

प्रश्न पूछा गया था, उसमें हम लोगों ने जो अभी तक कारगर कदम उठाए हैं, वे इस प्रकार हैं - इस्पात उत्पाद पर कस्टम ड्यूटी पांच परसेंट से घटा करके जीरो परसेंट कर दी गई है, सरिया पर सीवीटी चौदह परसेंट से nil कर दी गई है, दिनांक 10.05.2008 से इस्पात उत्पाद पर export duty पांच परसेंट से 15 परसेंट कर दी गई है, दिनांक 13.06.2008 से फ्लेक्स प्रोडक्ट पर export duty हटा ली गई है, Iron ore पर export duty 15 परसेंट लगा दी गई है, 30.10.2008 से सभी उत्पादों पर export duty हटा ली गई है, जिसका प्रश्न माननीय सदस्य ने किया है, दिनांक 14.11.2008 को DBPG benefit restore कर दी गई है, दिनांक 14.11.2008 को पांच परसेंट import duty दोबारा लगा दी गई है और दिनांक 17.11.2008 को excise duty 14 परसेंट से घटा कर के 10 परसेंट कर दी गई है और iron ore पर से सभी export duty हटा ली गई है।

SHRI TAPAN KUMAR SEN: Hon. Chairman, Sir, through you, I want to put a specific question to the Minister. Now there are many forecasts about whether the recession is going to be temporary or long, but one thing is clear that the recession in the global advanced industrial economy is going to be severe at least in the coming the next six, seven or eight months resulting in a bright prospect of dumping of steel being produced outside in the Indian market. I would like to know whether the Steel Ministry in view of that thing is aware of this fact that in our country there is an ample scope of demand for steel, but possibility of dumping in view of the recession in the manufacturing abroad may have a very negative impact in the form of dumping and disturbing our domestic steel facilities. I would like to know further whether the Ministry is having - I do not say long-term, but, at least a medium-term - any approach of curbing that kind of prospect of dumping on Indian soil which may affect adversely the Indian domestic steel industry.

श्री राम विलास पासवान: सर, जैसा कि मैंने कहा कि उसके दो ही तरीके हैं, एक तो export duty पर छूट देना और दूसरा import duty लगाना। Import duty already लगाई जा चुकी है, जिससे बाहर से जो माल आता है, उसको प्रोत्साहित नहीं किया जाए, लेकिन इसके बावजूद दाम में जो इतनी कमी आ रही है, उस कमी को देखते हुए यह थोड़ा कठिन है। लेकिन वित्त मंत्रालय है, चूंकि हमारे यहां दो तरह के हैं, एक secondary association है और दूसरे producers भी हैं, इन दोनों के हित को देखते हुए ही सरकार निर्णय लेती है।

#### **AIIMS like institutions in the north-east**

\*163. SHRI BIRENDRA PRASAD BAISHYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is planning to include North East Region (NER) in its mission of setting up AIIMS like institutions;

(b) if so, the details thereof; and

(c) if not, reasons therefor, in so far as AIIMS like institutions will solve the problems of entire NER?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

#### **Statement**

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS) has been established in Shillong, on the lines of AIIMS, New Delhi, and PGIMER, Chandigarh, with the objective of providing advanced specialized Health-Care to the people of North-East Region. So far

Central Government has made an investment of about Rs.400 crores for development of the institute. An amount of Rs. 1266.38 crore has been allocated for the Institute in the XIth Plan. The Institute is planned for a 500 bed referral hospital with 35 teaching departments at post-graduate level in various specialties and super-specialties. A 50 seat Nursing College and Undergraduate MBBS College has already started functioning from the Institute. During the year 2008-09, Rs.59 crore has been allocated, of which an amount of Rs. 15 crore has been released. A new Regional Cancer Centre, with a 100-bed Cancer Hospital is also planned at the Institute.

Regional Institute of Medical Science, Imphal, has been taken over by the Ministry of Health and Family Welfare from NEC in 2008. The Institute has an intake capacity of 100 undergraduate and 73, postgraduate Degree/Diploma seats. For the development of the Institute as a Centre of Excellence, an amount of Rs. 589.92 crore has been allocated for the XIth Plan. During the year 2008-09, Rs. 65 crore has been allocated, of which an amount of Rs. 48.39 crore has been released.

The Ministry of Health and Family Welfare has also taken over the Lokpriya Gopinath Bordoli Regional Institute of Mental Health (LGBRIMH), Tezpur, and Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizwal, from NEC in 2008. These institutions have been allocated an amount of Rs. 267.07 crore and Rs. 69.62 crore respectively in the XIth Plan for their overall development as Centres of Excellence in their respective fields. During the year 2008-09, Rs. 31 crore and Rs. 14 crore has been respectively allocated to these Institutions, of which an amount of Rs.24.50 crore and Rs. 7.25 crore have been released.

The upgradation of Gauhati Medical College, Guwahati, at a total cost of Rs. 119.95 crore has also been approved. In addition, a sum of Rs.10 crore has been released for upgradation of Regional Institute of Ophthalmology at Guwahati Medical College.

The proposal for upgradation of State Civil Hospital at Naharlagun, Arunachal Pradesh, at an estimated cost of Rs. 130 crore has also been agreed to by the Planning Commission and Detailed Project Report is being prepared by Hospital Services Consultancy Corporation Ltd. (HSCC).

2 new Nursing Colleges and 14 new Nursing Schools have also been sanctioned under National Rural Health Mission. Apart from this, under National Rural Health Mission (NRHM), as part of the process of strengthening all District Hospitals, financial assistance has been provided for upgradation of 75 District Hospitals in the North Eastern States. Community Health Centres (CHC) are also being upgraded to 30-50 bedded hospitals conforming to the norms called 'Indian Public Health Standards (IPHS)' in the North Eastern States.

North Eastern Institute of Folk Medicine (NEIFM) at Pasighat, Arunachal Pradesh, has been approved under Department of AYUSH, at an estimated cost of Rs.32.88 crore and North Eastern Institute of Ayurveda and Homoeopathy (NEIAH) at Shillong, Meghalaya, has also been approved at

NEIGRIHMS, Shillong, at an estimated cost of Rs. 67.51 crore.

SHRI BIRENDRA PRASAD BAISHYA: Sir, decentralisation of the pattern of medical treatment is the call of the hour. If you look at the slogan of 2008 they have said, "Health for All". The decision of setting up six AIIMS like hospitals at Raipur, Bhopal, Patna, Rishikesh, Bhubaneswar, etc. taken by the Government was a dynamic one. But it is difficult for me to understand why North-Eastern Region, which includes eight States, Assam, Meghalaya, Mizoram, Nagaland, Tripura, etc., is deleted from this scheme. Sir, although the hon. Minister has categorically stated in his reply that the North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences is established in Shillong, on the lines of AIIMS, New Delhi and PGIMER, Chandigarh, but, Sir, I would like to mention here that this Institute was established in 1987 and the decision of setting up of six AIIMS like hospitals was taken in 2003. So my specific question is why the Government is neglecting the North-Eastern Region and is depriving crores of people of North-Eastern Region from better medical treatment.

DR. ANBUMANI RAMDOSS: Sir, the Government is definitely not neglecting the North Eastern Region on health care and we have a good institution called NEIGRIMS, *i.e.* North Eastern Indira Gandhi Regional Institution of Health and Medical Sciences in Meghalaya. Even though it took us quite some time to complete this process of construction and functioning of hospital, in fact, the foundation stone was laid by late Shri Rajiv Gandhi at that point of time and since then there was a long process of construction because of some problems associated with that region and because some contractors were killed and there were other issues involved which I don't want to dwell on. Nevertheless, it is a shining example of the commitment of the Government of India for the North-East and that institute is a very, very beautiful institution which is envisaged to be a 500-bedded hospital. Already it is functioning with 430 beds with 30 to 35 specialities, including all these services. Also we are going to construct a new 100-bedded cancer hospital in that campus itself plus a North-Eastern Ayurvedic and Homeopathic college is supposed to come there. Nursing college is also functional, medical college is also functional there. I would urge upon the Members of Parliament to go there and visit that institution and see. The Health Ministry can coordinate the process of your visiting and give us more inputs on that. Sir, hon. Member said that they have been setting up six new AIIMS like institutions, in places which are in low indices of health, in States like Bihar, Uttar Pradesh, Chhattisgarh, Uttarakhand, Madhya Pradesh, Bhubaneswar and Jodhpur in Rajasthan. Coming back to the point raised by hon. Member that North-East has been neglected, I would say, definitely, it is not. The Regional Institute of Medical Sciences is in Imphal now. The Health Ministry has taken over it. Now you can see my reply which says that nearly an amount of about Rs. 589 crores has been allocated for that institution for the Eleventh Plan and we are trying to improve that facility on par with AIIMS like institution as well plus also the Lokpriya Gopinath Bordoloi Institute of Mental Health, Tejpur. That is also being taken over by the Government of India, Health Ministry and that has a Plan amount of approximately Rs. 267 crores which we are going to invest in that plus we have upgraded some of the Government medical colleges and in the first phase we have taken up the

Guwahati Medical College at a cost of approximately Rs. 120 crores which is going to be upgraded. Some of them have been already earmarked for that as well. Some of the other institutions are like the proposed upgradation of State Civil Hospital in Nawalgarh in Arunachal Pradesh at an estimated cost of approximately Rs. 130 crores. Under the National Rural Health Mission all the district headquarter hospitals are being upgraded. All of them are being upgraded. There are about 87 district headquarter hospitals. All the community health centres, all the primary health centres, all the sub-centres in the entire North-Eastern Region are being upgraded under the National Rural Health Mission.

**SHRI BIRENDRA PRASAD BAISHYA:** Sir, I am thankful to the hon. Minister. In his statement he categorically said he has given money to the Regional Institute of Medical Sciences, Imphal. They have given money to some civil hospital. But, Sir, my question is quite specific. My question was that of AIIMS like hospital and hon. Minister said, we took the step of opening such hospitals in only those regions which are medically backward. But it is known to everybody that the entire North-Eastern Region is totally backward when we compare with the other parts of the country. I have nothing to say about Rishikesh. I have nothing to say against Bhopal. I have nothing to say anything against Bhubaneswar. But, Sir, the distance from Delhi to Bhopal is just eight hours; the distance from Delhi to Raipur is only eight hours. The distance from Delhi to Rishikesh is just five hours but the distance from Delhi to North-Eastern Region is more than 2000 kilometers and infrastructural development of the North-Eastern Region is yet to be developed. Also, during floods, the entire North-Eastern Region is totally cut off with the rest of the country. In such a situation, it is impossible for any person to go to Delhi or any other part of the country for a better and urgent medical treatment. In view of this, and Guwahati being the heart of the North-East, will the hon. Minister seriously consider setting up of an AIIMS-like institution in Guwahati.

**DR. ANBUMANI RAMDOSS:** Sir, the aim of the Government is that not a single patient from the North-East should go out of North-East for treatment due to lack of medical facilities there. We are prioritising facilities in the North-East in a very big way. I have already mentioned some of the things that we have initiated. There are also other facilities which we are putting in there. Our aim is that no patient from the North-East should go out of North-East for treatment and we are providing every medical facility there itself. On these lines, the NEIGRIHMS in the North-East is an AIIMS-like institution. That is why, when it was planned for setting up of six new AIIMS-like institutions, it was not planned for the North-East as it is already having an AIIMS-like institution. In fact, the NEIGRIHMS is bigger than what is planned in the six States. And, we are planning to further expand it. I hope the hon. Member would be satisfied with this reply.

**श्री विश्वजीत दाईमारी:** सर, मंत्री महोदय ने अपने उत्तर में नॉर्थ एंड ईस्ट रीजन में मेडिकल हेल्थ एंड साइंस बनाने का जिक्र किया है। तो असम में जो बोडोलैंड है भूटान बोर्डर में, यह बोडोलैंड कम्पलीटली ग्रामीण अंचल है और इस ग्रामीण अंचल में हमारा ऐसा कोई उच्च स्तरीय चिकित्सालय या कॉलेज भी नहीं है। मैं माननीय मंत्री महोदय से अनुरोध करता हूँ कि क्या बोडोलैंड के कोकराझार में ऐसा एक इंस्टीट्यूट बनाएंगे तथा इसको बनाने तक क्योंकि बोडोलैंड अंचल में कोई दफ्तर भी नहीं है और वहां पढ़ने वाला स्टूडेंट भी नहीं है, क्योंकि वहां चालीस

साल तक मूवमेंट चलता रहा, जिसके कारण एजुकेशन का डवलपमेंट नहीं हुआ है और आज के दिन में मेडिकल स्टूडेंट बनने के लिए जो क्वालिटी चाहिए, वह हमारे स्टूडेंट में नहीं है। इसके कारण गोहाटी में या अभी जो शिलांग में बन रहा है उसमें बोडोलैंड के स्टूडेंट को बीस परसेंट का कोटा दिया जाए। अगर उनको यह कोटा देंगे तो कम से हमारे बोडोलैंड एरिया में दफ्तर की जो कमी है, दस-पंद्रह साल में उसको हम पूरा कर सकते हैं। यह मैं जानना चाहता हूँ?

DR. ANBUMANI RAMDOSS: Sir, I have already stated that all the existing health facilities are being upgraded, modernised, doctors and nurses are being appointed, equipment is provided, medical mobile units are provided and, Sir, even boat clinics in Assam are being provided. We have sanctioned Rs. 2.5 crores for purchasing boat clinics. So, a lot of steps are taken for the North-East, including Assam.

As far as the main Question is concerned, it is relating to setting up of an AIIMS-like institution in the North-Eastern Region. I have already said that Rs. 120 crores has been provided for the Guwahati Medical College for its upgradation and expansion so as to make it an AIIMS-like institution. If need be, we will provide more money for its expansion. Sir, Assam has three medical colleges - Guwahati Medical College, Assam. Medical College in Dibrugarh and Silcher Medical College in Silcher. Once the upgradation work of Guwahati Medical College is over, we will be taking up the upgradation of other two institutions as well. Sir, it is not only in Assam, but if there is any Government medical college in any other part of the North-East, we will take that up for its upgradation by providing the necessary resources.

**श्री विश्वजीत दाईमारी:** जो पूछा गया है वह बताया नहीं है और मंत्री महोदय मोबाइल डिस्पेंसरी की बात बोल रहे हैं। जहां रास्ता ही नहीं है वहां मोबाइल डिस्पेंसरी कैसे जाएगी? जबकि इसमें करोड़ों रुपए की गाड़ी वहां दी गई है और जब वहां रास्ता ही नहीं है तो यह गाड़ी कैसे वहां जाएगी? वहां रेल लाइन नहीं है तो कैसे जाएगा?  
...(व्यवधान)...

MR. CHAIRMAN: Is that the responsibility of the Minister?

DR. ANBUMANI RAMDOSS: Sir, I would like to reply to this supplementary.

Under the NRHM, every village in the North-East is having an ASHA - Accredited Social Health Activist - or will have an ASHA very soon. I am sure, they have already been having ASHAs. Sir, ASHA is a health worker in a village and he is the facilitator for health providers. Sub-Centre is the lowest centre which caters to 3,000 to 5,000 population. All the Sub-Centres in the entire North-East have been upgraded, contingency money has been parked in that. Sir, untied fund of Rs. 10,000, initially, and contingency money of another Rs. 10,000 is provided and more facilities have been provided to all the Sub-Centres. All the Primary Centres are being equipped with various facilities. I am not saying that they have been equipped. It is a time-bound programme. We are doing it in a phased manner. The Mobile Medical Unit, for inaccessible areas, is a comprehensive unit that has diagnostics and treatment as well. Thus, doctors and health care workers weekly goes to the inaccessible areas. We are providing a lot more facilities for the entire North-East.  
...(Interruptions)....

MR. CHAIRMAN: Please do not interrupt. ...*(Interruptions)*...

**श्री विश्वजीत दाईमारी:** सर, क्या मंत्री जी बोडालैंड की विजिट करेंगे? ...*(व्यवधान)*...

MR. CHAIRMAN: Please allow the Question Hour to proceed. *(Interruptions)*

**श्री विश्वजीत दाईमारी:** इस देश के नेताओं को देखना चाहिए कि वहां की हालत कैसी है? ...*(व्यवधान)*...

MR. CHAIRMAN: Please do not interrupt. ...*(Interruptions)*... No; no, it is not right. ...*(Interruptions)*... Please follow the procedure for putting the supplementary questions. ...*(Interruptions)*... Dr. Vatsyayan please.

DR. (SHRIMATI) KAPILA VATSYAYAN: Would the hon. Minister give me a working definition of 'folk medicine', mentioned in the last paragraph of his reply? Secondly, is the hon. Minister aware that a place like Arunachal Pradesh as also Manipur is one of the richest places for herbs and medical flowers that are being used by pharmacies in Europe? And, when proposals are going to be made, especially in the North-East, is cognisance being taken of the many traditional medicine systems that exist in the North-East and that is why longevity is the highest in a place, like, Manipur despite the fact that it is supposed to be under the poverty line?

DR. ANBUMANI RAMDOSS: Sir, let me precisely tell why we are starting the North-Eastern Institute of Folk Medicine in Arunachal Pradesh. ...*(Interruptions)*... Let me complete please. We have different recognized Indian systems of medicine, like, Ayurveda, Siddha, Homeopathy, Unani, Yoga, etc. Homeopathy is, however, a foreign system, but it has been recognized here. Similarly, Unani system had been founded in Persia, but it had finally come to India. ...*(Interruptions)*...

SHRIMATI BRINDA KARAT: But why do you call it 'folk'?

DR. ANBUMANI RAMDOSS: Let me explain. It is a terminology. The North-East has a very, very rich traditional system of medicine. And, to take on all the resources and to get knowledge of all the resources, not only the system, but also the plants, herbs, etc., we wanted to start a national institute and it has been started there. It is precisely for this purpose to get knowledge of different paths of North-East, and not only the North-East even the Himalayan region also. It is a very good initiation. I would like appreciation on this because the Government is intending to start a new course and a new institution to learn more about the traditional systems. Then, the North-East has one of the best bio-diversities. Under the National Medicinal Board, we have taken the North-East and the Western Ghats because both of them are very rich in herbs and medicinal plants. So, these resources have been tapped. For example, *alti misrine* is an herb, which in combination with sulphate or as a single drug, is used for treatment of malaria. That is prevalent in Arunachal Pradesh and the North-East. In the North-East Institute of Folk Medicine, we will be tapping the resources and knowing about them. And, I am sure it will be advantageous not only for India, but for the world over.

DR. (SHRIMATI) KAPILA VATSYAYAN: Sir, may I suggest that the words 'folk medicine' be replaced with 'alternative system of medicine' or 'traditional system of medicine'?

DR. ANBUMANI RAMDOSS: The alternate system has a broad-based terminology. The traditional system, again, has a broad-based terminology. We already have the Indian system of medicine.

...(Interruptions)...

MR. CHAIRMAN: Let us take the next supplementary. Dr. Narayan Singh Manaklao.  
...(Interruptions)...

SHRI MATILAL SARKAR: Sir, I have been raising my hand from the very beginning, but you have not allowed me. ...(Interruptions)...

MR. CHAIRMAN: I know that. ...(Interruptions)... I know that.

**डा. नारायण सिंह मानकलाव:** सभापति महोदय, यह प्रश्न एम्स जैसे संस्थान से संबंधित है। अभी माननीय मंत्री जी ने स्वीकार किया है कि जो दिल्ली का एम्स है, उसमें बहुत ज्यादा प्रेशर है। इसी बात को ध्यान में रखते हुए पिछली NDA की सरकार ने 6 जगह एम्स खोलने की बात कही थी। मैं माननीय मंत्री जी से यह जानना चाहता हूँ कि जो NDA का 6 नए एम्स खोलने का विचार था, उसको मानते हुए उस पर कुछ भी नहीं किया गया। मैं यहां पर जोधपुर की विशेषतौर पर बात करता हूँ, वहां पर पांच साल में केवल एक चारदीवारी ही बनाई है। अब इनका इस बारे में क्या करने का इरादा है? अगर ये एम्स में इतना प्रेशर नहीं रखना चाहते हैं, तो फिर जो यह नए एम्स खोलने की बात है, उसको कैसे पूरा करेंगे और जो अभी व्यवस्था है, उसको कैसे सुधारा जा सकता है? माननीय मंत्री जी यह भी बताएं कि जो अन्य एम्स संस्थाएं हैं, उनके बारे में क्या कर रहे हैं, ये तो नया मांग रहे हैं, लेकिन वे तो पहले से ही स्वीकृत हैं, उन पर भी ध्यान नहीं दे रहे हैं, तो फिर नये का क्या करेंगे?

DR. ANBUMANI RAMDOSS: Sir, whether it is the NDA Government ...(Interruptions)...

MR. CHAIRMAN: Not more than three supplementaries will be taken up.

DR. ANBUMANI RAMDOSS: Sir, whether it is the NDA or the UPA Government, it is a continuous process. And, we move forward thinking on those lines only. In fact, my predecessor, Smt. Sushmaji, had brought in some very good projects. I have been associated with them and I adhere to the efforts made on that front as well.

Coming to the question of setting up six AIIMS-like institutions, I would like to say that there had been some initial delays in that. I will go through that. We had the EFC approval in 2004. The Committee of Secretaries clearance was given in 2005. The CCA approved this only in 2006. Then, we had the project management committee's decision for appointing project consultant, but, for this, there were no bids at all. A decision was taken about the architectural design also. But, the cost of it was very high. So, there were some delays, which I acknowledge. There were some departmental delays. But, It is not entirely related to departmental delays alone. Finally, Sir, we have started those projects. We have started six AIIMS-like institutions and they will be completed within the next two-and-a-half to three years. This is an assurance that I give to the hon. House. Projects have been started in Rishikesh, Patna, Jodhpur, Bhopal, Bhubaneshwar and Raipur. In all these six places, projects have been initiated. Not only this, we are planning expansion of 13 more projects.

Almost all the States in the country have been covered in this expansion project. In the second phase, we are going to expand a few more projects. After the CCA gives its approval, I will be able to inform you about them.

#### कपास उत्पादकों की आय

\*164. श्री राम जेठमलानी:

श्री शिवानन्द तिवारी:

क्या कृषि मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि भारत विश्व के प्रमुख कपास उत्पादक देशों में से एक है;

(ख) यदि हां, तो इस संबंध में तथ्य क्या हैं और विश्व के पांच प्रमुख कपास उत्पादक देश कौन-कौन से हैं; और

(ग) इन देशों में कपास उत्पादकों को कपास उत्पादन से प्रति हैक्टेयर कितनी आय होती है?

कृषि मंत्री (श्री शरद पवार): (क) से (ग) एक विवरण सभा पटल पर रख दिया गया है।

#### विवरण

(क) से (ग) जी हां, श्रीमान। भारत विश्व के प्रमुख कपास उत्पादक देशों में से एक है। खाद्य एवं कृषि संगठन (एफ.ए.ओ.) के 2007 के अनुमानों के अनुसार, भारत का विश्व में सबसे अधिक कपास उगाने में चीन के पश्चात दूसरा स्थान है। अन्य अधिक उत्पादक देश संयुक्त राज्य अमेरिका, पाकिस्तान तथा ब्राजील हैं। निम्न सारणी इन देशों में कपास के उत्पादन तथा कपास उत्पादकों की प्रति हैक्टेयर निवल आय को दर्शाती है :

देश	उत्पादन (मिलियन टन)	शुद्ध आय (अमरीकन डॉलर/हेक्टेयर)
चीन	8.078	788 *
भारत	5.355	159
यू.एस.ए.	4.182	131
पाकिस्तान	1.845	251
ब्राजील	1.603	498

स्रोत: एफ.ए.ओ.

नोट: निवल आय में स्थिर मूल्य शामिल नहीं हैं

\* चीन के संदर्भ में श्रम मूल्य शामिल है

#### Income of cotton producers

\*164. SHRI RAM JETHMALANI: †

SHRI SHIVANAND TIWARI: ††

Will the Minister of AGRICULTURE be pleased to state:

(a) whether it is a fact that India is one of the leading cotton producing countries in the world;

(b) if so, the facts in this regard and the names of five leading cotton producing countries of the world; and

(c) per hectare income of cotton producers from cotton production in these countries?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) to (c) A Statement is laid on the Table of the House.

†Original notice of the question was received in Hindi

††The question was actually asked on the floor of the House by (Shri Shivanand Tiwari)