

सरकारी कार्यालयों के भवनों और सरकारी कर्मचारियों के लिए मकानों पर होने वाला व्यय

827. श्री जगदम्बी प्रसाद यादव : क्या निर्माण और आवास मंत्री यह बताने की कृपा करेंगे कि गत पांच वर्षों के दौरान केन्द्रीय सरकार के कार्यालयों के लिये बनाये गये भवनों पर केन्द्रीय सरकार ने कुल कितनी धन राशि व्यय की है और इसी अवधि में केन्द्रीय सरकार के कर्मचारियों के लिये मकानों के निर्माण पर कितनी धनराशि व्यय की गई है ?

Expenditure on Office Buildings and Houses for Government employees

827. SHRI J. P. YADAV : WUI the Minister of WORKS AND HOUSING be pleased to state the total amount incurred by the Central Government on the construction of buildings for housing Central Government offices during the last five years and the amount incurred by them for constructing houses for Central Government employees during the said period ?]

संसदीय कार्य विभाग तथा निर्माण और आवास मंत्रालय में राज्य मंत्री (श्री ओम् मेहता) : सूचना एकत्र की जा रही है तथा क्या समय सभा पटल पर रख दी जायेगी।

[THE MINISTER OF STATE IN THE DEPARTMENT OF PARLIAMENTARY AFFAIRS AND IN THE MINISTRY OF WORKS AND HOUSING (SHRI OM MEHTA) : The information is being collected and will be laid on the Table of the House in due course.]

Admission of Foreign Students in the Indian Institutes

828. SHRI N. R. CHOUDHURY : SHRI G. R. PATIL : SHRI NIREN GHOSH : SHRI M. S. ABDUL KHADER :

Will the Minister of EDUCATION, SOCIAL WELFARE AND CULTURE be pleased to state :

†[] English translation.

(a) whether Government have issued any new guidelines for the admission of foreign students in the Indian Institutions;

(b) whether Government have received any comments from the U.S. Government in this regard ; and

(c) if so, the details thereof and the new guidelines adopted by Government in this regard ?

THE MINISTER OF EDUCATION, SOCIAL WELFARE AND CULTURE (PROF. S. NURUL HASAN) : (a) to (c) A certain framework has been laid down to ensure that while foreign educational activity in India is conducted in the most fruitful manner, it does not adversely affect our national interests. Foreign scholars are thus not permitted to undertake research in certain fields, including those related to the border areas. Keeping this in view, each research project is examined on merits to assess its academic viability, before it can be cleared. A foreign scholar registered with an Indian University as a regular Ph. D. scholar is required to submit his thesis to the University for evaluation, in accordance with the University regulations; scholars registered for a Ph.D. degree in a foreign University and desiring to come to India for research for a short period, have also to register themselves with an Indian University and work under the supervision of a Professor designated by the University. Scrutiny of applications of foreign students admitted to Indian Universities is subject to the normal visa regulations.

The Government of India did not take up the matter with the U.S. Government and, therefore, the question of receiving any comments from them does not arise.

आयुर्वेदिक महासम्मेलन

829. श्री जगदम्बी प्रसाद यादव : क्या स्वास्थ्य और परिवार नियोजन मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार को नई दिल्ली में हुए अखिल भारतीय आयुर्वेदिक महासम्मेलन के नेताओं

द्वारा व्यक्त किये गये विचारों की जानकारी है; और

(ख) यदि हां, तो उन पर सरकार की क्या प्रतिक्रिया है ?

Ayurvedic Maha-sannuvelan

829. SHRI J. P. YADAV : WUI the Minister of HEALTH AND FAMILY PLANNING be pleased to state :

(a) whether Government are aware of the views expressed by the leaders of the All India Ayurved Maha-sammelan held in Delhi; and

(b) if so, the reaction of Government thereto ?]

स्वास्थ्य और परिवार नियोजन मंत्रालय में उप-मंत्री (श्री ए०के० किस्कू) : (क) जी हां।

(ख) एक विवरण संलग्न है।

विवरण

व्यक्त किये गये विचार	सरकार की प्रतिक्रिया
अखिल भारतीय आयुर्वेदिक महासम्मेलन ने 14 अक्टूबर, 1973 को नई दिल्ली में हुए अपने सम्मेलन में बतलाया था कि :	सरकार इन बातों पर विचार कर रही है जैसा कि नीचे बताया गया है :
(i) भारतीय चिकित्सा पद्धति के चिकित्सकों को सेवा करने का अवसर न देते हुए एलोपैथिक चिकित्सकों की सहायता से ग्रामीण स्वास्थ्य योजनाओं की कार्यान्विति से असन्तोष;	(i) विभिन्न चिकित्सा पद्धतियों के अर्हता प्राप्त चिकित्सकों को नियुक्त कर ग्रामीण क्षेत्रों में लोगों को चिकित्सा तथा स्वास्थ्य की सुविधाएं प्रदान करने हेतु ग्रामीण क्षेत्रों में प्रयोग के तौर पर एक मार्गदर्शी स्वास्थ्य योजना चलाने का विचार है इसे यादृच्छिक रूप में प्राथमिक स्वास्थ्य केन्द्रों के 30 उप-केन्द्रों में चलाया जायेगा। इस योजना को अभी अन्तिम रूप नहीं दिया गया है।
(ii) प्राथमिक स्वास्थ्य केन्द्रों तथा उप-केन्द्रों में एलोपैथिक चिकित्सकों के समान भारतीय चिकित्सा पद्धति के चिकित्सकों की सेवाओं का उपयोग; तथा	(ii) केन्द्रीय स्वास्थ्य परिषद् ने 12 तथा 13 अक्टूबर, 1971 को हुई अपनी 17वीं बैठक में अन्य बातों के साथ-साथ यह भी तय किया था कि राज्य सरकारें प्राथमिक स्वास्थ्य केन्द्रों तथा उप-केन्द्रों में उपयुक्त मानदेय देकर भारतीय चिकित्सा पद्धति के अर्हता प्राप्त चिकित्सकों की सेवाओं का उपयोग करें। इस प्रस्ताव को आवश्यक कार्यवाही के लिये सभी राज्य सरकारों को भेज दिया गया है।

[] English translation.

व्यक्त किये गये विचार

सरकार की प्रतिक्रिया

(iii) स्वदेशी दवाइयों को बनाने के लिये जिन औषध संघटकों की जरूरत पड़ती है उन्हें उचित दरों पर देना और भारतीय चिकित्सा पद्धतियों के मामले में औषध एवं प्रसाधन सामग्री अधिनियम, 1964 को लागू करना।

(iii) पांचवीं पंचवर्षीय योजना में एक केन्द्रीय फार्मसी खोलने तथा राज्य फार्मसियों और वनौषधि फार्मों का विकास करने का विचार है पांचवीं पंचवर्षीय योजना में फार्मसियों के विकास के साथ-साथ चिकित्सीय वनौषधियों के संग्रह भण्डारों आदि को स्थापित करने की संभावनाओं पर विचार किया जायेगा।

जहां तक भारतीय चिकित्सा पद्धतियों से संबंधित मामलों का प्रश्न है, राज्य सरकारों से अनुरोध किया गया है कि वे इस सम्बन्ध में औषध एवं प्रसाधन सामग्री अधिनियम, 1964 को लागू करें। अब तक आठ राज्यों और संघ शासित क्षेत्रों में इन नियमों को लागू कर दिया गया है।

[THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU) :

(a) Yes.

(b) A statement is attached.

Statement

Views Expressed	Reaction of the Government
<p>The All India Ayurvedic Mahasammelan at their session held on the 14th October, 1973, in New Delhi Expressed :</p> <p>(i) dissatisfaction with regard to implementation of Rural Health Schemes with the help of Allopathic Practitioners ignoring the opportunities for the utilisation of Indian Systems of Medicine practitioners;</p> <p>(ii) utilisation of practitioners of Indian System of Medicine at par with the Allopathic practitioners in Primary Health Centres and Sub-centres; and</p>	<p>The points are already receiving the attention of the Government as explained below :</p> <p>(i) with a view to providing medical and health facilities to the people in rural areas by mobilisation and deployment of qualified practitioners from different systems of medicine, it is proposed to introduce a pilot health scheme for rural areas as an experimental measure in 30 sub-centres of Primary Health Centres on random basis. The Scheme has yet not been finalised.</p> <p>(ii) the Central Council of Health at its 17th meeting held on the 12th & 13th October, 1971 <i>inter alia</i> resolved that the State Governments may utilise the services of qualified practitioners of Indian Systems of Medicine at the Primary Health Centres and Sub-centre by giving them suitable honorarium. This resolution has been forwarded to all State Governments for necessary action.</p>

†[] English translation.

Views Expressed	Reaction of the Government
(iii) to supply ingredients needed for the manufacture of Indigenous medicine at fair prices and enforcement of Drug and Cosmetics Act, 1964 in so far as it relates to the Indian Systems of Medicine.	(iii) It is proposed to set up a Central Pharmacy and develop State Pharmacies and Herbal Farms in the Central and State Sectors during the Fifth Five Year Plan. The Possibility of setting up of medicinal herbs collection depots etc. Will also be explored alongwith the development of Pharmacies during the Fifth Five Year Plan. The State Governments have been requested to enforce the Drugs and Cosmetics Act, 1964 in so far as it relates to the Indian Systems of Medicine. These rules have been brought into force in 8 States and Union Territories so far.]

Eradication of Unemployment Amongst Teachers

830. SHRI THILLAI VILLALAN : Will the Minister of EDUCATION, SOCIAL WELFARE AND CULTURE be pleased to state :

(a) whether there is any special programme under Government's consideration to eradicate unemployment amongst teachers ; and

(b) is so, the details thereof State-wise?

THE DEPUTY MINISTER IN THE MINISTRY OF EDUCATION AND SOCIAL WELFARE AND IN THE DEPARTMENT OF CULTURE (SHRI D. P. YADAV) : (a) No Sir.

(b) Does not arise.

Smallpox and other Major Diseases in the Country

831. MISS SAROJ PURUSHOTTAM KHAPARDE: Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state :

(a) whether it is a fact that according to W.H.O. Survey 80 per cent of smallpox cases in the World are reported from India;

(b) whether it is also a fact that diseases like malaria, smallpox and polio etc., which were thought to be completely under control are once again showing alarming rise in the country; and

(c) if so, what steps are being taken to save the population from these diseases ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU) : (a) Government are not aware of such a report by W.H.O. According to the W.H.O. Weekly Epidemiological Record No. 38 dated 21st September, 1973, India accounts for 58 per cent of all cases of Smallpox reported to W.H.O, for the first eight months of the current year.

(b) Malaria, smallpox and polio have not so far been brought under complete control in the country. There has been no undue rise in malaria cases in 1973 (upto July) as compared to the figures for 1971 and 1972 though an analysis of malaria cases recorded indicates that the number of positives has shown a rise in some States. Since 1971 incidence of smallpox in the country is on the increase. So far as the incidence of polio is concerned, the situation is not alarming.

(c) The required information is giver* in the attached statement.