

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Through the Indian Medical Council (Amendment) Act, 2016, Section 10 D has been inserted in the Indian Medical Council Act, 1956 which prescribes a uniform entrance examination i.e. National Eligibility cum Entrance Test (NEET) for admission to all medical courses at the Under Graduate and Post Graduate level in the country. Any admission without qualifying NEET is illegal and any such candidate will be discharged by the Medical Council of India(MCI). Further, the Graduate Medical Education Regulations, 1997 and Postgraduate Medical Education Regulations, 2000 have been amended to provide for common counseling for admission to all Undergraduate and Postgraduate Courses (Diploma/MD/MS/DM/M.Ch.) in all Medical Educational Institutions on the basis of merit list of the National Eligibility-cum-Entrance.Test. Directorate General of Health Services, Ministry of Health and Family Welfare conducts counseling for the 15% All India Quota seats at UG level and 50% All India Quota seats at PG level and all UG & PG seats of Deemed/Central Universities. The respective State/UT Governments conduct counseling for State Quota seats at UG & PG level and all other rV Private Medical Education Institutions. Thus, all admissions are done in a transparent manner based on the NEET merit.

**Criteria for availing entitlements under PMJAY**

227. SHRI KANAKAMEDALA RAVINDRA KUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is applying two different criteria for urban and rural population in the country to be entitled under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY);
- (b) if so, details thereof;
- (c) whether Government has identified beneficiaries under two different criteria from the State of Andhra Pradesh;
- (d) if so, details thereof; and
- (e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) The beneficiary families as per specified criteria based on SECC database are entitled to avail benefits under PMJAY.

Rural families in SECC database belonging to automatically included categories and deprivation criteria D1, D5 and D7 are entitled to get benefit under PMJAY.

Urban workers, families covered under 11 identified occupational categories as per the, Socio-Economic Caste Census (SECC) are entitled to get benefit under PMJAY.

In the States where RSBY was under implementation at the time of launch of PMJAY, such RSBY beneficiary families are also entitled to avail benefits under PMJAY that are not figuring in the identified criteria for PMJAY.

(c) to (e) No different criteria have been adopted for the beneficiaries of the State of Andhra Pradesh. The criteria in the State of Andhra Pradesh are same as the criteria adopted nationally that have been indicated in the reply to parts (a) and (b) above.

**Financial assistance to States for augmenting patient transport services**

228. DR. SASIKALA PUSHPA RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is providing any financial help/assistance to State Governments in augmenting its emergency medical services of transporting patients under ambulance services and patient transport vehicles;

(b) if so, the details thereof;

(c) whether Government has extended any financial support to all District Hospitals in the State of Tamil Nadu to augment the ambulance services;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) Public health and hospitals being a State subject, the primary responsibility to provide ambulance services lies with the respective State Governments/UTs. However, under the National Health Mission (NHM), technical and financial support is provided to States/UTs including Tamil Nadu to strengthen their healthcare systems including support for emergency medical transport of patients under Dial 108, Dial 102/104 ambulance services, and other patient transport vehicles, based on the proposals made by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.