

(2) Funds released during the current year (till 4th December, 2015)

(₹ in crore)

Sl. No.	State/UTs	Name of the Institute	SCI/TCCC	Amount Released
1.	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC	14.87
2.	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI	33.06
3.	Mizoram	Civil Hospital, Aizawl	TCCC	14.64
4.	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC	11.43
TOTAL				74.00

### Stopping Menace of Beedis

1077. SHRI BAISHNAB PARIDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether beedis is a bigger killer than cigarettes;
- whether beedis enjoy less tax than cigarettes, if so, the details thereof; and
- whether Government has devised some action plan to save the lives of the people from this menace of beedis, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per the report titled 'Bidi Smoking and Public Health' (2008) published by the Ministry of Health & family Welfare, bidi smoking is no less hazardous than cigarette smoking. A bidi contains about one-fourth the quantity of tobacco as a cigarette, yet it delivers a higher amount of tar and nicotine. Just like cigarette smoking, bidi smoking has been shown to increase the risk of chronic bronchitis, tuberculosis, and respiratory diseases.

- Yes, bidis enjoy less central excise tax than cigarettes.

As per information received from the Tax Research Unit-Department of Revenue, cigarettes are chargeable to specific central excise duty rates based on the length of cigarettes. The central excise duty ranges from ₹ 1440 to ₹ 3790 per 1000 sticks across different lengths/categories of cigarettes. Details are given in the Statement-I (See below).

The central excise duty chargeable to handmade beedis is ₹ 16 per 1000 bidis and that chargeable to machine-made bidis is ₹ 28 per 1000 beedis. Details are given in the Statement-II (*See below*).

(c) The Government has taken a series of measures to deter people from consuming various tobacco products, including bidis:

- (i) Enactment of the “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003”.
- (ii) Ratification of WHO Framework Convention on Tobacco Control.
- (iii) Launch of the National Tobacco Control Programme (NTCP) in the year 2007-08, with the objectives to (a) create awareness about the harmful effects of tobacco consumption, (b) reduce the production and supply of tobacco products, (c) ensure effective implementation of the anti-tobacco laws and (d) help the people quit tobacco use through Tobacco Cessation Centres.
- (iv) Notification of rules to regulate depiction of tobacco products or their use in films and TV programmes.
- (v) Notification of rules on new pictorial health warnings on tobacco product packages, to come into effect from 1.4.2016.
- (vi) Launch of public awareness campaigns through a variety of media.

***Statement-I***

*Central Excise Duty Structure for Cigarettes (Rate/₹ per 1000 sticks)*

Tariff Head	Description (length in mm)	BED*	NCCD**	Health Cess	Total
24021010	Cigars and Cheroots	12% or ₹ 3375 (whichever is higher)	-	-	12% or ₹ 3375 (whichever is higher)
24022010	Non Filter<65	1280	90	70	1440
24022020	Non Filter 65-70	2335	145	110	2590
24022030	Filter<65	1280	90	70	1440
24022040	Filter 65-70	1740	90	70	1900
24022050	Filter 70-75	2335	145	110	2590
24022090	Others	3375	235	180	3790

\* BED: Basic Excise Duty

\*\*\* NCCD: National Calamity Contingent Duty

**Statement-II***Central Excise Duty Structure for Bidis (Rate/₹ per 1000 bidis)*

Product	BED*	NCCD**	Cess***	Total
Handmade Bidis	10	1	5	16
Machine- made Bidis	21	2	5	28

\*BED: Basic Excise Duty

\*\*NCCD: National Calamity Contingent Duty

\*\*\*Bidi Welfare Cess

**Unfilled Medical Seats in Medical Colleges**

1078. DR. R. LAKSHMANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that many medical seats in medical colleges across the country remain unfilled due to non-availability of suitable candidates belonging to certain category of students;

(b) whether it is also a fact that unfilled seats cannot be carried forwarded to the subsequent academic year; and

(c) if so, the number of medical college seats that remain unfilled and the category to which these seats fall during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Yes.

(b) There is no provision to carry forward unfilled medical seats to the next academic year.

(c) The details of unfilled seats for SC/ST candidates in the Government Medical Colleges for the last three years is as under:

Year	Unfilled SC seats	Unfilled ST seats
2012-13	0	150
2013-14	6	157
2014-15	0	396

**Shortage of Doctors in Rural India**

1079. SHRI SANTIUSE KUJUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that availability of doctors in rural India is a big issue;