38,473 from Europe, 10,702 from Canada, 2,645 from Japan, etc. Only, 2,178 clinical trials were registered from India.

Banning clinical trials, whether local or global, will not be in the interest of drug discovery and research in the country. However, there is a need to effectively monitor these trials so as to avoid irregularities therein. The Government has been continuously making efforts at strengthening the regulatory provisions and the monitoring mechanism of clinical trials in the country and to avoid irregularities therein. The provisions in the Drugs and Cosmetics Rules, 1945 relating to clinical trials have recently been amended as follows:

(i) Amendment *vide* Gazette Notification G.S.R. 53 (E) dated 30.01.2013 specifying procedures to analyse the reports of Serious Adverse Events occurring during clinical trials and procedures for payment of compensation in case of trial related injury or death as per prescribed timelines.

(ii) Amendment *vide* Gazette Notification G.S.R. 63(E) dated 01.02.2013 specifying various conditions for conduct of clinical trials, authority for conducting clinical trial inspections and actions in case of non-compliance.

(iii) The registration of the Ethics Committees has been made mandatory in the Drugs and Cosmetics Rules vide Gazette Notification G.S.R No. 72(E) dated 08.02.13 specifying requirements and guidelines for registration of Ethics Committee.

Special allowances from below performing States

3785. SHRI N. K. SINGH:

DR. JANARDHAN WAGHMARE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to make special allowances to supplement the expenditure of States which are below the national average on major public health indicators;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Government of India supplements the efforts of States to improve health care and thereby impact health indicators, by providing central assistance for creation/ upgradation of health infrastructure, augmentation of human resources, patient transport services, mobile medical units, drugs, equipment and logistics etc. in line with their requirements as projected annually by States in their respective Programme Implementation Plan (PIP) under National Rural Health Mission (NRHM). The Mission covers rural areas of all States with special attention on 18 high focus States, with poor health indices and weak public health infrastructure. Under NRHM, the State share for North East States and Special category States has been reduced to 10% only as against 25% for other States during Twelfth Plan period. Norms for setting up health facilities have also been relaxed for the North East States. Besides ten percent of total annual plan outlay is budgeted for North East States.

Permission to doctors with foreign degrees to practice in India

3786. SHRI BHARATSINH PRABHATSINH PARMAR:
SHRI PARSHOTTAM KHODABHAI RUPALA:
SHRI MANSUKH L. MANDAVIYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government allows students to do medical practice who have their medical education from foreign countries like Russia, China, Philippines, Malaysia and other Asian countries;

(b) the details of the procedures to allow such medical students for practicing in India; and

(c) whether the Medical Council of India has conducted any detail survey about medical syllabi of foreign countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Medical practice in India is possible only when a person is given enrollment by a State Medical Council or the Medical Council of India (MCI) on the basis of the medical qualification recognized under the Indian Medical Council Act 1956. When an Indian citizen obtains medical qualification from any medical institution in any country outside India, which is recognized for enrolment as medical practitioner in that country, he/she shall be entitled for