

(b) the incentives being contemplated to be given to the doctors if they go and serve at the rural areas or places identified as those of adverse situations; and

(c) whether such areas have been identified which need the doctors more or where there are relatively less health facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) The issue of compulsory rural posting for the MBBS Graduates seeking admission in Post Graduate courses has been left to the State Governments who are the principal employer of doctors. However, to encourage doctors working in remote and difficult areas, the MCI with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:—

- (I) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas; and
- (II) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Further, under NHM, financial incentives are also provided to MBBS as well as PG doctors for serving in the rural areas. These incentives are over and above the salaries of the doctors concerned. The Central Government has also requested the State/UTs to come up with suitable HR policy in health to attract and retain doctors in Government services.

High rate of cancer in the North Eastern Region

2026. SHRI BHUBANESWAR KALITA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that incidence of cancer in Assam and North Eastern Region is the highest in the country and if so, the details thereof;

(b) whether it is a fact that cancer treatment facilities are highly inadequate in the region; and

(c) if so, whether Government would consider stepping up its efforts to provide best possible treatment to cancer patients in the region?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Based on data collected by Indian Council of Medical Research's - National Centre for Disease Informatics Research - National Cancer Registry Programme - "Three-year Report of Population Based Cancer Registries (PBCRs 2012-2014)," and "A Report on Cancer Burden in North Eastern State of India, 2017", the higher Age Adjusted Incidence Rates (AAR) are seen in North Eastern zone of Aizawl district from Mizoram state, Papumpare district from Arunachal Pradesh, East Khasi hills from Meghalaya state and Kamrup urban of Assam state. For all anatomical sites of cancer across all PBCRs and the details of AAR are given in the Statement (*See below*).

(b) and (c) Health is a State subject, the Government of India is supplementing the efforts of State Governments by implementing a scheme under "National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)" to strengthen the Tertiary Care for Cancer. Under the scheme, it is envisaged to support the establishment of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country.

In North East India, proposals for setting up of SCIs have been approved for Cancer Hospital, Regional Cancer Centre (RCC), Aganala, Tripura and Gauhati Medical College and Hospital, Guwahati, Assam. Further, the proposals for setting up of TCCCs have been approved for Civil Hospital, Aizawl, Mizoram, Multispecialty Hospital, Sichey, Gangtok, Sikkim and District Hospital, Kohima, Nagaland.

Establishment of RCC at North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong has also been approved.

Statement*Comparison of Age Adjusted Incidence Rates (AARs) of all PBCRs - All Sites*

(1) Males-All sites		1	2
Centre Name	Age Adjusted Rate		
		Patiala District	97.9
		Dibrugarh District	92.8
		Imphal West District	92.4
		Sikkim State	90.7
		Nagpur	89.4
		Pune	77.6
		NH-Excl.Papumpare	76.9
		Tripura State	76.4
		Aurangabad	72.0
		Manipur State (MR)	60.5
		Wardha District	60.2
		Barshi Rural	53.9
		MR-Excl.Imphal West	52.2
		Barshi Expanded	40.9
		(2) Females - All sites	
Centre Name	Age Adjusted Rate		
		1	2
		Papumpare District	249.0
		Aizawl District	207.7
		Kamrup Urban District	174.0
		Mizoram State (MZ)	165.8

1	2	1	2
Delhi	144.8	Cachar District	95.2
MZ-Excl.Aizawl	136.6	Nagpur	94.5
Chennai	126.2	Meghalaya	94.4
Bangalore	125.9	Pune	84.9
Thi'puram District	120.4	Nagaland	84.9
Mumbai	118.5	Dibrugarh District	78.6
East Khasi Hills District	117.0	Ahmedabad Urban	76.5
Patiala District	111.2	Aurangabad	73.0
Bhopal	108.3	Manipur State (MR)	68.6
Imphal West District	103.6	Wardha District	66.7
Kolkata	103.4	NH-Excl.Papumpare	66.6
Kollam District	101.7	Barshi Rural	60.4
Pasighat	101.4	MR-Excl.Imphal West	59.2
Naharlagun (NH)	100.5	Tripura State	54.9
Sikkim State	100.3	Barshi Expanded	52.0

Laxity in implementation of PNDT Act

†2027. CH. SUKHRAM SINGH YADAV:

SHRIMATI CHHAYA VERMA:

SHRI VISHAMBHAR PRASAD NISHAD:

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

(a) reasons for laxity being exercised towards strict implementation of the laws on pre-natal test of sex determination and selection whereby the gap in terms of sex ratio remains unchecked;

(b) the details of the steps taken by the Ministry for removing the gap of sex ratio in the last three years;

†Original notice of the question was received in Hindi.