

(1)	(2)
2. Nndira Kala Sangeet	2
3. Devi Ahilya Vishwav	3
4. Rani Durgawati Vishway	3
5. Jawaji	1
6. Dr. H. S. Gaur	4
7. Vikram	1

MAHARASHTRA

1. Amravati Univ. Amravati	1
2. Bombay	7
3. Masathwada Unis.	2
4. Nagpur	5
5. Poona	9
6. S.N.D.T. Women's	2
7. Shivaji	4

ORISSA

1. Berhampur	3
2. Sambalpur	7
3. Utkal	8

PUNJAB

1. Guru Nanakdey	4
2. Punjab	7
3. Punjabi	8

RAJASTHAN

1. Jodhpur	5
2. M. L. Sukhadia Vishwavidyala	2
3. Rajasthan	16

TAMIL NADU

1. Annamalai	7
2. Anna	1
3. Bharathiar Univ. Coimbatore	1
4. Madras	7
5. Madurai Kamraj	6
6. Tamilnadu Agri.	3
7. Tamil Univ.	11
8. Allagappa	1

(1)	(2)
UTTAR PRADESH	

1. Agra	4
2. Allahabad	7
3. Garhwal	2
4. Gorakhpur	3
5. Kanpur	1
6. Kashi Vidyapith	1
7. Kumaon	4
8. Lucknow	2
9. Meerut	1
10. Rohilkhand	1
11. Roorkee	1
12. Sampurnanand Sanskrit Vishwavidyala	

WEST BENGAL

1. Burdwan	4
2. B. C. Krishi Vishwavidyalaya	1
3. Calcutta	3
4. Jadavpur	4
5. North Bengal	8
6. Rabindra Bharati	8

INSTITUTION DEEMED TO BE UNIVERSITIES

1. Central Institute of English & Foreign Languages	4
2. Dayalbagh Educational Inst.	3
3. Gandhigram Rural Instt.	3
4. Gujarat Vidyapith	1
5. Gurukul Kangri Vishwav.	2
6. Indian Instt. of Science	1
7. Indian School of Mines	3
8. Jamia Millia Islamia	5
9. Tata Institute of Social Science	1

Adult Education Programme

2211. SHRI SANTOSH BAGRODIA:
Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to refer to the answers to Unstarred Question 962 given in the Rajya Sabha on the 2nd March 1988 and state the mode of functioning of

the Adult Education Programme in remote parts of rural areas in the country?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI L. P. SHAHI): The main emphasis of Adult Education Programme is in rural areas. The broad strategies in this regard are as follows:

(i) cover, on priority basis, all the districts having literacy rate below National average;

(ii) ensure that at least 50 per cent of the learners enrolled in the Adult Education Centres are women, 30 per cent Scheduled Castes and 16 per cent Scheduled Tribes;

(iii) give priority to the opening of the Adult Education Centres in the rural and tribal areas and to locate such Centres in Bastis of SC/ST as far as possible.

A Project comprises normally of 300 centres which may be reduced to 100 Adult Education Centres on sparsely populated areas and difficult terrains. Each Project is manned by Project Officer with supporting staff.

Implementation of the Drugs and Cosmetics Act by the States

2212. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made study to know how far the various State Governments in the country are maintaining uniformity in the implementation of the Drug and Cosmetics Act and the Rules made thereunder in the matter of regulating all aspects of imports, manufacture and marketing of drugs in the country and that the licences are not issued indiscriminately without having regard to the capability on the producing unit; and

(b) if so, what is the outcome thereof stating the reaction of the Government with regard thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHA-PARDE): (a) and (b) While no systematic study has been made on this subject, the Drugs & Cosmetic Act is a Central Legislation and its provisions are uniformly applicable to all the States and Union Territories of India. Import of drugs is controlled by Central Government through its offices at ports and airports in the cities of Bombay, Calcutta, Madras, New Delhi and Cochin. Control over manufacture, distribution and sale of drugs within the country is the responsibility of the Licensing Authorities appointed by State Licences are granted subject to the fulfilment of certain conditions which have been laid down in Drugs and Cosmetics Act and Rules thereunder.

हृदय वाल्व का प्रत्यारोपण

2213. श्री जगदम्बी प्रसाद यादव :

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि हृदय वाल्व के प्रत्यारोपण पर 32,000 रुपये खर्च होते हैं और हृदय की यह बीमारी गरीबों में अधिक है और इन में से 80 प्रतिशत रोगी बिहार के होते हैं जो इतना धन जुटाने और प्रत्यारोपण आपरेशन के लिए आवश्यक रक्त दान करते कराने की व्यवस्था करने में अमर्थ हैं ;

(ख) क्या यह भी सच है कि ऐसे रोगियों को वर्षों प्रतीक्षा करनी पड़ती है और इसी बीच उन में अनेक रोगियों की मृत्यु हो जाती है ; और

(ग) यदि हाँ, तो उनकी सहायता के लिए सरकार क्या कदम उठाने का विचार रखती है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (कुमारी सरोज खापरडे) :
(क) से (ग) वर्तमान में एक वाल्व प्रत्यारोपण का खर्च लगभग 28,000 रुपये और दो वाल्व का खर्च लग 40,000 रुपये है। इस में औषधों, भण्ड, वाल्व