

THE MINISTER OF CHEMICALS AND FERTILIZERS AND MINISTER OF FOOD AND CONSUMER AFFAIRS (SARDAR SURJIT SINGH BARNALA) : (a) The Disinvestment Commission has suggested disinvestment of government equity in five public sector undertakings under the administrative control of the Ministry of Chemicals and Fertilizers. These public sector undertakings are (1) Madras Fertilizers Limited (MFL); (2) Pyrites, Phosphates and Chemicals Limited (PPCL); (3) Fertilizers and Chemicals Travancore Limited (FACT); (4) National Fertilizers Limited (NFL); and (5) Indian Petrochemicals Corporation Limited (IPCL).

(b) On economic considerations, it has been decided to take appropriate steps for sale of 50% of the shares of Madras Fertilizers Limited (MFL).

(c) and (d) Yes, Sir.

(e) The recommendations of the Disinvestment Commission for disinvestment of government equity in Fertilizers and Chemicals Travancore Limited (FACT) are being examined.

#### Import of Blood

\*192. SHRI P. UPENDRA :  
DR. T. SUBBARAMI REDDY :

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

(a) whether there is a shortage of blood in hospitals and in various Blood Banks in the country;

(b) if so, the details of total shortage of blood indicating the annual requirement of blood;

(c) whether the Government propose to import blood;

(d) if so, the main reasons for importing blood and the total quantity likely to be imported, country-wise;

(e) the total amount involved therein; and

(f) the precautions taken by the Government to avoid the risk of HIV contamination in the imported blood?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) Though there is occasional and seasonal shortage of Blood in some Hospitals and Blood Banks in the country, overall there is no reported serious shortage.

(b) The requirement of Blood as per WHO norms of 7 units of Blood per Hospital Bed per annum is about 42.00 lakh units. As against this, the availability of blood is 30.39 lakh units. Both these figures are based on the Central Bureau of Health Intelligence Report of 1987-89.

(c) No, Sir.

(d) to (f) Do not arise.

#### Multipurpose Identity Card

\*193. SHRI C.D. GAMIT:  
SHRI V.V. RAGHAVAN:

Will the Minister of HOME AFFAIRS be pleased to state:

(a) whether there is any proposal to issue multi-purpose identity cards to all adult citizens in the country;

(b) if so, the details thereof indicating *inter-alia* the reasons and the necessity thereof and also the purpose for which the card is likely to be used;

(c) whether the Government have consulted the State Governments in the matter;

(d) if so, the details of the reaction of the State Governments in this regard;

(e) the expenditure involved in issuing the Identity Cards to the citizens and whether any portion of the same is likely to be borne by the States;

(f) if so, the details thereof; and

(g) the time by which the proposal is likely to be implemented?

THE MINISTER OF HOME AFFAIRS (SHRI L. K. ADVANI) : (a) to (g) The proposal is to issue multipurpose National Identity Cards to all citizens of 14 years and above. Persons below 14 years are to be compulsorily registered under Registration of Births & Deaths Act, 1969. The names of such persons are to be included in their father's/mother's cards. Separate coloured cards are proposed to be issued to non-citizens. The multipurpose National Identity Cards will help in easy identification of persons to check illegal immigration and infiltration and to trace criminals and subversives. These Cards will also be used for the purposes of issuing passports, driving licences, ration cards, health care, admission in educational institutions, employment in public/private sector, life and general insurance as also for maintenance of land records and urban property holdings.

The Central Election Commission and some State Governments had earlier emphasized the need for National Identity Cards. The details of expenditure to be incurred on the scheme are being worked out. It is proposed that the expenditure be shared equally between the Central and the State Governments. The State Governments will be consulted in finalising the scheme. Its implementation will be taken up then after a central legislation for the purpose has been enacted.

#### Cancer Prone Areas

\*194. SHRI N. DENNIS : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the cases of Oral Cancer has been increasing in some parts of the country;