in turn, has to be preceded by the necessary spot verification of details by the civil authorities. Since each procedure entails a certain amount of time, the receipt of estimates necessarily take considerable periods of time. However, Railway Officials are keeping in constant touch with the higher State Authorities concerned to have the matter expedited as much as possible. Special land acquisition staff at Railway's cost have also been appointed for this purpose.

ALLOCATION BY STATE GOVERNMENTS AND AID BY CENTRAL GOVERNMENT FOR RUNNING DIPLOMA COURSE IN PHARMACY

427. DR. JAWAHARLAL ROHATGI: Will the Minister of HEALTH be pleased to lay a statement on the Table of the House showing the revised allocations made by State Governments and the aid given by the Cencral (Government separately for each State for the establishment and running of diploma courses in Pharmacy in accordance with the Pharmacy Act?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR): A statement i# enclosed.

STATEMENT

The Pharmacy Act aims at regularising the educational and training standards of pharmacists and also the profession of pharmacy. During the present plan, there appears to be a gap of about 2,000 trained pharmacists, which has to be made up by further expansion of existing training institutions and increasing the number of institutions.

The opening of training centres for the training of pharmacists is a Centrally-assisted scheme during the Third Five Year Plan period and the entire provision for this programme will have to be made by the States in

their Plans. The pattern of assistance for this programme is:

(I) Non-recurring-

(i) For equipment 75%	(subject to a ceiling of Rs. 20,600/-)
(it) For buildings 75%	6 (subject to a ceiling of Rs. 50,000/-)
(<i>Hi</i>) For hostel buil ings of State Go ernment institu tions 75%	ov- mum of Rs. 1,500
(111) For hostel build ings of private institutions 100%	of Rs 2 000/- per

(II) Recurring-50%

As per the ab ve pattern of assistance, aid from the Government of India will be forthcoming

According to the revised procedure for the release of Central assistance to States, allotment of assistance is not made schemewise but the amount is sanctioned only at the end of each year for broad categories of schemes. It is, therefore, not possible to give the amount of Central assistance for any individual scheme.

According to information available with the Government of India, the revised allocations made by the State Governments for the pharmacists of including training compounders is indicated below:

(De labbe)

			(Rs. lakns)
Andhra Pr	adesh			10.00
Bihar				6.00
Gujarat				3.00
Jammu an	d Kashmi	ir		1.00
Kerala				0.50
Madhya P	radesh			2.36
Madras .				6.00
Maharasht	ra .			1.30
Orissa .				3.53
Punjab				3.00
West Beng	al .			3.00
Andaman	and Nico	bar		0.57
N.H.T.A.	•		(fo	or Pharmacists, Dais, Mid- wives, Nur- ses and Com- pounders). 0.20
	TOTAL		• _	40.66

2030

NUMBER OF PATIENTS ATTENDED TO DAILY BY DOCTORS UNDER C.H.S.S. AND BYSPECIALISTS AT WILLINGDON AND SAFDARJANG HOSPITALS

428. SHRI KRISHNA CHANDRA: "Will the Minister of HEALTH be pleased to state:

(a) what has been the average daily number of patients attended to by a doctor at Contributory Health Service Scheme dispensary and by Specialists at Willingdon and Safdarjang Hospitals in 1960 and 1961 under the Contributory Health Service Scheme; and

(b) whether Government contemplate to bring down this number in order to reduce the time a patient has at present to wait?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR):

(a)

Years

i960 1961

C.H.S. Dispensaries	118 cases 118 cases
Specialists	(includ
ing Assistant	
Surgeon,	Grade I)
attached	to the
Willingdon Hospital	23 cases 22 cases
Specialist (including Grade I) attached	Assistant Surgeon, to the Safdarjang
Grade I) attached	
Hospital	16 cases 15 cases

(b) With the progressive decrease in the work load on the Medical Officers under the C.H.S. Scheme, it Is hoped, the period of waiting for the patients will reduce further.

RECOMMENDATION OF THE RADHA RAMAN COMMITTEE FOR HOSPITALS HAVING SPECIALISTS UNDER C.H.S. SCHEME

429. SHRI KRISHNA CHANDRA: Will the Minister of HEALTH be pleased to state:

(a) whether Radha Raman Committee has recommended that under the Contributory Health Service Scheme there should be hospitals where specialists in all branches may be made available;

(b) if so, what action has been taken by the Government thereon; and

(") whether a copy of the report will be laid on the Table of the House?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR): (a) The Radha Raman Committee appointed to assess the working of the C.H.S. Scheme has recommended in its report the setting up of hospitals and poly clinics in different areas. The poly clinics are with a view to providing the following facilities: —

- (1) Specialised laboratory examination.
- (ii) Radiolojrcal examination and electro therapy.
- (iii) Specialist services, (iv) Domiciliary
- and emergency service.
- (v) Initial supply of specialist medicines.
- (vi) Ambulance service.

(b) The recommendation of the Committee has been accepted in principle and phased programme for its implementation is in hand. Necessary provision for the establishment of two poly clinics has been made in the programme for the scheme during 1963-64.

(c) A copy of the report was laid on the Table of the Rajya Sabha on the 27th March, 1962 and was discussed in Rajya Sabha on 26th April, 1962.

पोस्ट माफ़िस तथा सब-पोस्ट माफिस को ब्यवस्था

४३०. श्री विमलकुमार मन्नालालजी सौरड़ियाः क्या परिवहन तथा संचार मंत्री यह बताने की क्रुपा करेंगे किः

(क) सरकारी नीति के अनुसार किसी स्थान पर; (१) पोस्ट प्राफिस; ग्रीर (२) सब-पोस्ट ग्राफिस की व्यवस्था करने के लिये