए जरूर जाएंगे। इसलिए हमें चाहिए कि जो कॉलेज की शिक्षा है, वह सबके लिए समान बनाएं।

महोदय, इसके साथ-साथ मैं यह भी कहना चाहती हूं कि आज के दौर में हर जगह आई.बी. स्कूट्स की एक धूम मची हुई हैं। उन छात्रों का तो पूरा शिक्षा कूम ही अलग हैं। उन्हें भी इस धारा में लाने के लिए कोई योजना बनाना जरूरी हैं।

महोदय, मैं आपका एक और चीज की ओर ध्यान दिलाने की आवश्यकता समझती हूं और वह काफी प्रेवटीकल मुहा हैं_। वह यह है कि इस परीक्षा के जो केन्द्र होंगे, वे कहां-कहां होंगे_। राज्य सरकारें जो कॉमन एंट्रेंस टैंस्ट लेती हैं, उनके जो केन्द्र होते हैं वे जिला लैवल पर होते हैं, जबकि ऑल इंडिया मैडीकल टैंस्ट के केन्द्र रीजनल लैवल पर होते हैं_। इसलिए छात्रों की सहूलियत को ध्यान में रखते हुए यदि एनईईटी के केन्द्र भी हम जिले के लैवल पर बना पाएं, तो वह छात्रों के लिए काफी अच्छा रहेगा_।

महोदय, प्राइवेट कॉलेजों के कथित घोटालों को खत्म करने के लिए वर्ष 2016 में महाराष्ट्र और कई अन्य राज्यों में गवर्नमेंट कॉलेजेज को एनईईटी से छूट दी गई थी, लेकिन प्राइवेट कॉलेजों में एनईईटी की प्रिक्षा कंपलसरी रखी गई थी_। कैपीटेशन फीस के आसमान छूते आंकड़ों को देखते हुए इस निर्णय का स्वागत भी करना चाहिए, परन्तु में यही कहना चाहूंगी कि जब हम कॉमन एंट्रेंस टैस्ट ले रहे हैं, तो उसी प्रकार यदि हम कोई कॉमन फीस का स्ट्रक्चर बना पाएं, तो उससे बहुत राहत मिलेगी। प्राइवेट कॉलेजों को हम किसी न किसी हैंड के माध्यम से अगर गवर्नमेंट ग्रांट्स दिला पाएं, तो प्राइवेट कॉलेज भी जी पाएंगे और छात्रों का उनके माध्यम से आर्थिक शोषण भी नहीं होगा। मेरे से पूर्व काफी सांसद कह रहे थे कि सिर्फ नीट कंडवट करने से कुछ नहीं होने वाला है। मैं इतना ही कहना चाहती हूं कि यह सिर्फ शुरुआत है और काफी अच्छी शुरुआत हैं। माननीय मोदी जी कहते हैं और यह उनका बड़प्पन हैं कि वह अपने आपको छोटा आदमी कहते हैं। वह कहते हैं - मैं काफी छोटा आदमी हूं और छोटे स्टैप्स लेकर शुरुआत करता हूं। मुझे लगता है कि नीट के माध्यम से यह स्टैप अगर छोटा है, तो सही दिशा में मंजिल पाने की तरफ अच्छी और खूबसूरत पहल होगी।

मैं मैडिकल एजुकेशन में पास्तर्शिता, सक्षमता लाने की शृभकामनाओं के साथ इस बिल का तहे दिल से स्वागत करती हूं। धन्यवाद।

भी अरविंद सावंत (मुम्बई दक्षिण) : माननीय उपाध्यक्ष जी, मैं इस बिल का समर्थन करने के लिए खड़ा हुआ हूं और तहे दिल से इसका स्वागत करता हूं। मुझे आज सबसे बड़ी बात यह लग रही हैं और मेरे सहयोगी सांसद कह रहे हैं कि 12वीं कक्षा में कैरिकुलम सही नहीं होने की वजह से सारा मसला आ रहा हैं। मुझे आज यह कहते हुए खुशी हो रही है कि 2014 में महामहिम राष्ट्रपति जी के अभिभाषण में अभिनंदन प्रस्ताव में मैंने मांग की थी कि इस देश में शिक्षा में भाषा कोई भी हो लेकिन कैरिकुलम एक होना चाहिए। यह बात सिर्फ 10वीं, 11वीं या 12वीं की नहीं हैं, प्राथमिक शिक्षा, माध्यमिक शिक्षा से लेकर सिलेब्स और कैरिकुलम सेम होना चाहिए, मैंने इस बात को बार-बार दोहराया था। आदरणीय रमृति जी को पता है कि मैं यह मुहा बार-बार दोहराता रहा हूं। मुझे इस बात की बहुत खुशी हो रही हैं कि आज इस मांग को लेकर में बात करता रहा था।

महोदय, अब जो नीट एञ्जाम करने जा रहे हैं, मेरे सहयोगी साथियों ने आई.आई.टी. की बात कही, मैं दो ही मुद्रों के बारे में कहना चाहता हूं। इसे किस ढंग से हम करने जा रहे हैं? आज मैंडिकटा में 57,138 सीट्स एम.सी.आई. की हैं। इसमें 27,143 सीट्स गवर्नमेंट कॉलेजेज़ की हैं और 29,995 पूड़वेट कॉलेजेज़ की हैं। मैं गर्व से कहना चाहता हूं कि मुम्बई महानगर पातिका जो कॉलेज चताती हैं उसमें 550 सीट्स हैं। वहां एम.बी.बी.एस. स्टुडेंट की फीस ओपन में 40,000 रुपए हैं और एस.सी., एस.टी. के लिए फीस भी नहीं है, ओ.बी.सी. के लिए भी बहुत कम हैं। ऐसी स्थित में पढ़ा रहे हैं। The best college in the country is from the Mumbai Municipal Corporation area. This medical college is known as the best college in the whole country.

हम पूडिवेट में जो करने जा रहे हैं, नीट की आवश्यकता थी, मैं इसका स्वागत करता हूं। हम युनिकार्म एजुकेशन सिस्टम ला रहे हैं, एन्ट्रेंस एग्जम ला रहे हैं, वया इसी तरह युनिकार्म फिस होगी? मुमबई में पूडवेट कॉलेज की फीस 10 लाख रुपए सालाना है, कैपिटेशन फीस छोड़ दीजिए। कौन पढ़ाएगा? किस गरीब का बेटा वहां जाएगा? वह बाद में जनता की सेवा वया करेगा? सरकार को इस तरफ ध्यान देना चाहिए। अनन, वस्तु, निवास के बाद हैंल्थ और शिक्षा आती हैं। सरकार को इन पांच मुहों के लिए बजटरी पूंचीजन बहुत ज्यादा मातूा में करने की आवश्यकता हैं। हम पूंचीजन नहीं कर रहे हैं, बल्कि सारी चीजें पूडवेट वालों पर छोड़ रहे हैं और पूडवेट वाले लूट रहे हैं। इस तरह से गरीब का बटवा पढ़ नहीं पाएगा।

महोदय, 46 परसेंट सीट्स साउथ में हैं। देश की 125 करोड़ पापुलेशन हैं। महाराष्ट्र का पापुलेशन 9.2 परसेंट हैं, जबिक मैडिकल सीट्स 11.2 परसेंट हैं। तिमलनाड़ का परसेंट 5.9 हैं, जबिक मैडिकल सीट्स 10.25 परसेंट हैं। Now, 85 per cent students of Tamil Nadu will get advantage of this. It is good. There is no grudge about it. But what about other people? 10.5 परसेंट में से 85 परसेंट सीट्स तिमल बच्चों को जाएंगी वयोंकि सारे मैडिकल कॉलेज वहीं हैं, नार्थ में नहीं हैं। समय कम है इसलिए मैं सारी परसेंटेज नहीं बता पाऊंगा। यह जो विषमता है, उस तरफ भी आपको ध्यान देना पड़ेगा।

उपाध्यक्ष महोदय, मैं इस बिल का स्वागत करते समय दो चीजों की दोबारा मांग करता हूं। आप जब एन.ई.ई.टी. की बात कर रहे हैं, तो मेरी नड्डा साहब से पूर्थना है कि आप इसे सीमित न रखिए। आप अपने एजुकेशन मिनिस्टर को किहए, एव.आर.डी. मिनिस्टर को भी किहए कि देश में syllabus, curriculum from the primary education should be same throughout the country irrespective of the languages being taught.

Thank so much.

SHRI ANTO ANTONY (PATHANAMTHITTA): Hon. Deputy-Speaker, Sir, first of all, I express my sincere gratitude for allowing me to participate in this important discussion.

Even though I welcome the intention behind the Indian Medical Council (Amendment) Bill, I take this opportunity to express my concerns over the implications of this Bill. Millions of Keralites are residing in the Gulf countries. Tens of thousands of children are studying in the Indian schools there. The State entrance exam centres are already there. The parents of these children get very meager salary and so, their children would not able to come to India and appear in this entrance examination.

So, when the Government is planning to fix these centres, I would urge them to fix such centres in the Gulf countries also. Otherwise, tens of thousands of students will lose the opportunity to appear in this examination.

Sir, as per the provision of this Bill, the National Eligibility Entrance Test will be conducted on the basis of CBSE syllabus. It should be noted that the majority of the students aspiring for medical and dental courses are undergoing the State syllabus. They are studying in their own regional languages. Therefore, they would have difficulties in following the NEET questions in English, Hindi and certain other selected languages. I also take this opportunity to submit before this august House that only 18 per cent students in the country have proficiency in English. Naturally, the students from the rural and economically backward classes, who do not know English, will be disqualified in the NEET exam. Therefore, the proposed system itself negates justice to the economically weaker sections of society.

I would, therefore, request the Government to conduct the entrance examination in all the regional languages that are included in the 8th Schedule of the Constitution.

With these words, I conclude. Thank you.

स्वास<mark>्थ्य और परिवार कल्याण मंत्री (श्री जगत पूकाश नङ्डा):</mark> उपाध्यक्ष महोदय, आज आई.एम.सी. बिल और डेंटिस्ट बिल, दोनों बिलों के बारे में सभी सदस्यों ने अपने बहुत ही विवेकपूर्ण विचार रखे_। कुल मिलाकर हाउस का एक ऐसा मत बना कि वे बिल को कुछ शंकाओं के साथ पारित करना चाहते हैं_। वे इसके रिपरिट के साथ खड़े हैं_। सबके विचार आये हैं और वे बहुत महत्वपूर्ण विचार हैं_। हमने उन विचारों का समावेश ज्यादा से ज्यादा इस बिल में करने का पूयास किया है_।

उप सभापित महोदय, हम सबसे पहले यह समझ लें कि इसका उदेश्य वया हैं। इसका एक उदेश्य हैं कि मल्टीप्लिसिटी ऑफ एग्ज़ाम्स को हम समाप्त करना चाहते हैं। जब कोई स्टूडेंट एंट्रैस एग्ज़ामिनेशन देता हैं तो उसे State to State, college to college, covering long distances और हर समय एक के बाद एक एग्ज़ामिनेशन भी देना पड़ता हैं। जो मल्टीप्लिसिटी ऑफ एग्ज़ामिनेशन हैं, उससे उसे बचाने और एक एग्ज़ाम देकर अपनी टैंकिंग के माध्यम से वह मेडिकल कालेज में एडमिट हो सके, इस तरीके का पूरास किया गया है। दूसरा उदेश्य फेयर एंड ट्रांसपेरेंट एग्ज़ाम हैं। हमारी कोशिश हैं, हम जानते हैं कि फेयर एंड ट्रांसपेरेंट एग्ज़ामिनेशन की टिप्ट से देसें, तो बहुत से ऐसे इंस्टीटर्सूशन्स हैं, जहां कैपिटेशन की की बात आती हैं। जहां एडमिशन्स में फूर्री एंड

क्यर एन्जाम्स कंडवट नहीं होते हैं। तीसरी बात है - नॉन एक्सप्लॉयटिव प्रोसेस, जिसमें एक्सप्लायटेशन न हो। हमारे यहां अभी जो व्यवस्था है, उसमें एडमिशन के सिलिसिले में स्टूडेंट्स का एक्सप्लायटेशन भी कई किस्म से होता है, खास करके वह कैपिटेशन फीस के साथ ज्यादा जुड़ा हुआ रहता है। इन सारी वीजों को पारवर्शी बनाते हुए, एक कॉमन एंट्रेंस एन्जाम हो, मल्टीप्लिसिटी ऑफ एन्जामिनेशन न हो, फेयर एंड ट्रांसपेरेंट एन्जामिनेशन हो, इन बातों को ध्यान में स्थात हुए इस बिल को लाया गया है। यह बात जरूर है कि आर्डिनेंस इसलिए लाया गया कि सुप्रीम कोर्ट के ऑर्डर के पश्चात् कुछ ऐसे विषय आए थे, जिनके कारण आर्डिनेंस लाना पड़ा। लेकिन एक बात बहुत स्पष्ट होनी चाहिए कि यह सरकार की मंशा थी। The intention of the Government to bring NEET was there because it was initiated by the Government that we should have a National Eligibility Cum Entrance Test (NEET) for medical examination and dental examination also. डेंटिस्ट्स के लिए भी यह होना चाहिए।

इसी इंटेंशन को लेकर जब सरकार ने इस नोटीफिकेशन को रखा था तो सुप्रीम कोर्ट ने उसे क्वेश किया था। The Supreme Court at that point of time had intervened but the intention of the Government was there to bring NEET. It is not that the Supreme Court has brought NEET. It is the Government which has brought NEET. It was quashed by the Supreme Court and later on, on the review petition, it was reconsidered. रिकंसीडरेशन के साथ सुप्रीम कोर्ट ने कहा कि हम आपके नोटीफिकेशन का पुराना स्टेट्स बहाल करते हैं। We remove the orders of quashing. हम ऑर्डर ऑफ क्वैशिंग को विदर्श करते हैं।

जब नेशनल इंट्रेस एन्जामिनेशन टेस्ट की बात आई और हम लोगों ने उस कार्य को शुरू किया, उसी बीच में सुप्रीम कोर्ट में कोई अन्य पीआईएल लग गयी, जिसमें उन्होंने कुछ इश्यूज रेज किए। उन इश्यूज का जवाब देते-देते एक ऐसा समय आ गया, जब हमारा आल इंडिया प्रिलिमनरी एन्जामिनेशन टेस्ट, जो एक मई को होना था, की डेट आ गयी। सुप्रीम कोर्ट की जो फाइनल प्रोनाउंसमेंट आई, वह यह थी कि the All India Pre-Medical / Pre-Dental Entrance Test (AIPMT) which was held on 1st is NEET Phase I. On 24th of July, you will have NEET Phase II. On 17th of August, you will declare the results. यह सुप्रीम कोर्ट की फाइनल एनाउंसमेंट आई। इस फाइनल एनाउंसमेंट के बाद, जैसा प्रेमचन्द्रन जी ने भी कहा, उस समय पार्तियामेंट का सेशन समाप्त हो रहा था तो we could have extended and gone for it. लेकिन हुआ यह कि जब रिप्जेंटेशन्स आने शुरू हुए पार्तियामेंट सेशन समाप्त हो चुका था। स्टेट गवर्नमेंट्स से रिप्जेंटेशन्स, स्टूडेंट्स के पेंट्स की ओर से रिप्जेंटेशन्स, होक की तरफ से रिप्जेंटेशन्स आने लगीं। जो रिप्जेंटेशन्स आई, उनमें तीन कन्सन्स थे। पहला कन्सन्स था कि हम अब जो एनईईटी हैंगे, so, we will have to appear only in English and Hindi which we cannot do. दूसरा कन्सन था - पेंरिटी ऑफ तैंग्वेज और तीसरा कन्सन था - ऑन गोइंग टेस्ट। उनका कहना था कि हमारे टेस्ट शुरू हो गए हैं, हम लोगों ने फार्म भर दिया है, हमारा टेस्ट होना है, हम उसकी तैयारी कर रहे हैं, हमने अपने आपको उसके लिए पूरा तैयार कर लिया है। इस तरीके की रिप्जेंटेशन्स स्टेट गवर्नमेंट्स से आई।

Three issues were there: language, syllabus and ongoing tests. जो टेस्ट्स शुरू हो गए हैं, उनका वया होगा, इम लोगों ने हेल्थ मिनिस्टर्स की मीटिंग बुलाई, उनसे बातचीत की, उनका करगर्न इन तीनों बातों पर था और सभी हेल्थ मिनिस्टर्स का यह करगर्न था कि नीट को लागू करना चाहिए, In letter and spirit we are with NEET but at this point of time, we will not be able to go forward because our students have got no time left. आलरेडी नीट फेज-1 हो चुका है और नीट फेज-2 की डेट आ चुकी है, अब एक-डेढ़ महीने के अंदर इम वया कर सकते हैं, इसलिए इमको इसके बारे में विचार करना चाहिए, Now, within a period of one-and-a-half month, what are we going to do? What we can do? इसलिए इमको इसके बारे में विचार करना चाहिए, We also called an All-Party meeting. In All Party meeting, it was decided that in principle, we agree NEET, but it is prudent to see to that under-graduate examination जिसके लिए टाइम नहीं रह गया है, So, it is prudent that for this under-graduate examination, we should ask that the old system should continue. इसके लिए हमें उसमें प्रोधिजन करना चाहिए, जब सभी की तरफ से यह बात आई तो फिर गवनीमट ने इस बात को खान में रखते हुए ऑडिजेंस लाना तय किया और ऑडिजेंस में जढ़ां हम 'नीट' को कॉडिस्ट्र्अनल स्टेट्स दे रहे हैं, वहीं इम सिर्फ यह कह रहे हैं कि for the period of under-graduate examination, for the session of 2016-17, the old systems can be adopted by the States. They can adopt the old systems for their States. आने वल कर जो पोस्ट मैजुएशन का इन्जैमनेशन दिस्ता कर इसका जो तीनल आरोपट है, वह इतना ही है कि we will give a Constitutional status to the NEET examination for MBBS seats and also for dental seats but at the same time, we also see to it that under-graduate examination of 2016-17 can continue in the old system where the on-going tests स्टेट गर्कामेंट के जो ऑन-गोइंग टेस्ट्स हैं, वे दे सकते हैं, जिनको उसे ऑपट करना है वे उसको ऑपट करना है वे उसको हैं। यह ऑपट करने के पथात् लगामा 16 स्टेट्स ऐसे हैं, जिनको निर्चा को सिट एको मेंट किया, कुछ गुनियन देश्टर इन्जैमनेशन को चार किया जो कर उसको वे पर सकते हैं। यह ऑपट करने के पथात् लगामा मिल सकते हैं हम हमेंट इन

ਭਰ ਚੂਲ ਸ਼੍ਰਜ ਨੈਂ, ਤਕਰੀ में ਕਰੀਬਣ करना चाहुंगा। ऑल इंडिया कोटा 15 प्रतिशत का है। That all India quota is by the Judgement of the Supreme Court in the Pradeep Jain case where pan-India students ਤਕ पर आप डिसाइड कीजिए कि आपका रिजर्वेशन कोटा क्या होगा? There are students in Odisha, from Kerala, from the North East and from other places. So, that 15 per cent stands as it is. The State quota will remain the same. It remains 85 per cent as the State quota. That is not going to be disturbed. That will remain with the State. What we are going to do, what NEET is going to do, is that we will write out the name of the successful candidate, the domicile, that is to which State he belongs, his all India rank and also the percentile. These things will be narrated and that will be sent to that respective States. Now, in those respective States, according to caste, creed and backwardness and other aspects ਤਿਸ਼ਾਰ ਵਿਧਾਰ में रखते हुए आप अपने-आप रिजर्वेशन कोटा तय कीजिए और उसके अनुसार आप उसे दे सकते हैं। जैसे तमितनाडु का विषय आया है। Subject to the other provisions being given उसमें दिक्कत की कोई बात नहीं हैं। अब एक बात हैं, वह है- रहेंडइंज्जेशन ऑफ सितेबस, उसके लिए मैं थोड़ी-सी क्योरिटी कर दूं कि एम.सी.आई इन्जेम नहीं ले रही हैं। अंडर-न्र्जुएशन का इन्जेमनेशन 'नेशनल बोर्ड ऑफ इन्जेमनेशन' ले रहा हैं। Tamil Nadu is getting the benefit because of this Ordinance. Otherwise, NEET would have been in force. This is number one.

Number two, we are not going to touch the State quota. The Tamil Nadu students will be competing among themselves in Tamil Nadu. We will be submitting all the domicile and ranking of Tamil Nadu students to Tamil Nadu only and they will be taking care of their places and ranking, and counselling will take place in Tamil Nadu itself. So, we should be very clear.

Now, there is one thing. That is about standardisation of syllabus. There is no question of MCI taking the examination. It is the CBSE which is taking the under-graduate examination. The process of standardisation of syllabus is like this. Curriculum and syllabus of eleventh and twelfth standards are formulated by NCERT under the National Curriculum Framework. यह जो शिलेबस है, उसी शिलेबस को लेकर हम आगे बढ़ेंगे। All Boards in the country and Central Boards and State Boards adopt syllabus from the NCERT itself. हम इसे कंसिड्रेशन में स्या रहे हैं। एन.सी.आर.टी. फार्मूलेशन के तहत उनका शिलेबस बनेगा। हम उस शिलेबस में ध्यान रखेंगे कि जो गैप है, वह कचर हो सके और हम शिलेबस का रहेंडडाइजेशन करेंगे so that the students of the rural background are also taken care of it. People, who are taking 10+2 or matriculation, are also taken care of it. And, at the same time अबर्न और रूटल के अंतर की जो बात कर रहे हैं, उसे आप रिजर्वेशन से पूरा कर सकते हैं। You can give them bonus marks. If you want to give the people coming from rural areas two marks, you can do it. It is up to you. You can give them bonus marks. You can fill the gap. We are only going to rank the students and we are going to give the set of the students to the respective States. This is the clarity which I would like to give to you.

महोदया, जहां तक फीस का सवाल है, मैं एक बात बताना चाहता हूं कि जो प्राइवेट इंस्टीट्यूशंस हैं they will not get the benefit of 2016-17. They will come under NEET. This should be loud and clear. आप जिस कूप्शन की बात कह रहे थे, वह कूप्शन यहां से शुरू होता है इसिए we have not given them the permission. They will be appearing in the deemed Universities, private colleges, Board and whatever are there. They all will come under NEET. Their examination will be conducted by NEET. That is what I would like to say. जहां तक फीस स्ट्रवर का सवाल है, there is a committee in the respective States headed by judges which decides

about the fee structure and about the private medical colleges. We do it for the Government medical colleges लेकिन फीस स्ट्रक्चर के बारे में बात कही गई है, उसे हम करने की कोशिश कर रहे हैं।

In language, what we have done, we have written letters to the respective States to give us the detailed report of the last three years the students who have given the examination and under which language they have opted for examination. And, all those examination को ध्यान में उसकर व्यवस्था करेंगे कि क्षेत्रीय भाषा में उनकी परीक्षा हो। So, language is not going to be a problem. That is what I would like to say. आपने यह जो कहा है कि केवत पांच राज्यों के लिए दे दिया है, ऐसी कोई बात नहीं हैं। हैल्थ मिनिस्टरी ने सभी राज्यों को लिखा है कि पिछले तीन सालों से जो आपका स्टेट बोर्ड था, जो परीक्षा लेता था, उसने कितने विद्यार्थी की परीक्षा ली हैं। हैल्थ मिनिस्टरी ने सभी राज्यों को लिखा हैं कि पिछले तीन सालों से जो आपका स्टेट बोर्ड था, जो परीक्षा लेता था, उसने कितने विद्यार्थी की परीक्षा ली हैं। हैल्थ मिनिस्टरी ने सभी राज्यों को लिखा में उत्तीर्ण हुए हैं और उसके अनुसार we are going to decide and we are going to see to it that every student is able to give examination in his language. That is what we are trying to do it. So, the language issue, the fees issue and the stabilisation of syllabus इन तीनों चीजों को ध्यान में रसकर हमने इस कार्य को करने का प्रयास किया है।

एम.सी.आई के बारे में बहुत चर्चा हुई हैं। एम.सी.आई. का इससे संबंध नहीं हैं लेकिन फिर भी मैं आपको बताना चाहता हूं कि एम.सी.आई. के बारे में एक कमेटी पूधानमंत्री जी ने बनाई थी। That is now at the final stage. Many recommendations have come from the Standing Committee also. We have taken them also into consideration. Stakeholders have been called and almost उस कमेटी की रिपोर्ट तैयार हो गई हैं। Accordingly, we will go forward. We have the concern and your concern is also there. We take the concern into cognizance, and accordingly, steps will be taken. जहां तक एम.सी.आई. का सवाल है that is what I would like to assure you. मुझे लगता है कि आज जो हमने इस बिल के माध्यम से करने का प्रयास किया है, एक तो NEET में डेंटल और मेडिकल एम्जामिनेशन को कांस्टीटसूशनल स्टेटस देने का प्रयास किया है।...(व्यवधान)

पो. सौगत राय: कांस्टीटयुशनल स्टेट्स नहीं, स्टैच्यूटरी स्टेटस हैं।

श्री जगत प्रकाश नङ्ग : मैं माफी चादता हूं, इसे स्टैट्युटरी स्टेट्स देने का काम किया है और इसके अलावा वर्ष 2016-17 में जो लोग परीक्षा के प्रेसेस में चल रहे थे, उनके लिए इसे करने का प्रयास किया हैं। मुझे पूरा विश्वास हैं कि इस परीक्षा के लिए आपके जो कंसने थे, उन्हें वलीयर करने की कोशिश की हैं। मुझे उम्मीद हैं कि आप सभी का मुझे समर्थन मिलेगा। जैसा मैंने कहा था कि मैं कम शब्दों में अपनी बात रखने का प्रयास करूंगा, मैं ऐसा प्रयास किया हैं।

SHRI N.K. PREMACHANDRAN (KOLLAM): Thank you very much, Dy. Speaker, Sir. We have heard the response of the hon. Minister. I am very much impressed with the reply and the response given by the hon. Minister. I think, almost all the issues which we have raised have been addressed and clarified.

Even after all these clarifications, the issue of setting up of question paper is still vague. Will the question paper, which is to be set up in different areas, be identical or different? If you go through the provisions of Section 10 D, what is meant by a 'uniform entrance examination'? That is the point for which I would like to seek a clarification from the hon. Minister. 'Uniform entrance examination' means that the same question paper will be given to all students. Otherwise, the standard will be different. So, the 'uniform entrance examination' was not defined in the Bill. Even in the original Act also it is not being defined.

There remains only one apprehension regarding the language issue. I have given an amendment for this also. 'Such other language' means that the discretionary power is still vested with the designated authority or the Medical Council of India. So, my suggestion is that 'such other language' should be replaced with 'as the State Government may recommend'.

HON. DEPUTY SPEAKER: The Medical Council of India is not related with examination. This is what the hon. Minister has just stated.

SHRI N.K. PREMACHANDRAN: I fully agree with it.

The point is that though the Bill will be enacted and the Act come into existence, the assurance given by the hon. Minister has to be made specific. We know that his assurance is absolutely there. But in the Bill itself, the issues of uniform entrance examination as well as the language have to be made specific. That is my point. The hon. Minister has very crystally clarified all these points. I agree with him. Let these provisions may be made clear in the Bill also.

With these words, I take this opportunity to congratulate the hon. Minister for having given such a reply. I am withdrawing my Statutory Resolution. Thank you, Sir.

HON. DEPUTY SPEAKER: Is it the pleasure of the House that the Statutory Resolution at Sl. No.19 in the List of Business moved by Shri N. K. Premachandran is withdrawn?

The Resolution was, by leave, withdrawn.

HON. DEPUTY SPEAKER: The question is:

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

The motion was adopted.

HON. DEPUTY SPEAKER: The House will now take up clause-by-clause consideration of the Bill.

Clause 2 Insertion of new Section 10D

SHRI N.K. PREMACHANDRAN: I beg to move:

Page 1, line 9,-

for "such other languages and"

substitute "such other regional languages as any State Government may recommend to that authority and". (1)

Page 1, after line 17, add,-

"Explanation:- For the purposes of this section 'uniform entrance examination' means same question paper having identical questions irrespective of the language of the question paper.". (2)

HON. DEPUTY SPEAKER: I shall now put Amendment Nos.1 and 2 moved by Shri N.K. Premachandran to the vote of the House.

The amendments were put and negatived.

HON. DEPUTY SPEAKER: Prof. Saugata Roy.

PROF. SAUGATA ROY: I beg to move:

Page 1, line 9,-

for "such other languages"

substitute "in all other languages mentioned in the Eighth Schedule to the Constitution of India". (3)

Sir, just give me a minute to explain my amendment.

20.00 hours

Now, what the Minister has said is that he has written to all the States asking in which languages students appear in the exams, but the problem remains that a student, who is an Odia, may have appeared in the exam from West Bengal. Which language will he be allowed to choose? That is why, I propose that do not keep a bar on languages. There are 22 languages mentioned in the Eighth Schedule of the Constitution. If you just substitute 'all languages included in the Eighth Schedule', then it becomes free. Otherwise, you will write to the States and they will say that such and such language needs to be included. You said that there is clarity, but I would submit that the clarity will be lost. We want you to really introduce something so that there is no lack of clarity on the language aspect.

This statement by the Solicitor General has confused people considerably. *Indian Express* published on 11th May said that NEET would be allowed in six languages. What is this? There are 22 recognised languages in the Eighth Schedule. You must clarify whether all the 22 languages will be allowed for writing NEET exam. That is all I seek a clarification on. That is why, I have moved my amendment.

HON. DEPUTY SPEAKER: I shall now put Amendment No. 3 to clause 2 moved by Prof. Saugata Roy to the vote of the House.

The amendment was put and negatived.

HON. DEPUTY SPEAKER: There is Amendment No. 4 to clause 2 to be moved by Shrimati P.K. Shreemathi Teacher.

Shrimati P.K. Shreemathi Teacher - not present.

The question is:

"That clause 2 stand part of the Bill."

The motion was adopted.

Clause 2 was added to the Bill.

Clauses 3 and 4 were added to the Bill.

HON. DEPUTY SPEAKER: The Minister may now move that the Bill be passed.

...(Interruptions)

SHRI JAGAT PRAKASH NADDA: Sir, I beg to move:

"That the Bill be passed."

HON. DEPUTY SPEAKER: Motion moved:

"That the Bill be passed."

...(Interruptions)

HON. DEPUTY SPEAKER: I will call. I have already promised and I will call everyone.

SHRI RAJEEV SATAV (HINGOLI): The Maharashtra State Government has demanded, and it demanded it in the meeting also, that NEET may be implemented in the State of Maharashtra from the year 2018. It is a demand of the State and everybody is on the same platform in this regard. I would like to know whether the Central Government will think on these lines.

SHRI K.C. VENUGOPAL (ALAPPUZHA): I do appreciate the hon. Minister's comprehensive reply regarding the NEET examination. The Members from various parties have actually raised their concerns in respect of this examination. You ruled out all the concerns.

As Shri N.K. Premachandran and Prof. Saugata Roy have pointed out, there should be a clarification on the issue of language also. I think, we can accept the languages which are there in the Eighth Schedule. It should be a great thing because we are going for a good legislation. ...(Interruptions)

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Why should the exam be held in Nepali and Maithili. ...(Interruptions)

PROF. SAUGATA ROY: There are students in Darjeeling who write their exams in Nepali. ...(Interruptions)

SHRI K.C. VENUGOPAL: Secondly, from the examination point of view, the Minister's opinion about private medical colleges is also very much appreciated. Regarding the MCI issue, the entire House was agitating against the attitude of the MCI. But, generally, that reply has not reflected the sentiments of the House. I have already cited my own experience about the inspection situations in Government medical colleges. Therefore, I need a specific answer on it. Will the Government medical college get approval or not?

SHRI P. KUMAR (TIRUCHIRAPPALLI): The hon. Minister in his reply stated that the Central Government will bring NEET in the future. We oppose NEET in the future. So, we are walking out of the House in protest.

20.06 hours

(At this stage, Shri P. Kumar and some other

hon. Members left the House.)

SHRI TATHAGATA SATPATHY (DHENKANAL): Sir, I have just one or two small clarifications. One is my Leader, Shri Bhartruhari Mahtab, had categorically mentioned about the promised five new medical colleges in Odisha. There was no specific reply about it. ...(Interruptions)

Secondly, Shri Bhartruhari Mahtab had mentioned about the Centre promising the State of Odisha five new medical colleges out of which you had very kindly said that Rs. 55 crore have been given whereas the expenditure that is to be incurred would be Rs. 2,500 odd crore. So, no money has been given and you have not clarified about that issue.

Thirdly, as you know, Hindi alone is not the language that is unifying this country. ...(Interruptions)

HON. DEPUTY SPEAKER: Shri Satpathy, please limit your questions.

SHRI TATHAGATA SATPATHY: Sir, one minute only. We have 22 languages in the Constitution. So, what is your specific reply about it?

Lastly, medical services in India have virtually collapsed in the rural areas. So, what we need is not a National Eligibility Entrance Test (NEET). What we need in reality is a test at the national level and at the end of the term we have to see whether the students passing out and getting a certificate are actually educated or not? Are they fit enough to be called doctors or not? I am saying this because in the deemed Universities ...(Interruptions)

HON. DEPUTY SPEAKER: No, it is enough. Now, Prof. Saugata Roy.

...(Interruptions)

SHRI TATHAGATA SATPATHY: Sir, please listen to me. I am saying this because in the deemed Universities they are paying money; they are having internal tests; they are setting up the questions for their exams; and they are giving certificates.

HON. DEPUTY SPEAKER: No, I do not want any speech on this issue.

...(Interruptions)

SHRI TATHAGATA SATPATHY: Will you address that issue or not? ... (Interruptions)

PROF. SAUGATA ROY: Sir, I have listened to most of the speeches that were made on the Indian Medical Council (Amendment) Bill. Most of the speakers were attacking the Medical Council for its many acts of perfidies of commissions and omissions of corruption. But actually the Bill has nothing to do with the Medical Council, which the Minister correctly pointed out.

He also pointed out that the Medical Council of India will not hold the examination at the Class XII level National Council of Educational Research and Training (NCERT) will hold the examination. ...(Interruptions)

SHRI BHARTRUHARI MAHTAB: No, it is not so.

PROF. SAUGATA ROY: Sorry, it is according to their syllabus and the Central Board of Secondary Education (CBSE) will hold the examination as per the syllabus laid down by the NCERT. I am sorry about it. Further, at the PG level, the National Board of Examinations will hold the examinations. It is perfect, namely, the Minister's reply, but the Minister's reply is not enshrined in this law. If you have really clarified, where in this law do you find that the exams will be conducted by such and such body? You have not mentioned it. So, it leaves room for further confusion. ...(Interruptions) So, you promise that you will bring a rule so that this is removed. ...(Interruptions)

डॉ. संजय जायसवात: उपाध्यक्ष महोदय, मैं माननीय मंत्री जी से कहना चाहूंगा कि जो प्राइवेट मैंडिकत कालेजिज हैं, वे सइट, तैपट से कोई तूपहोत न निकात सकें, इसका मंत्री जी एश्योरेंस दें, चाहे वह एन.आर.आई. कोटा हो, चाहे रीजनत कोटा हो, वे ऐसी तूपहोत निकातकर एन.ई.ई.टी. को कैंसित न करें, इसके बारे में मैं मंत्री जी से जानना चाहूंगा।

SHRI MOHAMMAD SALIM (RAIGANJ): Sir, as regards language, most of us have spoken and the Minister has made it very clear that he will enquire. He has already written to the States for the last three years records to see as to which language the examinees have opted. Most of the States use their regional or vernacular language, or English or Hindi. There are linguistic minorities in many States. Maybe, their number is miniscule in a particular State and that is why they have not conducted the exam in that language. However, when you are holding it at the national level, they are a sizeable number. Therefore, why do you not specify that they should not go only by the three years' record of the Sates? Otherwise, the linguistic minorities in various States will be affected. In that case, you should try to reconcile both these aspects, that is, record for three years and the 22 languages that we have in the Eighth Schedule. It will be helpful for all of us.

SHRI JAGAT PRAKASH NADDA: Sir, these are suggestions and I take these suggestions accordingly. Whatever best we can do, we will do it. As far as Odisha is concerned, the hon. Member talked about five medical colleges, that is, in Balasore, Baripada, Bolangir, Koraput and Puri. An amount of Rs. 34 crore has been given to each medical college. I do not remember exactly, but I think a sum of Rs. 189 crore is to be given to each medical college and we will be giving it.

HON. DEPUTY-SPEAKER: The question is:

"That the Bill be passed."

The motion was adopted.

HON. DEPUTY-SPEAKER: Shri N.K. Premachandran.

SHRI N.K. PREMACHANDRAN: Mr. Deputy-Speaker, Sir, I have also raised a very important matter in respect of ESI Medical College, and particularly a medical college in my constituency.

SHRI JAGAT PRAKASH NADDA: Sir, two issues are being raised. One is about the Government Medical College. We see to it that the Government Medical Colleges are recognized accordingly, and whatever best we can do, we will do it.

As far as ESIC is concerned, it is related to the Labour Ministry, but I will ask my friend, Shri Bandaru Dattatreya, to look into it.

SHRI N.K. PREMACHANDRAN: Sir, I am withdrawing the Resolution.

HON. DEPUTY-SPEAKER: Is it the pleasure of the House that the Statutory Resolution at Sl. No. 21 in the List of Business moved by Shri N.K.

Premachandran be withdrawn?

The Resolution was, by leave, withdrawn.

HON. DEPUTY-SPEAKER: The question is:

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

The motion was adopted.

HON. DEPUTY-SPEAKER: The House will now take up clause-by-clause consideration of the Bill.

Clause 2 Insertion of new Section 10D

HON. DEPUTY-SPEAKER: Shri N.K. Premachandran, are you moving your amendments?

SHRI N.K. PREMACHANDRAN: Sir, I beg to move:

"Page 1, line 9,-

for "such other languages and"

substitute "such other regional languages as any State Government may recommend to that designated authority and"." (1)

"Page 1, after line 17, add-

"Explanation:- For the purposes of this section 'uniform entrance examination' means same question paper having identical questions irrespective of the language of the question paper."." (2)

HON. DEPUTY-SPEAKER: I shall now put amendment Nos. 1 and 2 to clause 2 moved by Shri N.K. Premachandran to the vote of the House.

The amendments were put and negatived.

HON. DEPUTY-SPEAKER: Prof. Saugata Roy.

PROF. SAUGATA ROY: Sir, I beg to move:

"Page 1, line 9,-

for "such other languages"

substitute "in all other languages mentioned in the Eighth Schedule to the Constitution of India"." (3)

Sir, this amendment is same as the last one. So, I do not want to repeat anything. There is only one point which I want to make, Nadda Ji. In most colleges, the degree is called BDS (Bachelor of Dental Surgeon). Here, you are calling the Bill as 'Dentists (Amendment) Bill. The Chinese dentists who are eighth pass are also called as dentists. Actually, the words "dental surgeon" should be specified. Please give a thought to it, that is, of giving respect to this profession by calling it "Dental Surgeons (Amendment) Bill."

HON. DEPUTY-SPEAKER: I shall now put amendment No. 3 to clause 2 moved by Prof. Saugata Roy to the vote of the House.

The amendment was put and negatived.

HON. DEPUTY-SPEAKER: Shrimati P.K. Shreemathi Teacher - Not present.

The question is:

"That clause 2 stand part of the Bill."

The motion was adopted.

Clause 2 was added to the Bill.

Clauses 3 and 4 were added to the Bill.

Clause 1, the Enacting Formula and the Long Title were added to the Bill.

SHRI JAGAT PRAKASH NADDA: Sir, I beg to move:

"That the Bill be passed."

HON. DEPUTY-SPEAKER: Motion moved:

"That the Bill be passed."

PROF. SAUGATA ROY: Sir, you are very democratic and that is why we like you very much.

HON. DEPUTY-SPEAKER: Thank you.

SHRI K.H. MUNIYAPPA (KOLAR): Sir, when you are giving the power to the States, you must ensure that the marks given are uniform, particularly in case of rural students. Such a direction has to be given by the Union Government. Otherwise, at present, some States give more marks, and some States give fewer marks. There will be discrimination in the selection process. That is my only request. There should be uniformity in all the States. The question whether five marks should be given to the rural students can be considered. That is my only request.

HON. DEPUTY SPEAKER: The question is:

"That the Bill be passed."

The motion was adopted.

HON. DEPUTY SPEAKER: The House stands adjourned to meet tomorrow, the 20th July, 2016 at 11.00 a.m.

20.16 hours

The Lok Sabha then adjourned till Eleven of the Clock

on Wednesday, July 20, 2016/Ashadha 29, 1938 (Saka).