

have a social mind after passing his MBBS?

Is it not true that every student who secures more than 70 per cent of marks is eligible for admission in any course as per his will? Why should we deny them the opportunity of education which is the basic concept of democracy and socialism which we have adopted in our life?

Will the Government of India ban the private medical colleges and will they start another four to five medical colleges of its own in backward areas of Marathwada and Vidarbha?

In Nanded there is the Sachpan Huzur Saheb Gurudwara. We are demanding a medical college. There is good infrastructure available and I demand through this House that the Government should start a medical college with the help of donations from Sachpan Huzur Saheb Gurudwara.

Government should make hospitals eligible for medical colleges by charging nominal fees to patients which can very easily run the medical college.

Why is medical education made more costly and made a monopoly for the rich people by exploiting the poor?

D. Vasant Talwalkar, President of the All India Medical Association, has stated that by 2000 A.D. Maharashtra requires one lakh Doctors, including Ayurvedic, Homoeopathic and others. How are we going to meet this demand considering one doctor for 900 people which is quite insufficient?

What would be the number of Doctors required as per international standard of the population for India as a whole and Maharashtra in particular? What is our plan in this regard?

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Why are not short-term courses of medical education promoted extensively to meet the medical manpower in India? Is there any planning in this regard? If so, please answer my questions.

MR. DEPUTY CHAIRMAN: The debate will continue after lunch.

सदन की कार्यवाही दोबजे तक के लिये स्थगित की जाती है ।

The House then adjourned for lunch at three minutes past one of the clock.

The House reassembled after lunch at three minutes past two of the clock—Mr. Deputy Chairman in the Chair.

SUPPLEMENTARY DEMANDS FOR GRANTS (GENERAL) 1984-85

THE MINISTER OF FINANCE (SHRI PRANAB KUMAR MUKHERJEE) : Sir, I beg to lay on the Table a statement (in English and Hindi) showing Supplementary Demands for Grants (General) for the year 1984-85 (July 1984).

CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE

Reported charging of capitation fee for admission in medical colleges in Maharashtra—Contd.

MR. DEPUTY CHAIRMAN: Yes, Mr. Kaiyanasundaram.

SHRI M. KALYANASUNDARAM (Tamil Nadu): Sir, this statement appears to disown the decision of the Maharashtra Government to open new medical colleges in the private sector under this scheme. Two points are not clear. One, in the statement in the end, the honourable Minister has stated that the Central Government "is not in favour of opening any new medical colleges in the country and is opposed to charging of capitation fees for admission to medical colleges etc..

[M. Kaiyanasundaram]

etc.,". Then, how was it possible for the State Government of Maharashtra to approve of opening of these three colleges in the private sector who do not even own hospitals, leave alone the terms and conditions under which the permission is granted? Maharashtra alone cannot be singled out and medical education alone need not be singled out. Now, reports coming from the various States show that there is a big sweep in opening private colleges with the sole aim of collecting capitation fees not only medical colleges, but also engineering colleges and polytechnics. Like mushrooms they are coming up. Of course, Karnataka was the pioneer in this. Out of 106 medical colleges about 7 colleges in Karnataka in private hands collect capitation fees. Then come other States. It is irrespective of the fact whether the State is ruled by which party; that is immaterial. Now what is dangerous is that it has become very widespread. Formerly there were very few, hear and there. Now it has become widespread not only in medical but in other faculties also. Now, why does it happen? Is it not a serious matter? The Government of India's policy" has been spelt out in the statement. Of course, Mr. Shankaranand represents the views of the entire Cabinet. The Prime Minister also is reported to have stated to a deputation that she is opposed to open new colleges and she opposed to collect capitation fees. In spite of such clear-cut views expressed by the Prime Minister and the Central Government how these institutions spring up like this? These Institutions will become a menace to our scientific growth. Somehow our country had reached a position in the world in imparting scientific knowledge. We can say that our country occupies a place of pride all these years. That is why, not only they are efficient but they are also cheap. That is why foreign countries are after our intellectuals—scientists, etc.—especially the capitalist countries.

So now what will happen? During the last two or three years this tendency has crept in and it is growing. We have to approach this problem from the point of view of scientific education. Science and technology is growing every day. We have, therefore, to keep abreast with the growth of science and technology. Does the private sector have the infrastructure, whose motive is only to make money? Can it achieve this? What will be the standard of education imparted in these private institutions?

Leave alone other corrupt practices. Now, how is it that the Medical Council of India has permitted the opening of these colleges? Can these institutions function or increase the number of seats without the prior approval and supervision of the Medical Council of India? The activities of the Medical Council of India also need some scrutiny. I have some complaints about the way to which the Medical Council of India is functioning. I have to bring it to the notice of the hon. Minister and the Government regarding the doubtful manner in which the Medical Council of India is said to grant approval or disapproval. To take a recent incident, I have in my hand a copy of the agenda of the Medical Council of India intended for 27th July, 1984. There are two copies. In an earlier circular one item in the agenda is the increase of seats from 115 to 150 for MBBS course at J. N. Medical College, Belgaum. It is not in Maharashtra it is Belgaum. This is included. An Inspector has gone there inspected and has made his recommendation. I do not know what transpired between them or who went back on what. Suddenly, within a few hours before the meeting started, the agenda paper was changed and this item was deleted. I am not pleading for it. I do not know whether it has been done rightly or wrongly. The suspicion is that there was some negotiation or some deal which did not materialise and, therefore, this was dropped. It is a matter to be ex-

mined. I am only giving you one instance as to how the Medical Council of India is functioning. The system of opening new colleges for the professional education and collection of capitation fee will undermine the education system itself and our standard of education will go down. (beil rings) Private profiteering should not be allowed. You have allowed private profiteering in every other thing and as a result of that the inflation is increasing, the dearness allowance is increasing and the prices are shooting up. Why do you allow these people to exploit the need of young children to acquire scientific knowledge? They are profiteering, looting and exploiting. This should be put an end to. A comprehensive policy decision should be taken. It should be not only with regard to medical education. I think that the Maharashtra Government has thrown up this problem before the country. (Time bell rings) I won't take much of the time. I won't embarrass you. I want to make one or two suggestions in this connection. There should be a comprehensive legislation to curb the activities or the tendency to collect the capitation fee or the functioning of these institutions on the basis of capitation fee. These engineering, medical and science colleges which function on the basis of capitation fee, wherever they may be located, should be taken over along with their assets. That is the only way by which you can give confidence to the students and the parents. The capitation fee ranges from Rs. 30,000/- in Maharashtra to Rs. 60,000/- up to Rs. 3 lakhs per student in other places. This is a serious thing. The functioning of the All India Council of Technical Education and the Medical Council of India should be examined and, if necessary, the hon. Minister should make a statement in this House. We must examine as to how they permit such institutions to come up and what is the criteria which they adopt for granting recognition to such institutions. These are important matters and I want the hon. Minister to make

a statement and also to take appropriate action in the matter.

SHRI DIPEN GHOSH: Mr. Deputy Chairman, Sir, I draw the kind attention of the hon. Minister, through you, to a sentence in his statement, in the first paragraph where he has stated:

"According to the information received from the Government of Maharashtra, permission has been given to 3 private institutions in the State to start medical education on no-grant basis from the 1st of January 1984-85."

Thereafter, the hon. Minister has also mentioned certain conditions about the ceiling on tuition fee which the Union Government is understood to have granted. It is Rs. 30,000 per annum. It comes to around Rs. 2500/- per month or so. So, naturally from this it can be seen that it will be very difficult for the wards of the poor people to get medical education (Interruption) Yes, I stand corrected—it is poor and meritorious students. It will be very difficult for the poor and meritorious students to get medical education. Unless the parents of such wards are able to mobilise funds to the tune of Rs. 30,000 on account of only tuition they cannot get admission in such private medical colleges. So, my first question is this: Does it not help in commercialising the medical education in an indirect way by the Union Government though they are opposed to charging of capitation fee as mentioned in the hon. Minister's statement?

Sir, the hon. Minister, while making his statement, said that in this House this issue was discussed on a number of occasions in the past. As far as my memory goes, it was last discussed in June, 1982 when there was a Calling Attention moved by the Members from all the sides of the House about charging of capitation fee in Karnataka. At that time, the Education Minister, and not the Health Minister, made a statement. And

[Shri Dipen Ghosh]

I now quote from a news item appeared in the 'Statesman' of 14th June, 1982:

"The Government' announced in the Rajya Sabha toay that it would soon bring a Bill to, curb the practice of charging capitation fee for admission to technical and other institutions."

Though the Members from all the sides had insisted on knowing when such a Bill would be piloted, the Minister did not give the target date. But- she said—and I quote—"that the matter would require consultation with the legal experts."

MR. DEPUTY CHAIRMAN: The Bill is there before the House. The UGC Bill is there listed tor today. There is a ban on capitation fee.

SHRI DIPEN GHOSH: That is why, Sir, I want to know that in the UGC Bill which is to be discussed today in this House. . . . (Interruptions) whether there are any other changes put in different way in order to circumvent this.

MR. DEPUTY CHAIRMAN: Please read the clauses. It is all there. I have read it.

SHRI DIPEN GHOSH: I want to know whether it is there in any other form because the Health Minister has made a statement here that the tuition fee may be charged up to Rs. 30,000 a year. So, in order io circumvent that particular provision of on charging of capitation fee, these private medical institutions or that matter the other technical institutions ma, be inclined to charge in certain other form the amount which they used to get as capitation fee. Therefore, I want to know from the hon. Minister whether the Government is prepared to lower the ceiling on tuition fee—he has mentioned the ceiling in the case of pri-

vate medical institutions of Maharashtra—so that the capitation fee in any other name cannot be charged by those private medical colleges.

My third inquiry will be that at that time certain States were mmed where capitation fee used to be charged and three States were named at that time^ namely, Bihar, Karnataka and Andhra Pradesh. Some information was given at that time that some State Governments had taken certain steps in the direction of stopping the charges in the name of capitation fee, the Bihar Government and the Andhra Pradesh Government. But my specific inquiry of the Minister is since then whether they have got any information in respect of those three States whether they have stopped charging the capitation fee in those States or whether in respect of other States they have got any information that they are also charging capitation fee and if so, what steps the Union Government have taken to stop charging capitation fee in respect of those States? And, Sir there was an allegation, a complaint by the public also, that actual there is a political motive behind the charging of this capitation fee. It also came out in the newspapers at that time. I can quote from the 'Statesman' again where there was an editorial comment; That in actual practice nothing has happened. The main reason why ali official measures have failed is the political support enjoyed by the college managements. So naturally I want to know in the case of Maharashtra and other cases where capitation fee is being charged whether there is any political support behind such college managements and if so which political support they are enjoying? (Time bell rings). Now I want to make the record straight because one of my colleagues here had stated, I do not know whether it has gone on record. When he was arguing in favour of enlarging the scope of discussion of this calling attention motion, he named certain States wher, the capitation fee

is being charged and while naming those States he also named the State of West Bengal, but as I represent West Bengal in the Council of States, I say that there is no private medical college in that State and no capitation fee is charged in that State.

श्री कैलाशपति मिश्र (बिहार) : उप-समापति जी, कई चीजें इस सम्बन्ध में आ गई हैं। मैं 1981 की कर्नाटक के संबंध में एक कोंटेशन पढ़ रहा हूँ—

Capitation fee system has come to stay in Karnataka notwithstanding vehement opposition against it. In fact, it has emerged as the nation's shopping centre for medical education.

इसी प्रकार से आंध्र में 1981 का समाचार है—

—The evil practice was introduced five years ago by the Vengal Rao Ministry.

मेरा अनुरोध है कि इन अलग-अलग प्रदेशों पर इसके नियम और स्तर के संबंध में यह प्रश्न छोड़े नहीं जायें। केन्द्र सरकार ने अलग-अलग राज्यों के सम्बन्ध में अभी तक क्या समाचार इकट्ठे किये हैं, यह सब बताने की कोशिश करें।

मैं बिहार राज्य से आता हूँ। तमाशा यह हो रहा है कि कुछ समय पहले, लगभग डेढ़ साल पहले वहाँ एक अध्यादेश जारी हुआ प्राइवेट मेडिकल कालेज, इंजीनियरिंग कालेज पर राक लगाने के लिये। आश्चर्य लगता है—मैं नाम नहीं बताऊंगा, लेकिन दो इंजीनियरिंग कालेज छोटे-मोटे राजनीति नेता नहीं तो मंत्रिमंडल के सदस्य उन्हीं के किसी एक के नाम पर चल रहा है, दूसरे के प्रभाव से चलता रहता है। अब वह दोनों बंद होने की स्थिति में सरकार आई नहीं तो और भी कालेज चलते रहे कोंटेशन फीस लेकर, उन्हें बन्द करने का कोई साहस नहीं हुआ। आर्डिनेंस वैसे ही खबाई में पड़ गया।

एक दूसरा दृश्य है। जैसे एक माननीय सदस्य ने कहा विज्ञान बढ़ रहा है, आवश्यकता बढ़ रही है, आवादी बढ़ रही है और सब के हिसाब से इंजीनियरिंग कालेज कितने होने चाहियें, मेडिकल कालेज कितने होने चाहिएं, वैज्ञानिक शिक्षा कितनी होनी चाहिए? इसका संपूर्ण भारत की एकता के नाते से एक शीसत का स्वरूप अवश्य लाना चाहिये। अलग-अलग राज्यों को छोड़ दिया गया। एकाध राज्य साहस कर सकता है।

अभी आंध्र के एक मित्र सदस्य से पता लगा, जिस आंध्र के बारे में समाचार पत्रों में छपे हुये उससे पांच साल पहले की घटना यहाँ यह रोष कितना ज्यादा था। यानी यह बताया गया, ठीक है। एन० टी० रामाराव की सरकार ने, तेलुगू देशम की सरकार तुरन्त एक कानून बनाया और कानून ऐसा बनाया कि जो कालेज खुल गये, उनको बंद तो नहीं किया। लेकिन पहले से इंजीनियरिंग कालेज, मेडिकल कालेज और प्राइवेट कोंटेशन फीस से यह खुले हुये कालेज, किसी में जाने के लिये पूरे विद्यार्थी समूह की परीक्षा एक साथ होगी और अब पूरे विद्यार्थी समूह की परीक्षा एक साथ होती है। कोंटेशन फी रुक गई और जो लिस्ट सेलेक्शन की वनी उसमें सब कालेजों के अन्दर विद्यार्थियों की नाम मात्र की गुंजाइश बढ़ा दी गई। जो घाटा लगा, वह सरकार पूरा करती है। बीमारी बंद हो गई।

इसी प्रकार से संपूर्ण भारत के लिये अगर कोई एक नियम बनेगा, एक सरकार का सामान्य नियम बनेगा, सबके समुचे विकास के लिये बनेगा, तब तो यह बीमारी रहेगी। नहीं तो आज भी हिन्दुस्तान के कोने-कोने से दूसरे स्थान पर जो लड़के जाते हैं, जायेंगे। अब मुझे तो यह खबर मिली है कि बंगलौर के अन्दर 25, 30 या 50 हजार रुपये की कोंटेशन फी नहीं, बल्कि तीन-तीन लाख रुपया एक-एक विद्यार्थी से लेकर वहाँ उन्हें प्रवेश मिल रहा है।

श्री कैलाशपति मिश्र
तो आप बताइये कौन पढ़ेगा। किसी झोंपड़ी में पैदा हुआ लड़का इन स्थानों पर नहीं जा सकता है... (समय की घंटी)... न वह इंजीनियर बन सकता है, न डाक्टर बन सकता है, प्रतिभा दब कर रह जाएगी।

तो मैं यह निवेदन करूंगा कि परीक्षाएं एक साथ हों, प्रतिभा की जांच एक समान हो, कालेजों का स्तर एक किया जाए और अखिल भारतीय स्तर के ऊपर सार्वदेशिक स्तर पर इसके लिये एक निदम बनाया जाए। धन्यवाद।

SHRI R. MOHANARANGAM (Tamil Nadu): Sir, for the first one and a half hours we have been discussing a very important problem, especially with regard to capitation fee. I come from a State where capitation fee is not charged. Now, we are discussing about Maharashtra State where permission has been given for 3 private institutions.

Before, I deal with various aspects of the problem, I would like to tell you one thing. Medical education and the engineering education are considered to be very high qualification and lakhs of students are aspiring to get admission into medical as well as engineering institutions. But the State Governments are not in a position to provide admission to all the students who apply for medical as well as engineering seats. In some States, about 2000 to 2500 seats are provided; in certain States, it is 5000 to 6000 seats, but the candidates who come out of 10 plus 2 examinations, are aspiring for these seats in the range of 80 to 85 per cent of them, because 10 plus 2 examination is the basic qualification for admission to medical college. But these colleges are not in a position to admit all of them, especially the leading institutions, where the standard of education is considered to be very high. As far as Maharashtra is concerned,

they have allowed three private institutions to admit students for medical education. Three conditions they have laid down here. One is, 20 per cent of the seats will be the management quota, 20 per cent State Government and the remaining 60 per cent on merit. I do not know what exactly the basis on which they have measures and calculated the standard of education and the standard of students. As a person who knows something about medical education, as far as my State, Tamil Nadu is concerned, I can say this. As far as medical education is concerned, arts students are not likely to go in for medical education. Only persons who study science subjects like biology, botany, physics and chemistry, are eligible to go in for admission to medical education. Whereas, the minimum marks prescribed for getting admission to medical colleges, in these private institutions in Maharashtra, is 50 per cent. Can anybody say that a person who gets 50 per cent marks, as far as ten plus two is concerned, can become a good doctor? Can anybody say that 50 per cent marks is a good mark in ten plus two? A person who secures 90 per cent marks is not in a position to get admission to medical colleges. Whereas, in this case, a person who secures only 50 per cent marks is in a position and is eligible to get admission in these private institutions. This means, we are going in for substandard doctors, we will be creating such doctors who will not be in a position even to diagnose small and minor ailments. When persons who score 80 to 90 per cent marks are loitering for these seats, I do not know how they have prescribed this condition. Birth is by accident. I am not going into the question of the preference given to the Scheduled Castes, Scheduled Tribes, Backward Classes and so on. But I would say this that unless we lay down proper norms and conditions for admission of students into medical colleges, we cannot have good doctors. Here, you say that Rs. 30,000 is to be charg-

ed from the students and Government aid will not be given. I do not know what do you mean by this? In the course of five years, they have to shell out nearly Rs. 2 lakhs. When a person, a boy, who is not in a position to secure even 50 per cent marks, when he will be spending nearly Rs. 2 lakhs in the course of five years, how can this person become a good doctor and how do you expect him to go to the rural areas after he becomes a doctor?

My view is, whenever you start a private institution, whether it is in Maharashtra or somewhere else—of course, the Government of India has not given permission to any private institution to start medical college—when you say that every State is part and parcel of the Union and when you say that all are citizens of India, when you admit this, you should take steps to preserve the standard of education in these private medical institutions. If we are not in a position to preserve the standard of medical education. I do not know how they have laid down this

Then, there is another peculiar condition. Of course, we should give preference to Scheduled Castes, Scheduled Tribes and Backward Classes. But what about those belonging to the forward communities? When I say this I would like to put the record straight that I am not pleading for any community here. I am pleading for humanity. I am pleading for those belonging to the condemned sections of the society. Persons belonging to the forward communities, even though they secure more than 90 per cent marks, are not in a position to get admission to the medical colleges. That is why, I would say that when you allow people to open private medical institutions, it is our duty to provide admission for these boys who secure more than 90 per cent marks, to whichever community they may be-

long. You should not mention this 50 per cent and Rs. 30,000. Persons who score more than 90 per cent marks, are not in a position to even maintain their families who score more than 90 per cent marks are not able to get admission to the medical colleges. That is why, I would suggest that, when you are spending lakhs of rupees for so many unproductive purposes, you should come forward and say, you should spend Rs. 100 or Rs. 150 crores, to start new medical colleges in different States so that we can create hundreds and hundreds of excellent and intelligent doctors, instead of creating these 50 per cent doctors. My question is, why they have allowed this and why they have prescribed 50 per cent marks, instead of 80-85 per cent marks?

PROF. C. LAKSHMANNA (Andhra Pradesh): My first question would be, what priority prompted the Union Government to postpone the consideration of the University Grants Commission (Amendment) Bill which is going to cut . . .

MR. DEPUTY CHAIRMAN: This has already been fixed up for today. It is in the Agenda.

PROF. C. LAKSHMANNA: In fact, I raised this question, even earlier during the debate on Banking Service Commission Bill and it went unanswered. I said it at the time when the Banking Service Commission Bill was taken up in preference to the UGC Amendment Bill.

MR. DEPUTY CHAIRMAN: All right. Put the next question.

PROF. C. LAKSHMANNA: So, I was raising a question as to what was the priority which determined in favour of the Banking Service Commission Bill, neglecting the University Grants Commission Bill which could have helped in the imposition of the capitation fee ban in Maharashtra. Sir, the answer is simple. Capitation fee system is available and it was in practice in Andhra Pradesh, Karnataka, Maharashtra and Bihar. Andhra

[Prof. C. Lakshamanna] Pradesha already having the anti-capitation Act. Karnataka is also having an Act of the same kind as I understand it because I have not gone into its details, and Bihar, I am told, is having some consideration about it. It is only Maharashtra which came into the field two or three years back without any Act prohibiting the capitation fee. Therefore, the reason for postponing the University Grants Commission Amendment Bill was to give one more year of life to those colleges which have been in Maharashtra. I would like to know whether this is the reason or there is something else.

Then, Sir, the note and the statement made by the Minister of Health does not say, what is their thinking? It says about the Maharashtra Government's thinking only, that the amount should not be more than Rs. 30,000 per annum, that 20 per cent seats of the medical colleges be filled in by the concerned management and so on and so forth. What is the thinking of the Union Government? Do they also subscribe to the view that Rs. 30,000 have to be charged as fee per year?

Then, Sir, it does not say, what is the position of the Scheduled Castes, Scheduled Tribes and the backward classes. Scheduled Caste and Scheduled Tribe reservation is conditional as prescribed by the President for each of the professional college. There are three medical colleges which have been started in Maharashtra and their terms and conditions are silent about the reservation of seats in terms of the Scheduled Castes and Tribes and the backward classes, which is, of course, the prerogative of the State Governments.

Thirdly, why is it that the management should have 20 per cent quota? Already the fees that are charged are so high. Over and above that, why is it necessary to keep another 20 per cent seats for the management? What is the logic behind it, what makes it necessary that the management should have 20 per cent of the seats to them?

There is one more point. In the case of Andhra Pradesh, there is an entrance test which governs admissions into medical and engineering colleges. Both in the Government as well as private medical colleges the student who has qualified through the entrance test alone is eligible to be admitted. There is only one government medical college. The position is same for the government university as well as private medical and engineering colleges. These are the three categories of colleges which are existing. If that is the case, why not the Central Government thinks in terms of a joint or common entrance examination for admission into engineering and medical colleges. This practice is already there at the Centre. The UT entrance tests are already being held.

Then, there is another question which the Union Government has to think, that is in terms of regulating admissions on the basis of merit so that the student who may be deserving but who is poor and is therefore, not able to go to the medical college due to paucity of funds, should be able to get admission. Is the Government thinking in terms of having such entrance tests on the same lines as is being practised in Andhra for Maharashtra and other States also? Will he be able to give some direction and advice to those State Governments?

DR. SHANTI G. PATEL (Maharashtra) : Mr. Deputy Chairman, Sir, I must thank you for allowing me to participate in this Calling Attention Motion. Sir, the health of the nation lies in the hands of the doctors and in this very House sometime back we discussed at length the National Health Policy. It was unfortunate that in the policy there was no indication as to how the medical education is going to be imparted—whether it is going to be governed by economic Power, or on the basis of merit. And this defect has been leading us to a lot of difficulties. While referring to the episode to which a reference has been made in the Calling At-

tention Notice as well as in the statement of the Minister, I would like to say that freshly trained doctors doing post-graduation and some of those who are post-graduate doctors are on strike since July_ 10 with a view to assertion only one principle—let the admission to the medical colleges be governed on the basis of merit, and merit alone, and no economic power, in whatever strength or in whatever form it may be, should be allowed to come in the way of merit of a student. Rich but mediocre students should not get into the medical colleges, but those poor, middle class or rich who deserve to be admitted on merit should get admission.

While going through the statement I am surprised to find that the admissions are going to be governed, if I may say so, against the policy which has been laid down in this very statement. The Minister has said that the Government of India is opposed to the method of capitation fee. But what does the Maharashtra Government say? The Government of the same party to which the Central Government belongs, states here that 20 per cent seats in the medical colleges can be filled in by the concerned management at its own discretion. What is this discretion? in my respectful submission, this discretion means nothing else but donation, underhand money and all those persons who are concerned with the management will be collecting lot of funds. At present when capitation fees are being charged, there is a lot of underhand dealing. I am speaking with personal knowledge that people are demanding not merely capitation fees but 1 lakh, 2 lakhs or 3 lakhs of rupees under-hand without any receipt so that admission could be given. It is not just capitation fee. Capitation fee is leading to corruption, apart from decapitation of the meritorious students.

Then, sir let us come to the second reservation. 20 per cent is for

those who have passed with 50 per cent marks in the qualifying examination. This applies to the discretionary quota. Another 20 per cent is to be filled in by the State Government. Here also no qualification is laid down for admission. It is to the sweet will of the Minister concerned to nominate any person whom he likes irrespective of merit. Whether he takes money or does not take money is a separate matter and, Sir, I need not dwell on this point. But the fact is that merit is given 30 per cent, merit is not going to be looked into. For the remaining 20 per cent, the seats will be given strictly on merit. To the extent of 40 per cent of the seats which will not be covered by merit, it is not merely social injustice but it is also an economic injustice. It is a social evil, as was said by the Prime Minister, which needs to be eradicated as early as possible.

Coming to the next point, what statement states is that the State Government has further informed that the standard of medical education will be maintained as per the norms prescribed by the Medical Council of India. Sir, the experience shows that the Medical Council of India comes into the picture not when the college is started or given permission. The Medical Council comes into the picture mostly when the degree is given. Then the Medical Council is in a very awkward position when it cannot refuse to register those boys and girls who have already spent a lot of money and time in acquiring this knowledge. It cannot say: "We will not register you". It will have its own implications and consequences. So, willy-nilly it is supposed to recognise these people. Then the process to inspect and derecognise starts. I know the first inspection is after 1 1/2 years or 2 years when the first M.B.B.S. examination is called. At that time it is too late because the persons have already been admitted. What should

[Dr. Shanti Patel] have been done and should be done, which is being sought by the Treasury Bench. Several times particularly from the Ministry of Health, is that the Medical Council of India Act should be amended so that they can enforce a recognition and they can say, before the college is started, that it shall be recognised by the Medical Council of India. This gives an opportunity to the Medical Council to go into all the details whether proper facilities are provided or not. Sir, again here it is stated—it is an admission that these facilities are not provided:

"Such of the institutions as do not have the prescribed hospital facilities can make a request to the State Government for making available such facilities and such a request will be considered on merit."

This is an admission of the fact that hospital facilities are not available at a number of places in the medical colleges which are sought to be opened in Maharashtra. After all, Sir, as you know and everyone is aware, real medical education can be imparted only if there is a patient—it is not mere lectures and all that by the tutors—and if no patient is available, no proper teaching can take place.

Coming to the questions. I would like to ask as to whether the Government is thinking of amending the Medical Council of India Act with a view to empowering it so that, they can lay down fulfilment of certain conditions before the recognition is given and, particularly, will the Minister advise the Chief Minister of Maharashtra State to settle the strike and not to insist on the payment of capitation fees whether in lump sum or in the form of Rs. 30,000 which is nothing else but another form of capitation fees? Instead of holding your nose straight, you are lading your hand round the neck and holding the same thing because again only the rich people can afford such a high

amount of fees, Rs. 2,500 P. M.

This is all that I have to say.

SHRI S. W. DHABE (Maharashtra) : Mr. Deputy Chairman, Sir, I am very much thankful to you for giving me an opportunity to speak on the subject. Sir, this is a very serious issue. I am not much enamoured by the statement made by the hon. Minister that they are not in favour of opening new medical colleges and are opposed to charging of capitation fees for admission to medical institutions. If this principle is not implemented, it will merely be a pious desire. The State's Minister of Health, Mr. Sawant stated in the House, "We are not concerned with what steps the Central Government takes; it has to give us permission afterwards. We are determined to open the colleges." If this is the stand of a particular Government, I would like to know from the Minister, firstly, why he is not taking action but keeping quiet when 5,000 Resident Doctors have gone on strike from 10th of July. From the 22nd of July, all the students of the colleges have gone on strike—about 25,000 of them—and doctors all over India joined the one-day strike on 24th of July to protest against the principle of capitation fees which is against the canons of any justice of equity. Sir, in this country education cannot be based on the capacity of a particular institution. It cannot also be allowed to be used for utilising smuggled money or blackmarketeers' money for investment indirectly of which cannot be done directly. It is an admitted fact—the Health Minister said it a number of times—that medical education requires standard and meritorious students and every-ly cannot be taken into this profession because it is a technical profession, a highly skilled profession. Up-till now we had one category of medical colleges, where capitation fees are charged like in Karnataka from where the hon. Minister comes and some other colleges where students

are charged from Rs. 60,000 to Rs. 2 lakhs and admissions are given irrespective of merit. But here is the first Government which is going to do it and, if not checked, it will lead to disaster in the educational field because the Government permits to charge Rs. 30,000 for admission into private medical colleges in Maharashtra. Sir, I come from Nagpur where Government colleges charge Rs. 200 to Rs. 1000 as annual fees, and here is a Government which wants to charge Rs 30,000—an enormous purpose Sir? The purpose is very plain. They say that these doctors who are not interested to go to rural areas. Therefore, for the rural areas they will have doctors. They can be employed in rural areas for the health care purposes. In Vidarbha out of this three faculties is Amravati College. Not a student of Vidarbha is in a class. They pay Rs. 30,000 as annual fees. All students are coming from Bombay to in this manner all over the State are flocking to these private medical colleges for getting admission. Therefore, the problem of education today is that it is not only commercialized but also it has become a ground where under-hand deals go on. It should not be a trade or commercial activity. I would like to talk to the Chief Minister, stop medical colleges, call upon the doctors to withdraw the strike, discuss the problem. If they are really interested in medical education for the rural areas, let them give it free of cost for the rural areas, make it compulsory so that they go there and serve there. This way of encouraging the medical colleges is no substitute to solving the problem. Therefore, may

I know from the Minister what steps he is going to take in this matter? Stop

these medical colleges so that the students can withdraw their agitation. What he is taking, let him do in spirit and practice at least in the new areas where it is coming up.

श्री हुक्मदेव नारायण यादव (बिहार) :

उपसभापति महोदय, मैं दो-एक बात की ओर सरकार का ध्यान आकृष्ट करना चाहूंगा। यह बीमारी कोई एक जगह नहीं है। कुछ दिन पहले हमारे बिहार में भी यह बीमारी बहुत तेजी से फैली थी। जितने मेडिकल कॉलेज बिहार में थे सब बिहार सरकार ने अपने हाथ में ले लिये थे और दूसरे मेडिकल कॉलेज भी खोलने जारी रहे। केवल मेडिकल कॉलेज ही नहीं इंजीनियरिंग कॉलेज भी प्राइवेट तौर पर खोलते जा रहे हैं। हमारे पिछले मुख्य मंत्री जगन्नाथ मिश्र जी थे, उन्होंने अपने नाम पर कितने ही इंस्टीट्यूट्स खोल दिये थे और वे सब रुपया ले लेकर, 25 हजार, 30 हजार, 35 हजार, 40 हजार, 50 हजार, कहीं कोई सीमा नहीं है, रुपये लेकर जमा किये गये। इसी तरह से और कई जगह मेडिकल कॉलेज खोले गये। उसमें जांच पड़ताल हुई और धांधली पकड़ी गयी। हिन्दुस्तान के अन्दर यह है। एक तरफ तो यह बात है और आप भी इस राय के होंगे, जब हम मांग करते हैं बैंकबर्ड और प्रेड्यूल्ड कास्ट्स के लिये रिजर्वेशन की तो कहा जाता है कि शिक्षा में रिजर्वेशन नहीं, इसमें रिजर्वेशन नहीं, इसके लिये लोग आवाज उठाते हैं। लेकिन जो गरीब का बेटा है, प्रतिभाशाली है, वह अगर जाता है तो उसकी प्रतिभा को दबाने के लिये पैसे के बल पर आज डाक्टरों के और इंजीनियरों के सर्टीफिकेट खरीद जाते हैं। इसको रोकने के लिये सरकार के पास कोई कारगर उपाय नहीं है। मुझे पता है हमारे बिहार में एक लड़का

[श्री हुक्मदे नाराण यादव]

जो पैरवी पर पास हुआ वह एक बड़े दाप का लड़का था उसको मेडिकल कालिज में एडमिशन मिल गई लेकिन तीन महीने बाद मेडिकल कालिज से भाग गया और लौट कर नहीं आया। ऐसे ही पिछले साल पैरवी के बल पर एक लड़के को मैरिट दिलवा दी गई, अगर उसको कम्पटीशन में बिठाया जाता तो कहीं कम्पटीशन में नहीं आ सकता था, रुपये के बल पर उसको एडमिशन मिल गई। हमारे बिहार में इस बात की चर्चा चली थी कि एक बार डाक्टर ने आप-रेजन किया तो पेट में कैंची या कूछ और चीज छूट गई थी तो यह कहा गया कि यह जो रिजर्वेशन वाले डाक्टर हैं, बैकवर्ड क्लास के, हरिजन क्लास के जो डाक्टर हैं, उनसे ही यह छूटी है। जब इसकी जांच हुई तो यह पता लगा कि गरीब गांव का बेटा, रिजर्वेशन वाला जो डाक्टर है उसने ऐसा नहीं किया यह सब डोनेशन वाले ने किया है। बड़े दाप के बेटे ने डोनेशन देकर जो एडमिशन कराई उसने ऐसा किया। लेकिन यह दाप मढ़ देते हैं गरीब लोगों पर, पिछड़े लोगों पर। सरकार को इस पर कार्यवाही करनी चाहिये। सरकार इसलिये कार्यवाही नहीं करती कि जो भी स्टेट है उनमें राजनीति में प्रभावशाली लोग रहते हैं, दबंग लोग रहते हैं, वे इसको चलाते हैं और उनकी लूट का यह अड़्डा बना हुआ है। अगर सरकार ऊंगली उठाना भी चाहती है तो वह उठा नहीं सकती है। सरकार डरती है कि कहीं हमने ऊंगली उठा दी तो कहीं हमारी ऊंगली पकड़ कर, मरोड़ कर फेंक न दे। इसी डर से उनके खिलाफ सरकार कोई कदम नहीं उठा सकती। मैं समझता हूँ कि यह अक्सर और मौका आया है जब सरकार को इसमें कड़ाई करनी चाहिये। मेरी माननीय मंत्री श्री शंकरानन्द जी से प्रार्थना है कि पिछड़े वर्गों के जो विद्यार्थी टेक्नीकल और मेडिकल कालिजों में प्रवेश प्राप्त करना चाहते हैं और प्रतिभाशाली हैं,

उनकी प्रतिभा को दबाने से रोका जाये और उसके लिये कोई आवश्यक व्यवस्था की जाये। उनके लिये जो रिजर्वेशन निश्चित है उसको मजबूती के साथ लागू कराया जाये।

SHRI B. SHANKARANAND: Mr. Deputy Chairman, Sir, though the Calling Attention is limited to a particular State in the main and particularly with reference to the capitation fee, the hon. Members have covered a wide area of medical education in this country particularly with reference to the policy of admission in the medical institutions.

As I have initially stated, this system of levying the capitation fee is not only in a particular State, but there are many States in the country where this has been prevalent for many years. Of course, this was started in Karnataka long ago. We have been voicing a feeling against levying capitation fee. The Government has in no ambiguous terms declared its policy against the capitation fee or donations or admissions into the medical institutions.

Ours is a very large country where a very high percentage of the population lives in the rural areas. And we need doctors. We have to take care of their health and medical facilities. Having introduced the National Health Policy and it having been approved by Parliament, we have been laying more stress and emphasis on the preventive and promotive aspect of health care of the people.

The very basis of medical education has been viewed from different angles. The system has been attacked by many social scientists that it is not relevant to the needs of the country, that the medical system has to change and that medical education system must answer to the needs of the society. Many suggestions have been made right from the Bhor Committee to the Mudaliar Committee,

and recently the Medical Education Review Committee which I had appointed, has also given its recommendations.

The debate is going on in the country, both within Parliament and outside it. Every year in one way or the other the Central Council of Health and Family Welfare which consists of the Health Departments of the States and the Union Territories the Health officials of the country, meets. It has expressed its opinion that there should not be any capitation fee and that no more medical colleges should be established. This is a derision by the State Governments themselves. They are partners to this decision, they are parties to this decision, and it is binding on them and their Governments. Even this being so, the system of levying the capitation fee is not stopping in the country.

During the last couple of years I have written letters to the Chief Ministers and the Health Ministers of the States. The Prime Minister herself has expressed her concern about and disapproval of the levy of the capitation fee as far as the medical education is concerned. The Government's view is made explicitly to the people and to the State Governments and the Union Territory Administrations and to the State and the Union Territory Governments. There are, as hon. Members have said, 7 medical colleges in Karnataka, one in Punjab, one in Andhra Pradesh which are laying capitation fee. There have been complaints and rightly so by the people and the representatives of the people also that merit is gradually being replaced by money. Whether this system of replacement of merit by money should continue at all at the cost of the education and meritorious students of this country is a question. Sir, we have been producing about 13,000 medical graduates every year out of 106 medi-

cal colleges in the country. About a few thousand, roughly about 4000 to 5000, Ayurvedic graduates are being produced every year and so also the system of Sidha Unani and Homoeopathic, round about 20,000 trained medical personnel in all the systems of medicine are being produced in this country. The place of attraction for all these medical personnel is the urban centres. The rural India is still crying for medical and health aid. We have been trying to provide medical services and health care as near to the places of the poor people as possible by establishing primary health centres and such service centres in the country. We have taken care to train every personnel for the care of the people. There are many States in the country, Sir, where there are no medical colleges at all. The States like Meghalaya, Nagaland, Tripura, Sikkim and Union Territories like Arunachal Pradesh, Chandigarh Andaman and Nicobar Islands, Dadra Nagar Haveli, Lakshwadeep Islands and Mizoram there are no medical colleges in this part of the country. Sir, the Government of India cannot ignore the needs of the medical care and health care of these people in these places.

PROF. C. LAKSHMANNA: Sir, it is irrelevant to say that there is no medical colleges in Chandigarh. There is a medical college in Chandigarh,

MR. DEPUTY CHAIRMAN: But that is the Post-Graduate Institute of Medical Education and Research.

SHRI B. SHANKARANAND: Sir, my hon. friend does not know the difference between a medical college and post-graduate medical college. So, Sir, there is a need for manpower planning for the medical training and that is what has been done by the Medical Education Review Committee. We are shortly going to take a decision in this matter at the Committee meeting. Sir, the Bhor Committee was appointed in the year 1946 and it gave a new trust, new idea and new out-

[Shn B. Shankaraanand]

look to the medical and health care of the people of this country. This Committee had recommended one medical college for every 3 million of the people *Of* the country. Sir, the Mudaliar Committee was appointed in the year 1959 and they went into the various aspects of the health and medical are requirements of the country. They recommended that there should be one medical college for every 5 million people of the country. At that time there were about 20 medical colleges andl they said that 20 more medical colleges should be established by the end of the Fourth Five Year Plan. Today we have 700 million people. If that is the requirement, we do need more medical colleges. But why we say that we do not want any more medical colleges is this- Sir, that the States which have many medical colleges are establishing more and more medical colleges and the States which did not hav© medical colleges are still not having any medical colleges. This imbalance in the distribution of medical colleges in various parts of the jountry is the concern of the Government of India. We are taking steps and we are going to take steps to see th^t there is proper distribution in the establishment of medical colleges n this country.

The Mudaliar Committee said:

"In view of the large number of medical colleges, it was considered necessary and desirable that a uniform plan should be laid down before a new medical college is started. The State Government or any other agency which wishes to start a medical college should submit the plans, together with the probable resources, equipment, recurring expenditure and personnel, to the university concerned, in the first instance.

It will be the duty of the university to appoint a commission consisting of teachers of experience to decide whether the conditions are satisfied or not.

In appointing thj commission the university will be well-advised to take notice of the following facts:

(1) that, as far as possible, the commission of experts is drawn from other neighbouring universities or from the field of medical education in India;

(2) that in regard to certain aspects of medical education, it may be desirable to have an experienced educationist, not necessarily a member of the medical profession;

(3) that, where possible, the university may invite the college management to nominate a person to assist the commission in assessing the requirements of medical colleges."

During this period^ that is, 1959 to 1961, when this Mudaliar Committee functioned—it submitted its report in 1961—there were about 61 medical colleges with a total intake of about 5,900 students. Today, Sir, there are 106 medical colleges with an intake of about 13000 students. There are five more medical colleges in Karnataka and one in Andhra Pradesh which are yet to be recognised. The inspecting teams of the Medical Council are to go and inspect their facilities to see if they are as per the requirements of the Medical Council of India Act for the minimum medical standards to be maintained in medical education.

Sir, there are two aspects in the establishment of medical colleges. One is whether there has been proper distribution of medical colleges and medical training facilities in the country. And the other is whether those who have been trained are really directed or sent or have gone to the area for which they have been trained. Unless we tackle these things, perhaps we will not be able to solve the problem^ that is the enormous increase in medically trained personnel, *on* the one hand, and the cry of need for medically trained

persons in the rural area, on the other, and it will continue to exist. The Maharashtra Government have raised the admission fee and, according to them, it is not capitation fee. The concept of capitation fee is this: apart from the tuition fee a certain amount, an unreasonable amount is usually levied and the student is compelled to pay it. And that is called the capitation fee . . .

SHRI DIPEN GHOSH : Do you think that Rs. 30,000 is a reasonable amount?

MR. DEPUTY CHAIRMAN: That is fees.

SHRI DIPEN GHOSH: I know that is fees. My whole question was when capitation fee is being banned, whether in the name of ether fees, tuition fees, etc. the same amount is being sought to be charged.

SHRI S. W. DHABE: Even in addition to capitation fees they are charging exorbitant fees.

SHRI B. SHANKARANAND: I have stated as far as the intention and the opinion of the Government is concerned, we are totally opposed to the capitation.

SHRI DIPEN GHOSH: Are you opposed to this fee of Rs. 30,000? It comes to Rs. 2,500 per month for tuition fee. And you talk of cheaper dissemination of medical education.

SHRI B. SHANKARANAND: I can very well understand and appreciate the Honourable Member's intention. I should say in expressing their voice against levying any such large amount of tuition fees on the students. We do want medical education to be within the reach of the poor man where he can go and have it. We do want not only teaching and training in medical education but also trained persons and medical care facilities within the reach of the poor man. We do want proper medical education institutions

and medical institution? existing in the country. This is the intention. When medical colleges were started in this country, you know, out of 106 medical colleges there were only 9 private medical colleges, only nine owned by private people. And they had to cater to only a few people. Today it is totally different. In principle, of course, I am not justifying their system of levying capitation fees. But still they have been producing medical graduates which the country is in need of. Anyway I do agree that this country cannot afford to neglect the need of medical education for the poor and weaker sections of the society. Whichever college, whether established by a Governmental agency or by a private agency, has to take into consideration the need of reservation for the weaker sections. As far as the reservation policy is concerned, recently the Supreme Court has given its judgment- and the Government has to take into account the decision of the Supreme Court in this regard. Thank you.

MR. DEPUTY CHAIRMAN: Now we take up the Special Mentions . . . (interruptions) Now the discussion is over. We have taken more than one hour on that. Now, Special Mentions. . .

SHRI DIPEN GHOSH: You ask us to confine ourselves to asking specific questions. But the Minister beats about the bush and does not reply to our specific questions. What is the fun of having a Calling-Attention there ? (interruptions)

श्री उपसभापति : बैठिए, आपने कह दिया । हो गया . . . (व्यवधान)

श्री राम नरेश कुशवाहा (उत्तर प्रदेश)
बात तो सुन लीजिए ।

श्री उपसभापति : बात सुन ली । आप ये नहीं हाउत में । दूसरा काम होने दीजिए ।

श्री राम नरेश कुशवाहा . . . हरिजन (व्यवधान) कहां-कहां और कितने हैं ?

श्री उपसभापति : आपने सुनी नहीं
मंत्री जो की बात। आप बैठिए . . .
(व्यवधान)

श्री चतुरानन मिश्र : मानवर, "लिक"
मैगज़ीन में 29 तारीख को यह समाचार छाया
था और वह समाचार यह है . . .
(व्यवधान)

श्री उपसभापति : दूसरे को बोलने
दोजिए Please take your seat. (व्यवधान)

REFERENCE TO THE REPORTED
FINANCIAL ASSISTANCE TO AGI-
TATIONIST IN ASSAM BY AMERICA

श्री चतुरानन मिश्र (बिहार): तो,
उपसभापति जी, मैं यह कह रहा था
कि "लिक" मैगज़ीन में 29 जुलाई को एक
समाचार छाया है कि कलकत्ता स्थित
अमरीका का जो कन्सुलेट है, उसके एक
कौंसलर ने 45 लाख रुपया इंडियन करेंसी
का असम के एक असमी आंदोलनकारी को
दिया और इंडियन पुलिस ने उसको रंगे
हाथों पकड़ भी लिया है।

यह एक अत्यन्त खतरनाक स्थिति है
और मैं कुछ उद्धरण पढ़ करके आप को
सुना रहा हूँ। वह उद्धरण ऐसा है—

"Not long ago a foreign car with
an Embassy number plate was seen
on the Goalpara Highway closely
followed by an Indian car. At a
lonely place the Embassy car stop-
ped and the Indian car following it
came up to it and then it also stop-
ped. A brief case was passed on from
the Embassy car to the Indian car
after which the Embassy car drove
off. The Indian car took a U turn,
but just then a police car drove upto
it and blocked its way. The brief
case and the Indian sitting in the
car were pulled out of it and taken
to the Police car. A week later it
came to be known that- the brief
case contained Rs. 45 lakhs in Indian
currency notes and the Indian to
whom it had been passed on was

close to AASU leadership. Sometime
afterwards the Counsellor in the
US Consulate in Calcutta was quietly
packed off from the country."

मैं यह जानना चाहूंगा कि यह अमरीकी
कौंसलर कौन था और भारत के भी कौन थे,
जिन्होंने यह रुपया लिया और इस तरह मैं
जो खतरनाक की देश में हो रही है,
उसके प्रति हमारी सरकार ने क्या
किया, कोई विरोध पत्र दाखिल किया गया
अमरीकी सरकार के पास या नहीं ?
अभी तक सरकार कहती रही है कि हमको
सबूत नहीं मिलता है, इसलिए अमरीका
का नाम नहीं लेते हैं भारत के मामले में
हस्तक्षेप करने का। यह तो बिल्कुल स्पष्ट है
है कि हमारी पुलिस ने इसको पकड़ा है।
इसलिए मैं सरकार से जानना चाहूंगा कि
स्थिति क्या है, इससे सबों को अवगत
कराएं।

REFERENCE TO THE REPORTED
DIVERSION OF NANGAL HYDEL
CHANNEL WATERS FOR ROPAR
THERMAL PLANT

SHRI JASWANT SINGH (Rajas-
than) : Mr. Deputy Chairman, I rise
to make a Special Mention on the diver-
sion of Nangal Hydel Channel waters
for Ropar Thermal Plant.

Sometime back the Chief Ministers
of the States concerned—it was already
under President's rule, Punjab, Rajas-
than and Haryana—were summoned to
Delhi for the purposes of meeting the
water requirements of the thermal
plant at Ropar and the Nangal Hydel
Channel waters were diverted. Some
kind of arrangement was arrived at.
We are already On record in Rajasth-
an as having stated that arrangement
was harmful to the interests of Rajas-
than, that it was arbitrary and it was
decided here in Delhi without consul-
tation with the respective State As-
semblies and without reference to the
interests of Rajasthan farmers. This
arbitrary arrangement was arrived at
in Delhi without consulting the State
Assembly of Rajasthan and it has al-