33

total number of 15,28,567 samples screen- ed. The figures also reveal that the majority of the HIV positive cases belong to the heterosexually promiscuous groups. Blood donors and Intravenous Drug users; come next

The Government have chalked up a multisectoral national programme to prevent and control HIV/AIDS with the assistance of the World Bank and WHO. The programme which is estimated to cost about Rs. 222.6 crores during the Eighth Five Year plan period has the following components:

- (a) Strengthening Management the Capacity for HIV Control in the Central as well as the State levels;
- (b) Promoting Public awareness and community support;
- (c) Improving blood safety and the rational use of blood;
- (d) Building Surveillance and clinical management capacity; and

Action on all these components has commenced during the current year.

Conversion of forest land into non-forest Land!

*125. SHRI RAMACHANDRAN PILLAI: Will the Minister of ENVIRON-MENT AND FORESTS be pleased to state:

- (a) whether Government have permitted any State Government to convert forest lands into non-forest lands under the Forest Conservation Act 1980 recently; and
- (b) if so, the name of the States and situations leading to such decisions?

THE MINISTER OF HUMAN RE SOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) and (b) Diver sion of forest land for non-forestry pur poses have been approved under the Forest (Conservation) Act, 1980 in res pect of 188 proposals during the period from 1-1-92 to 31-10-1992, pertaining to various States/UTs. excluding J&K, Mani Meghalaya, Mizoram, Nagaland, Sikkim, West Bengal, A & N., Dadra & 3—408RSS/93

Nagar Haveli, Delhi, Daman & Diu, Pondicherry, Lakshdweep and Chandigarh. Diversion of forest land have been approved after careful consideration of all relevant information including environmental effect for the proposed diversion of forest land and flora and fauna.

Medical Colleges Charging Capitation tea in the Country

*127. SHRI RAM RATAN RAM: SHRI VISHNU KANT SHAS-TRI

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

- (a) what is the State-wisa number of Medical Colleges in the country which are charging capitation fee for admission to th* various medical courses:
- (b) the names of colleges which have been given recognition by the Universities and/or Medical Council of India;
- (c) the names of the colleges which have not been recognised by the Medical Council of India and whether any students have been admitted by such colleges;
- (d) the names of medical colleges which have been started in 1992 and are admitting students by charging capitation fee, and the names of those which have not been recognised by the Medical Council of India;
- (e) whether Government have taken note of the statement by the President of the Medical Council of India that there is no need for more medical colleges in the country, as published in the "Indian Express" of 1st September, 1992?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTBDAR): (a) According to information furnished by the Medical Council of India the state-wise number of medical colleges idn the country which are charging

fees higher than corresponding Government institutions are indicated below:

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Name of the State			No. of Medical Colleges
	ī.	Andhra Pradesh	1
	2.	Bihar	2
	3.	Gujarat	j
;	4.	Karnataka	13
	5.	Maharashtra	10
	6	Manipur	1
	7.	Punjab	1
	8.	Tamil Nadu	2

(b) Affiliation by the University is one of the conditions for grant of recognition by the Medical Council of India. The names of colleges which have been recognised by Medical Council of India are in-: dicated below

S. No. Name of College

KARNATAKA

- 1. J.J.M. Medical College, Davangere.
- 2. J.S.S. Medicai College, Mysore (Temporary upto 1992 admission),
- 3. Kasturba Medical College, Manipal.
- 4. M.S. Ramaiah Medical College, Bangalore.
- 5. Dr. Ambedkar Medical College, Bangalore,
- 6. Kempegowda Institute of Medical Sciences, Bangalore.
- Sri Devraj Urs Medical College, Tamaka. Kolar (Temporary upto 1994).
- 8. J.L.N. Medical College, Belgaum.
- 9. B.L.D. Medical College, Bijapur.
- M.R. Medical College, Gulbarga.
 MAHARASHTRA
- 11. Rural Medical College, Loni.
- Krishna Institute of Medical Sciences, Karad.
- Dr. Panjabrao Alis Bhansaheb Deshmukh Memorial Medical College, Amravati.

1 2

PUNJAB

- Dayanand Medical College, Luchiana.
 TAMIL NADU
- P.S.G. Instt. of Medical Sciences, Peelamedu, Coimbatore (Temporary upto 1992 admissions).
- Rajah Muthiah Medical College, Annamalinagar (Temporary upto 1996).
- (c) Names of the Colleges which have not been recognised by the Medical Council of India but are admitting students are as under:
- Sl. No. Name of the College

ANDHRA PRADESH

- Deccan College of Medical Sciences. Hyderabad.
 BIHAR
- 2. Kathiar Medical College, Patna.
- 3. Mata Gujari Memorial Medical College, Purnia.

GUJARAT

4. Pramukh Swami Medical College, Karamsad.

KARNATAKA

- Sri Adichunchanegiri Medical College, Javaranhalli, Bellur.
- 6. Siddartha Medical College, Tumkur.
- 7. Al-Ameen Medical College, Bijapur.

MAHARASHTRA

- 8. Mahatma Gandhi Mission Medical College, New Bombay.
- Smt. Sitadevi Bijay Kumar Jojodia Medical College, New Bombay.
- 10. Terana Medical College, New Parel.
- 11. K. J. Somiya Medical Trust, Bombay.
- NDMVPS Samaj Nasik Shivaji Nagar, Nasik.
- 13. Jawahar Medical Foundation, Dhufe,
- 14. Dharati Vidyapeeth's Medical College, Pune.

1

- Dr. D. Y. Patil Medical College, Kolhapur.

2

- Mahatma Gandhi Medical College, Aurangabad.
- 17. Maharashtra Institute of Medical Sciences and Research, Latur.
- I. N. Medical College, Swangi, Wardha,
- 19. N. K. P. Salve Institute of Medical Sciences, Nagpur.
- Smt. Radhikabai Memorial Medical Trust, Wardha.

MANIPUR

- Yaimachuba Chongtha College of Medical Sciences, Imphal.
- !d) Except for the permission granted for opening of 12 medical colleges in Andhra Pradesh where the High Court of Andhra Pradesh stayed admission and subsequently quashed the permission granted, the Medical Council of India do not have information pertaining to any other college opened in 1992.
- (e) The statement of the President, Medical Council of India, expresses his personal opinion and does not reflect the views of the Government.

गुजरात में हथकरघा ग्रौर हस्तशिल्प उल्पादों के विषणन में पेश ग्रा रही समस्याएं

- *128. श्री राम सिंह राठवाः क्या वस्त्र मंत्री यह बताने की कृपा करेंगे किः
- (क) क्या गुजरात में विनिर्मित हस्सकिल्य ग्रौर हथकरघा उत्पादों के निपणन में कोई समस्याएं पेश आ रही हैं;
- (ख) यदि हां, तो क्या सरकार ने बुनकरों के लाभार्थ इन उत्पादों का निर्यात करने के लिए कोई योजना बनाई है; श्रीर
- (ग) यदि हां, तो उसका ब्योरा क्या है; ग्रौर यदि नहीं, तो उसके क्या कारण हैं ?
- क्स्त मंत्रालय के राज्य मंत्री (श्री श्रशीक गहलीत):

- (क) हथकरचा मदों के स्टाक का संचयन एक मौसमी फीचर है क्योंकि किसी विशेष समय-अवधि में बिकी और उत्पादन बेमेल हो सकते हैं। इसी प्रकार हस्त्यिल्प श्रेत को, जो फैला हुआ और असंगठित भी है, खासकर दूरस्थ क्षेत्रों में कई बार खरीद और विपणन की समस्याओं क: सामना करना पड़ता है। तथापि, सरकार के पास गुजरात में हथकरघा एवं हस्तशिल्प मदों के स्टाक के संचयन के संबंध में कोई विशिष्ट जानकारी नहीं है।
- (ख) धौर (ग) इन उत्पादों के निर्यातों का संवर्धन करने के लिए सरकार द्वारा अनेकों उपाय किए गए हैं, जिसमें विक्री— सह—अध्ययन दल प्रायोजित करना, प्रमुख बाजारों में मेलों में भाग लेना, विदेशी ध्यापार पितकाओं में विज्ञापन रिलीज करना, शुल्क वापसी की मंजूरी, समुचित कोटा— नीति उपाय, कालीन ग्रेड ऊन पर रियायती शुल्क और निर्यात गृह अथवा व्यापार गृह के रूप में निर्यातक फर्म को मान्यता प्रदान करने के लिए निवल विदेशी मुद्रा आय को ट्रिपल बेटेज दिया जाना शामिल है। निर्यातों से अजित आमदनी आय—कर से मुक्त है।

*129. [Transferred to 8th December 1992]

Shortfall in Crude Production

130. SHRIMATI MIRA DAS : SHRI CHIMANBHAI MEHTA :

Will the Minister of PETROLEUM AND NATURAL GAS be pleased to state :

- (a) what is the estimated shortfall in. the domestic production of crude and petroleum products with reference to our consumption and the current level of production;
- (b) which are the countries that are likely to export crude and petroleum products to our country; the details in terms of price and per unit quotation; and
- (c) whether our country would be self sufficient in meeting its requirement of crude and petroleum products; if *no*, by when and with how much investment?

THE MINISTER OF PETROLEUM AND NATURAL GAS (SHRI B. SHAN