

Kalinjar Publications

Concise India 2014

A large yellow '0' in the number '2014' contains a collage of Indian symbols: a tiger, a woman in a saree, and a monument with a dome and the word 'INDIA' on it.

for Civil Services Preliminary (CSAT) & Main Examinations

Chapterwise MCQs

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INTRODUCTION

- The Ministry of Health and Family Welfare comprises the following **departments**:
 - Department of Health and Family Welfare
 - Department of AYUSH
 - Department of Health Research
 - Department of AIDS Control
- The National Health Policy 2002 aims at achieving an acceptable standard of health for the general population of the country. Keeping in line with this broad objective, the Eleventh Five Year Plan had set upon itself the goal of achieving good health for the people, especially the poor and the underprivileged.
- Conscious and vigorous efforts continued to be made during the current year to step up funding of the health sector as part of the endeavour to ensure that allocations for health in the public domain reach **3 per cent** of the GDP by 2012.
- The major thrust in this direction in the National Rural Health Mission (**NRHM**) which aims at major qualitative improvements in standards of public health and health care in the rural areas through strengthening of institutions, community participation, decentralization and innovative methods of reaching all habitations. While the Mission was formally launched in 2005 and has taken a while to effectively go on stream, early indications reflect its positive impact. Simultaneously, provision of tertiary health care and increasing human resources to ensure availability of larger number of health care providers have engaged the attention of the Government.
- Considerable upgradation of facilities and infrastructure is now under way in **13** medical colleges in the States to provide super speciality treatment under the **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**. Under the scheme work has commenced on construction of six institutions on the pattern of the All India Institute of Medical Sciences. Under the second phase of the PMSSY it is proposed to establish two more AIMS like institutions—one each in **Uttar Pradesh and West Bengal**—and another **six** medical colleges have been taken up for upgradation of facilities. Under the National Mental Health Programme, 11 State Mental Hospitals and Institutes have been identified for being developed into Centres of Excellence to

upgrade the facilities and provide for creation of more manpower resources in Mental Health. For better surveillance and epidemiological monitoring of infectious diseases, it is proposed to upgrade the National Institute of Communicable Diseases to a National Centre for Disease Control on the lines of CDC in the United States.

National Rural Health Mission (NRHM)

- The National Rural Health Mission was launched by the Prime Minister on **12 April 2005**, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. The National Common Minimum Programme (NCMP) mandates an increase in expenditure in health sector from current level of 0.9 per cent of the GDP to **2 to 3 per cent of the GDP from 2005-12**.
- The National Rural Health Mission represents a major departure from the past, in that central government health financing is now directed to the development of state health systems rather than being confined to a select number of national health programmes.
- The expected outcomes of the Mission include reduction of IMR to below 30/1000 live births, MMR to below 100/100,000 live birth and TFR to 2.1 by 2012.

National Urban Health Mission (NUHM)

- The proposed National Urban Health Mission (NUHM) aims to address the public health care needs of urban population. Addressing the needs of public health care service for urban population would involve revamping/creation/upgradation of primary, secondary and tertiary health care service delivery system in urban areas. This will be done by investing in health professionals, appropriate technology, creating new & up gradation and utilization of existing infrastructure and strengthening the extant health care service delivery system. Recognizing the seriousness of the problem, urban health will be taken up as thrust area for the 12th Five Year plan.

National Vector Borne Disease Control Programme (NVBDCP)

- The National Vector Borne Disease Control Programme is a comprehensive programme for prevention and control of vector borne diseases

namely **Malaria, Filaria, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya** which is covered under the overall umbrella of NRHM.

Malaria

- Malaria is an acute parasitic illness caused by **Plasmodium falciparum or Plasmodium vivax** in India. **Nine** major species of anopheline mosquitoes transmit malaria in India. The main clinical presentation is with fever with chills, however, nausea and headache can also occur. There are 9 species of Malaria vectors in India, out of which the major vector mosquito for rural malaria viz. **Anophales culicifacies**, is distributed all over the country and breeds in clean ground water collections. Other important Anopheline species namely An. minimus and An. fluviatilis is the breed in running channels, streams with clean water.

Filariasis

- Filariasis is transmitted by mosquito species i.e. **Culex quinquefasciatus and Mansonia annulifera/M. uniformis**. The vector mosquitoes breed in polluted water in drains, crossspits etc. in areas with inadequate drainage and sanitation. The disease is endemic in 250 districts in 20 states and UTs. The population of about 600 million is at risk of lymphatic filariasis. **The target year for Global elimination of this disease is by the year 2020**. Government of India is signatory to the World Health Assembly Resolution in 1997 for Global Elimination of Lymphatic Filariasis. The National Health Policy (2002) has however, envisaged elimination of **lymphatic filariasis** in India by **2015**.

Kala-Azar

- Kala-azar is caused by a **protozoan parasite Leishmania donovani** and spread by **sandfly**, which breeds in shady, damp and warm places in cracks and crevices in the soft soil, in masonry and rubble heaps, etc. **Proper sanitation and hygiene are critical to prevent sand fly breeding**. The National Health Policy (2002) of Govt. of India has set the goal for elimination of Kala-azar from the country by 2010. World Bank is providing assistance in 46 districts in 3 states namely Bihar, Jharkhand and West Bengal. Kala-azar is endemic in 52 districts (31 in Bihar, 4 in Jharkhand, 11 in

West Bengal and 6 in UP). The Kala-azar Control programme was launched in 1990-91.

Japanese Encephalitis

- Japanese Encephalitis is a **zoonotic disease** which is transmitted by vector mosquito mainly belonging to **Culex vishnui** group. **The transmission cycle is maintained in the nature by animal reservoirs of JE virus like pigs and water birds. Man is the dead end host, i.e. JE is not transmitted from one infected person to other.** The population at risk is about 300 million. JE has been reported from different parts of the country. The disease is endemic in 14 states of which Assam, Bihar, Haryana, and Uttar Pradesh have been reporting outbreaks.

Dengue Fever/Dengue Haemorrhagic Fever

- Dengue Fever is an outbreak prone viral disease, transmitted by **Aedes Aegypti mosquitoes**. The case fatality rate which was 3.3 per cent in 1996 had come down to 0.57 per cent in 2009 till November because of better management of Dengue cases in the country following National guidelines. The Government of India in consultation with States has identified 137 sentinel surveillance hospitals with laboratory support for augmentation of diagnostic facilities in the endemic states. Further, for advanced diagnosis and back-up support 13 Apex Referral Laboratories have been identified and linked with sentinel surveillance hospitals. To make these functional test kits are provided through National Institute of Virology, Pune and cost is borne by GOI.

Chikungunya

- Chikungunya is a debilitating non-fatal viral illness caused by **Chikungunya** virus which has re-emerged in the country after a gap of three decades. In India a major epidemic of Chikungunya fever was reported during the last millennium viz., 1963 (Kolkata), 1965 (Puducherry and Chennai in Tamil Nadu, Rajahmundry, Vishaka-patnam and Kakinada in Andhra Pradesh, Sagar in Madhya Pradesh and Nagpur in Maharashtra) and 1973 (Barsi in Maharashtra). This disease is also transmitted by **Aedes** mosquito. It is not a contagious disease. Out of 35 States/UTs 16 were affected: Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Madhya Pradesh, Gujarat, Kerala, Andaman and Nicobar Islands,

Delhi, Rajasthan, Puducherry, Goa, Orissa, West Bengal, Lakshadweep and Uttar Pradesh.

National Leprosy Eradication Programme (NLEP)

- The National Leprosy Control Programme was launched in **1955** based on **dapsone monotherapy**. Multi Drug Therapy came into wide use from 1982 and National Leprosy Eradication Programme was launched in 1983 with the objective to arrest the disease in all the known cases of leprosy. In 1991, the World Health Assembly resolved to eliminate leprosy at a global level by the year 2000. Since 2005, the programme is being continued with Government of India funds with technical support from WHO and International Federation of Anti Leprosy Associations (ILEP).
- The recorded leprosy case load has come down from 57.6 cases per 10,000 population in 1981 to less than one at national level in December 2005 and the country could achieve the goal of leprosy elimination at National level (i.e. prevalence rate of less than 1 case/10,000 population) as set by National Health Policy, 2002.
- During the year 2010-11, a total of 1.27 lakh new cases were detected & treated with MDT. There were 83053 leprosy cases on record at the end of March, 2011.

National Programme for Control of Blindness (NPCB)

- National Programme for Control of Blindness (NPCB) was launched in the year **1976** as a 100 per cent centrally sponsored scheme with the goal of reducing the prevalence of blindness to **0.3 per cent by 2020**.

National Tobacco Control Programme

- A comprehensive tobacco control legislation titled "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" was notified in the official gazette on 19 May 2003. The Act is applicable to whole of India and covers all types of tobacco products.
- In order to facilitate the implementation of the Tobacco Control Laws to bring about greater awareness about the harmful effects of Tobacco and to fulfill the obligation(s) under the WHO FCTC, Ministry of Health and Family Welfare has

launched a new National Tobacco Control Program (NTCP) in the 11th Five Year Plan. The pilot programme at present is under implementation in 42 districts in 21 states in the country. **The main components of NTCP are :**

- (i) Public awareness/mass media campaigns for awareness building and for behavioural change.
- (ii) Establishment of tobacco product testing laboratories, to build regulatory capacity, as required under **COTPA, 2003**.
- (iii) Mainstreaming the programme components as a part of the health delivery mechanism under the NRHM framework.
- (iv) Mainstream Research and Training on alternate crops and livelihoods with other nodal Ministries.
- (v) Monitoring and Evaluation including surveillance e.g. Adult Tobacco Survey.

National AIDS Control Programme

- In order to control the spread of HIV/AIDS, Government of India is implementing the National AIDS Control Programme (NACP) as a 100 per cent centrally sponsored scheme. Launched in **July 2007**, NACP Phase-III (2007-2012) has the goal to halt and reverse the epidemic in the country over the next 5 years by integrating programmes for prevention, care, support and treatment. **The programme has adopted a four pronged strategy:**
 1. Prevention of new infections in high risk groups and general population.
 2. Providing greater care, support and treatment to larger number of PLHA.
 3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level.
 4. Strengthening the nationwide Strategic Information Management system.
- These are being achieved by upscaling targeted interventions among the high risk groups, behaviour change communication for improved awareness, expanding, counselling and testing services, blood safety, support and treatment of HIV infected persons including the treatment of opportunistic infections, provision of anti-retroviral drugs and mainstreaming of HIV intervention strategies.
- According to the HIV Sentinel Surveillance 2008-

09, the estimated People Living with HIV in India in 2009 was up to 23.9 lakh, with an estimated adult HIV prevalence of **0.31 per cent**. The data shows that the epidemic in India has stabilized over the years.

- The Red Ribbon Express has emerged as the world's largest mass mobilization programme against HIV/AIDS. Building upon the success of the first phase of the Red Ribbon Express project (2007-08), NACO launched the second phase of the project on 1 December 2009 to commemorate the World AIDS Day.
- Prevalence among Antenatal Clinic attendees, Patients with Sexually Transmitted Infections, Female Workers and Men having Sex with Men is declining. Vast majority of new infections and existing burden of disease concentrated in 5-15 per cent of districts.
- Impressive gains have been made in Anti Retroviral Therapy services, upscaling of Integrated Counselling and Testing Centres and Identifying People Living with HIV/AIDS (PLHA). Convergence with NRHM has begun. However, more progress is required in areas like supply chain management and laboratory services.

National Iodine Deficiency Disorders Control Programme

- Iodine is an essential micronutrient with an average daily at **100-150 micrograms** for normal human growth and development. Deficiency of Iodine can cause physical and mental retardation, cretinism, abortions, stillbirth, deaf mutism, squint and various types of goitre. Results of sample surveys conducted in 325 districts covering all the States/ Union Territories have revealed that 263 districts are endemic where the prevalence of Iodine Deficiency Disorders is more than 10 per cent. It is estimated that more than 71 million persons are suffering from goitre and other Iodine Deficiency Disorders.
- The Government is implementing the National Iodine Deficiency Disorders Control Programme (NIDDCP) formerly known as **National Goitre Control Programme (NGCP) since 1962** a 100 per cent centrally assisted programme with a focus on the provision of iodised salt, IDD survey/resurvey, laboratory monitoring of iodated salt and Urinary Iodine excretion, health education and publicity. **Government of India has banned the**

sale of non-iodated salt in the entire country for direct human consumption under Prevention of Food Adulteration Act, 1954 with effect from 17 May 2006.

National Mental Health Programme (NMHP)

- National Mental Health Programme was started in **1982** with the objectives to ensure availability and accessibility of minimum mental health care for all to encourage mental health knowledge and skills and to promote community participation in mental health service development and to stimulate self-help in the community. During 9th five year plan, District Mental Health Programme was started (1996) based on Bellary Model developed by NIMHANS, Bangalore. During the plan period, 27 districts were covered under DMHP. At present DMHP is covering 123 districts in nearly all states and UTs.

Centres of Excellence in Mental Health

- Centres of excellence in the field of mental health are being established by upgrading and strengthening identified existing mental health hospitals/institutes for addressing acute manpower gap and provision of state-of-the-art mental health care facilities in the long run. The Budgetary support of up to 30 crore per centre would be provided for capital work, equipment and furnishing, faculty induction and retention for the plan period.

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIO VASCULAR DISEASES AND STROKE (NPCDCS)

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is a new initiative in the 11th Five Year Plan. The NPCDCS aims at reducing the burden of Non-Communicable Diseases (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke which are major factors reducing potentially productive years of human life, resulting in huge economic loss. The NPCDCS has been approved at a total outlay of Rs. 1230,90 crores for the remaining period of the 11th Five Year Plan. This includes Rs. 499.38 crores

for NPDCS and Rs. 731.52 crores for Cancer Control Programme. The expenditure will be met on cost sharing basis with the participating States at ratio of 80:20. The programme has been initiated in 30 Districts of 21 States during 2010-11. Another 70 has been added during 2011-12.

The major objectives of the programme are briefly listed below :

- Prevent and control common NCDs through behaviour and life style changes,
- Provide early diagnosis and management of common NCDs.
- Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.

Health Minister's Cancer Patient Fund: Cancer treatment is highly expensive and prolonged. Chemotherapy may cost anywhere between 5000 to 5 lakh per cycle. Certain drugs cost even up to 40,000 per dosage once a week, for treatment cycle involving 6 to 12 weeks. To provide financial assistance to the poor and the needy BPL cancer patients Health Minister's Cancer Patient Fund has been established with a corpus of 100 crore. The entire amount has been released to Rashtriya Arogya Nidhi so that cancer treatment is more affordable and accessible.

PUBLIC HEALTH EMERGENCIES

Preparedness and Response for Avian Influenza

- **The National Centre for Disease control (NCDC)**. **Delhi** has been identified as the nodal agency to investigate any suspected cases/outbreak. **National institute of Virology (NIV), Pune** was identified as the apex laboratory. National stockpile of Oseltamivir (Tamiflu) personal protective equipments were maintained. The preparedness measures came handy in responding to Avian Influenza outbreaks in the States of West Bengal, Assam and Sikkim. In all these States Avian influenza outbreak in poultries were contained and there was no human case of Avian influenza.

Pandemic Influenza-Preparedness and Response

- Illness like Influenza caused by influenza A (**H1N1**), a re-assorted influenza virus, was reported from Mexico on 18 March 2009 and rapidly spread to affect 208 countries. World Health Organization has raised the pandemic alert

level to 6, declaring pandemic of influenza H1N1 of moderate severity.

Prevention of Food Adulteration Programme

- **The Ministry of Health and Family Welfare is responsible for ensuring safe food to the consumers.** Keeping this in view, a legislation called “**Prevention of Food Adulteration Act, 1954**” was enacted. The objective envisaged in this legislation was to ensure pure and wholesome food to the consumers and also to prevent fraud or deception. The Act has been amended thrice in 1964, 1976 and in 1986 with the objective of plugging the loopholes and making the punishments more stringent and empowering Consumers and Voluntary Organisations to play a more effective role in its implementation. The subject of the Prevention of Food Adulteration is in the concurrent list of the Constitution.
- The Central Advisory Board appointed by the Government of India in 1937 and the Food Adulteration Committee appointed in 1943, reviewed the subject of Food Adulteration and recommended for Central legislation. The Government of India, therefore, enacted a Central Legislation called the Prevention of Food adulteration Act (PFA) in the year 1954 which came into effect from 15 June 1955. The Act repealed all laws, existing at that time in States concerning food adulteration.
- **The Ministry of Health and Family Welfare is designated as the National Codex Contact Point in India to examine and formulate India’s views on the agenda for the various meeting of Codex Alimentarius Commission, a joint venture of FAO/WHO dealing with International Food Standards and its subsidiary committees.** The Ministry of Health and Family Welfare constituted a **National Codex Committee (NCC)** and an Assistant Director General (PFA) has been working as Liaison Officer for NCC.
- The provisions under PFA Rules have been amended nearly 360 times and standards of around 250 articles of food which are of mass consumption have been prescribed. There are 72 food laboratories in the country at District/Regional or State level in addition to four Central Food Laboratories set up by the Central Government. Almost every State has got one or more laboratories depending upon its need. About 12 of

these laboratories are under the administrative control of the local bodies whereas the remaining ones are under the administrative control of the State Government.

The Food Safety and Standards Act, 2006: With the coming into effect of the Food Safety and Standards Act, 2006 (FSSA) enacted by Parliament in August 2006, the Prevention of Food Adulteration Act, 1954 stands repealed from the date on which Food Safety and Standards Act comes into force on such date as the Central Government may decide by notification in the Gazette.

Medical Council of India

- The Medical Council of India (MCI) was established as a statutory body under the provisions of the Indian Medical Council Act 1933 which was later repealed by the Indian Medical Council Act 1956 with minor amendments in 1958. A major amendment to the I.M.C. Act 1956 was made in 1993 making it mandatory for obtaining the approval of the Ministry of Health and Family Welfare for opening new medical colleges/increasing seats, starting new courses in order to regulate the standard of medical education in the country. The I.M.C. Act 1956 was further amended in 2001 to enable the Medical Council of India to conduct Screening Tests for Indian nationals holding foreign medical qualifications to test their skill before granting them registration to practice medicine in India.
- The main functions of the Council are maintenance of uniform standard of medical education both at the undergraduate and the postgraduate levels; maintenance of Indian Medical register; reciprocity with foreign countries in the matter of mutual recognition of medical qualifications; continuing medical education and granting of provisional/permanent registration of doctors with recognized medical qualifications, registration of additional qualifications and issue of Good Standing Certificate for doctors going abroad to Commonwealth countries. At present there are 264 medical colleges in the country out of which 185 medical colleges have been recognized by MCI and 90 new medical colleges have been permitted by the Central Government to conduct MBBS courses. The admission capacity in these colleges is approximately 30,122 students per year.

Central Health Education Bureau

- Central Health Education Bureau (CHEB) is an apex institution which had a humble beginning on 6 December 1956 under Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of India, for the health education and health promotion in the country.

Rashtriya Arogya Nidhi

- Rashtriya Arogya Nidhi was set up in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya nidhi, grants-in-aid are also provided to State Governments for setting up State Illness Assistance Funds.

National Programme for Health Care of the Elderly (NPHCE)

- In spite of the existing policy and legal provision, currently, dedicated health care facilities for the elderly are almost non existing and consequently the older people are bound to share the health facilities with general population. Another big problem being faced in providing health care to the elderly is lack of trained manpower in the field of geriatric health care because Geriatric is yet to be recognized as a medical specialty in our country.
- Now, with unravelling of disease burden and complexity of old age, morbidity and disability among the elderly, need for dedicated and multidisciplinary health arrangement is being felt. Keeping in view the commitments made in “National Policy on Older Persons” as well as obligation under the “Maintenance & Welfare of Parents & Senior Citizens Act 2007”, Ministry of Health and Family Welfare has initiated a new programme for elderly in the name of “National Programme for Health Care of Elderly” (NPHCE).
- The NPHCE has been approved by the Hon’ble Minister of Finance on 10th June, 2010 at an expenditure of Rs. 288.00 crores for the remaining period of the 11th Five Year Plan. This includes 20% share of State Governments (excluding the expenditure of regional Medical Institute) amounting to Rs. 48.00 crores. The Government of India’s share would be Rs. 240.00 crore. The programme has been initiated in 30 Districts of 21

States during 2010-11. Another 70 have been added during 2011-12.

National Academy of Medical Sciences (India), New Delhi

- The National Academy of Medical Sciences (NAMS), New Delhi was established in 1961 as a Non-Official body of Bio-Medical scientists with the object of promotion and encouragement of merit in medical sciences. The fellowship of the Academy became a coveted hallmark of distinction accorded in recognition for outstanding achievements in sciences, education, services, etc. The Academy awards Fellowships to the most distinguished men of science. The Academy has also been implementing the Continuing Medical Education (CME) Programme since 1982.

Integrated Disease Surveillance Project (IDSP)

- The integrated Disease Surveillance Project (IDSP) was launched by the Ministry of Health and Family Welfare in November 2004 for a period of March, 2010. The project has been extended for 2 years up to March 2012 by Government of India.
- To establish a decentralized state based surveillance system for communicable diseases to detect the early warning signals, so that timely and effective public health actions can be initiated in response to health challenges in the country at the district, state and national level.

Central Drugs Standard Control Organization (CDSCO)

- The quality of the drugs and cosmetics imported, manufactured and sold in the country is regulated under the provision of Drugs and Cosmetics Act, 1940 and Rules made there under. The manufacture and sale of the drugs in a licensed activity. Regulatory control over the quality of drug marketed in the country is exercised through a system of inspections, testing of drug samples and taking action against the offenders by the Drug Regulatory Authorities.

Child Health Programme

- The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and address factors contributing to infant and under-

five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002, the Eleventh Five Year Plan (2007-12) and National Rural Health Mission (NRHM - 2005-2012) have laid down the goals for child health.

Child Health Situation in India

- Infant Mortality Rate: Infant mortality is defined as the probability of dying before the first birthday. As per the Sample Registration System 2011, the Infant, Mortality Rate (IMR) for the country is 44 per 1000 live births.
- Of the 9.7 million under-five deaths globally, **2.1 million** are in India alone.
- **52 per cent** of under-five deaths continue to occur in the first month of life.
- 37 per cent of all infant deaths in India are concentrated in two states (**Uttar Pradesh [UP] and Bihar**).
- **70 per cent** of all infant deaths in India are concentrated in **eight states (Bihar, UP, Madhya Pradesh, Orissa, Rajasthan, Andhra Pradesh, Maharashtra and Gujarat)**.
- Regional disparities remain a concern, with the IMR varying greatly between rural and urban areas (61 and 37, respectively) and states (ranging from **72 in Madhya Pradesh to 12 in Manipur**).
- The primary causes of neonatal deaths are:
 - sepsis,
 - low birth weight, and
 - Asphyxia.
- The primary causes of child deaths are:
 - Pneumonia
 - Diarrhoea, and
 - In some States, Malaria, Meningitis and Measles.

Situation Analysis

- **38 per cent** of newborns in the developing countries start breastfeeding within one hour of birth while only **25 per cent** of mothers initiate breastfeeding within 1 hr of birth: the proportion has however increased significantly in all states in last two years.
- **46 per cent** of children are exclusively breastfed for six months.
- In India **43 per cent** of children under age five are under weight. **8.3 million** infants in India have

low birth weight (less than 2500 grams).

Components of Child Health Care Include

- Essential newborn care
- Immunisation
- Infant and young child feeding
- Vitamin A, Iron and Folic Acid supplementation
- Early detection and appropriate management of Acute Respiratory Infections, Diarrhoea and other infections.
- Integrated management of neonatal and childhood illnesses (IMNCI) and Pre-Service.
- Facility Based Newborn Care
- Home Based care of Newborns
- Management of children with malnutrition.

Janani Suraksha Yojana

- JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. JSY is a 100 per cent centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the States of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir.

Janani Shishu Suraksha Karyakram (JSSK)

- Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required, This initiative also provides for free transport from home to institution, Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. The scheme is estimated to benefit more than 12 million pregnant woman who access Government health facilities for their delivery.

Navjat Shishu Suraksha Karyakram (NSSK)

- NSSK is a programme aimed to train health

personal in basis newborn care and resuscitation, has been launched to address care at birth issues i.e. Prevention of Hypothermic, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. Newborn care and resuscitation is an important starting-point for any neonatal program and is required to ensure the best possible start in life. The objective of this new initiative is to have trained health personal in Basic newborn care and resuscitation at every delivery point.

Family Planning Programme

- In 1952, India launched the world's first national programme emphasizing family planning to the extent necessary for reducing birth rates "to stabilize the population at a level consistent with the requirement of national economy." The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2002, and NRHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals and others).

Contraceptive Services Under the National Family Welfare Programme

The public sector provides a wide range of contraceptive services for limiting and spacing of births at various levels of health. **The salient features of the family planning services are as follows :**

- Counselling, access to and provision of good quality services and follow-up care are emphasized in all services.
- GOI is promoting 'Fixed Day Static Services' (FDS) approach in sterilization services within the public health system with the aim of increasing access to sterilization services.
- In states with high un-met need for limiting methods, sterilization camps are continued till the time FDS is implemented effectively.
- Revised compensation scheme for sterilization acceptors to compensate the wage loss is continued in all the states.
- 'National Family Planning Insurance Scheme' (NFPI) covers service providers in both public and accredited private facilities.

- 'Quality Assurance Committees' (QACs) have been constituted in all the states and districts.
- The division is repositioning IUD as short and long term spacing method.
- Regional contraceptive updates for service providers in all states, with special focus on High Focus States (HFS).
- Emergency Contraception Pills (ECPs) are effective for preventing conception due to unplanned/unprotected sex.

Increasing Male Participation in Planned Parenthood, including 'No Scalpel Vasectomy' (NSV)

- The No Scalpel Vasectomy (NSV), a modified male sterilization technique, was introduced in 1997 in the National Family Welfare Programme as a simple and safe technique with very little chance of complications compared to female sterilization.

Promotion of IUDs as a Short and Long Term Spacing Method

- GOI introduced Copper T 380 A with an effectiveness period of 10 years in 2002 to promote the use of spacing method, both for short term and long term. In 2006, GOI launched "Repositioning IUCD in National Family Welfare Programme".

Prohibition of Pre-Conception and Pre-Natal Sex Determination

- In order to check female foeticide, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was enacted and brought into operation from 1 January 1996. The Act prohibits determination and disclosure of the sex of the foetus. It also prohibits any advertisements relating to pre-natal determination of sex. Punishments are prescribed for contravention of any of its provisions, like imprisonment up to 5 years and fine up to 1,00,000/- in addition to cancellation of the registration/licence in the case of medical professionals/diagnostic centres, clinics, etc. In order to make the Pre-Conception and Pre-Natal Diagnostic Techniques Act and the rules framed thereunder even more effective and stringent, the Central Government is considering to further amend the Act and the Rule.

Universal Immunization Programme

- Immunization programme in India was introduced

in 1978 as Expanded Programme of Immunization. This gained momentum in 1985 as Universal Immunization Programme (UIP) and implemented in phased manner to cover all districts in the country by 1989-90. UIP became a part of Child Survival and Safe Motherhood Programme in 1992. Since, 1997, immunization activities have been an important component of National Reproductive and Child Health Programme. Immunization is one of the key areas under National Rural Health Mission (NRHM) launched in 2005.

Under the Universal Immunization Programme, Government of India is providing vaccination to prevent six vaccine preventable diseases, i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles and severe form of Childhood Tuberculosis. **The vaccination schedule is as under:**

- **BCG** (Bacillus Calmette-Guerin)—at Birth (upto 1 year if no given earlier).
- **DPT** (Diphtheria, Pertussis and Tetanus Toxoid).
- Primary three doses at 6, 10, 14 weeks and two booster doses at 16-24 months and 5 years of age.
- **OPV** (Polio) - 6-10, 14 weeks and at 16-24 months of age and birth dose for institutional delivery.
- **Measles** - 9-12 months of age.
- **TT** (Tetanus Toxoid)— 10 years and 16 years of age.
- **TT** - for pregnant woman two doses or one dose if previously vaccinated within 3 years. Later on, Hepatitis B and JE vaccines were added in select areas in the Universal immunization Programme.

Pulse Polio Immunization

- In pursuance of the World Health Assembly resolution of 1988, in addition to administration of routine OPV through the Universal Immunization Programme, the Pulse Polio Immunization (PPI) Programme was launched in 1995-96 to cover all children below the age of 3 years. In order to accelerate the pace of polio eradication, the target age group was increased from 1996-97 to all children under the age of 5 years. From 1999-2000 house to house vaccination of missed children was also introduced to vaccinate children missed during the fixed booth based vaccination of children.

Progress

1. The last polio case in the country was reported from Howrah district of west Bengal with date of onset 13th January 2011. Thereafter no polio case

- has been reported in the country (20th July 2012).
2. WHO on 24th February 2012 removed India from the list of countries with active endemic wild polio virus transmission.

FAMILY WELFARE LINKED HEALTH INSURANCE SCHEME

Rajeev Aarogysri Health Insurance Scheme - Andhra Pradesh

Din Dayal Antyoday Upchar Yojana: Madhya Pradesh

Yeshasvani Co-Operative Farmers Health Care Scheme: Karnataka

Mukhya Mantri Raksha Kosh for BPL Population: Rajasthan

Rashtriya Swasthya Bima Yojana

- Rashtriya Swasthya Bima Yojana (RSBY), a scheme of Ministry of Labour was launched on 1 October 2007 and rolled out from 1 April 2008 in a phased manner. The scheme is implemented in most of the states, initially on pilot basis. However, the Government has decided to take up all the districts in 2009-10 itself. Maximum contribution is ₹ 725 per family (75 per cent. 25 per cent) [Central: State share]. The beneficiary would pay ₹ 30/- per annum as registration/renewal fee.
- The main objective of this scheme is to provide health insurance cover to the below poverty line (BPL) workers and their families in the unorganized sector and to improve access of BPL families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care providers as cashless.
- The scheme has 725 identified common surgical packages apart from medical procedures. In addition to the package list other procedures are also covered. This covers entire cost of treatment of the patient from date of reporting to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.
- As on 30 June 2009 scheme has been rolled out in 120 districts of 18 States on various dates in

2008-2009. Total 60,59,599 family smart cards have been issued covering 3,07,97,995 members.

National Commission on Population

- The National Commission on Population was constituted in **May 2000** to review, monitor and give direction for the implementation of the **National Population Policy (NPP), 2000** with a view to meeting the goals set out in the Policy, to promote intersectoral coordination, involve the civil society in planning and implementation, facilitate initiatives to improve performance in the demographically weaker States in the country and to explore the possibilities of international cooperation in support of the goals set out in the National Population Policy.
- The National Commission of Population was reconstituted on 11 April 2005 with 40 members under the **Chairmanship of the Prime Minister**. Minister of Health and Family Welfare and the Deputy Chairmen of the Planning Commission are Vice Chairmen of the Commission.

Jansankhya Sthirata Kosh (JSK)

- The National Population Stabilisation Fund was constituted under the National Commission on Population in July 2000. Subsequently it was transferred to be Department of Health and Family Welfare in April 2002.
- It was renamed and reconstituted as Jansankhya Sthirata Kosh (JSK) under the Societies Registration Act (1860) in June 2003. The General Body of JSK is chaired by the Minister for Health

and Family Welfare, while the Governing Board is chaired by Secretary (H&FW). The Executive Director is the Chief Executive Office of the Kosh.

National Board of Examinations

- The National Board of Examinations was established in **1975** on the basis of the Report of a Working Group set up by the Government of India. The National Board functioned as a wing of the National Academy of Medical Sciences from 1975 to 1982 and the Government of India, after a review, took a policy decision to make it an independent autonomous body with effect from 1 March 1982 under the Ministry of Health and Family Welfare.
- The NBE is the only examining body of its kind in the country in the field of medical sciences. Continuing evaluation of quality and validity of the measurement mechanism and standards of examinations by constant interaction with experts in various disciplines of modern medicine and allied specialities are among its important activities.

Health Minister's Discretionary Grants (HMDG):

- Financial Assistance to the poor and indigent patients is given from the Health Minister's Discretionary Grant to defray a part the expenditure on hospitalization/ treatment in Government Hospital as these patients cannot be considered for financial assistance under Rashtriya Arogya Nidhi due to income of above poverty line, but less than **50,000/- per annum**.



1. Consider the following statements about 'Janani Suraksha Yojana':

- 1) It is a Safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.
- 2) It is a 100 percent centrally sponsored scheme and it integrates cash assistance with delivery and post delivery care.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

2. Consider the following statements:

- 1) The National Rural Health Mission was launched by the Government of India in April 2005 to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions.
- 2) The expected outcome of the mission include reduction of IMR to below 30/1000 live birth, MMR to below 100/1000 live birth and TFR to 2.1 by 2012.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

3. In context of Child Health situation in India, consider the following statements:

- 1) 37 percent of all infant death in India are concentrated in two states i.e. Uttar Pradesh and Bihar.
- 2) 52 percent of under-five years death continue to occur in the first month of life.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

4. Consider the following statements:

- 1) The Primary causes of neo-natal deaths are; sepsis, low birth weight and Asphyxia.
- 2) The Primary causes of child deaths are; Pneumonia, Diarrhoea and in some states Malaria, Meningitis and Measles.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

5. Consider the following statements:

- 1) India is the first country in the world to introduce the Low Osmolarity oral Rehydration Solution (ORS) as recommended by WHO for the Management of Diarrhoea.
- 2) Zinc has been approved as an adjunct to ORS for the management of Diarrhoea, addition of Zinc would result in reduction of the number and severity of episodes and the duration of diarrhoea.

Which of the above statements is / are correct?

- a) 1 only b) Both 1 & 2
c) 2 only d) Neither 1 nor 2

Answer & Explanations

- | | | | |
|------|-------|------|------|
| 1. c | 2. c | 3. c | 4. c |
| 5. b | 6. c | 7. c | 8. c |
| 9. b | 10. d | | |



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INTRODUCTION

- Housing is a **State subject**. The Union Government is, however, responsible for the formulation of policy with regard to programme and approaches for effective implementation for social housing schemes, particularly those pertaining to weaker sections of the society. The Schemes and programmes running under the Ministry of Housing and Urban Poverty Alleviation are as follows:

NATIONAL URBAN HOUSING & HABITAT POLICY, 2007

- As per the recommendations of the Working Group on Housing for the 11th Plan, the total shortage of dwelling units at the beginning of 11th Plan period i.e. 2007 is 24.71 million. The total shortage during the Plan period (2007-12) including the backlog will be **26.53 million**. The Ministry of Housing and Urban Poverty Alleviation has updated the National Housing and Habitat Policy, 1998.
- The new National Urban Housing and Habitat

Policy, 2007 (NUHHP-2007), has been finalised in consultation with all concerned and laid in the Parliament on 07.12.2007. The new Policy is aimed to provide housing and other basic infrastructure to economically weaker sections, low income groups and other sections of the society at affordable cost.

The Salient Points of NUHHP, 2007 are

- Focus of the Policy is on Affordable Urban Housing for All with special emphasis on the urban poor.
- Role of Housing and provision of basic services to the urban poor has been integrated into the objectives of the Jawaharlal Nehru Urban Renewal Mission (JNNURM)
- Special emphasis has been laid on Scheduled Castes / Tribes / Backward Classes/Minorities, empowerment of Women within the ambit of the urban poor.
- The Policy focuses on a symbiotic development of rural and urban areas in line with the objectives of the 74th Constitution Amendment Act.
- Within the overarching goal of Affordable Housing for All emphasis has been laid on urban planning, increased supply of land, use of spatial incentives like additional Floor Area Ratio (FAR),

Transferable Development Rights, increased flow of funds, healthy environment, effective solid waste management and use of renewal sources of energy.

- States to be advised to develop 10 years perspective plan for housing of EWS/LIG.
- Policy gives primacy to provision of shelter to urban poor at their present location or near their work place.
- Micro finance institutions to be promoted at state level to expedite flow of finances to urban poor.
- Detailed city maps to be prepared based on GIS, aerial survey and ground verification.
- Development of mass rapid transit system at sub-regional level envisaged.
- Green cover for cities to be encouraged for balanced ecological development.
- All States to be encouraged to develop a "Habitat Infrastructure Action Plan" for all cities with a population of over one lakh.

National Policy on Urban Street Vendors (2009) and Model Street Vendors (protection of livelihood AND regulation OF street vending) Bill, 2009

- Ministry of Housing & Urban poverty Alleviation has recently comprehensively revised the National policy on Urban Street Vendors (2004) taking into account the view of States /UTs and other stake holders. The revised National Policy on Urban Street Vendors, 2009 aims at fostering a congenial environment for the urban street vendors to carry out their activities without harassment from any quarter and provides mechanism of regulation of such activities to avoid congestion on sidewalks and to ensure free flow of traffic on roads. It aims at ensuring that urban street Vendors find the recognition at national, State and local levels for their contribution. This is conceived as part of the national initiative for alleviation of poverty in cities and towns. The revised policy underscores the need for a legislative framework to enable Street vendors the policy to pursue an honest living without harassment from any quarter. Accordingly, a Model street vendors (protection of Livelihood and regulation of street vending) Bill, 2009 has also been drafted.

JAWAHARLAL NEHRU NATIONAL URBAN RENEWAL MISSION (JNNURM)

- Cities and towns of India constitute the world's second largest urban system. They contribute over 50 per cent of country's Gross Domestic Product (GDP) and are central to economic growth. For these cities to realize their full potential and become true engines of growth, it is necessary that focussed attention be given to the improvement of infrastructure and basic services to the poor therein.
- For achieving this objective, Prime Minister of India launched the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) on **3rd December, 2005**. The Mission comprises two Sub-Missions – one for **Basic Services to the Urban Poor (BSUP)** and the other for **Urban Infrastructure and Governance (UIG)**. **Basic Services to the Urban Poor Urban (BSUP) in 65 select cities. The duration of the Mission is for 7 years beginning from the year 2005-06 till 2011-12.**

Integrated Housing and Slum Development (HSDP)

- In cities/towns not covered under BSUP, an Integrated Housing and Slum Development (HSDP) has also been launched along with JNNURM on 3 December 2005. **Integrated Housing and Slum Development Programme (HSDP) has subsumed Valmiki Ambedkar Awas Yojana (VAMBAY) and the National Slum Development Scheme (NSDP)**. The IHSDP has been launched with the objective to strive for holistic slum development, with a healthy and enabling urban environment by providing adequate shelter and basic infrastructure facilities to the slum dwellers of the identified urban areas.

Scheme of Affordable Housing in Partnership

- The Government has launched new scheme of Affordable Housing in Partnership with an outlay of 5,000 crore for construction of one million houses for EWS/LIG/ MIG with at least 25 per cent for EWS category. The scheme aims at partnership between various agencies/ Government/parastatals/Urban Local Bodies/

developers for realizing the goal of affordable housing for all.

Slum-free City Planning Scheme

- A new scheme called Slum-free City Planning under Rajiv Awas Yojana has been launched for providing financial support to state Governments for undertaking the preparatory exercises viz. Slum surveys, Slum MIS, GIS Mapping of Slums, development of GIS-enabled Slum Information System, preparation of Slumfree city and State plans, developing legal framework for providing property right to the poor, addressing issues of master planning including revamping of laws under town planning, urban development, municipal administration and slums, undertaking community mobilization etc. within allocation of Rs. 120 crore. A sum of Rs. 60 crore was released during 2009-10.

Rajiv Awas Yojana (RAY)

- In pursuance of the announcement made in June 2009 of creating a '**Slum-free India**' the Cabinet Committee on Economic Affairs has approved the launch of the Phase-I of Rajiv Awas Yojana (RAY) on **02-06-2011 to provide financial assistance to State that are willing to assign property rights to slum dwellers for provision of shelter and basic civic and social services for slum development, and for creation of affordable housing stock.**
- The scheme is expected to cover about **250 cities**, mostly with population of more than one lakh, across the entire by the end of 12th Plan (2017). The scheme will progress at the pace set by the States.
- The Central Government will bear **50%** of the costs of slum redevelopment. The encourage creation of affordable housing stock the existing scheme of Affordable Housing in Partnership and interest Subsidy Scheme for Housing the Urban Poor have been dovetailed into RAY.

Swarna Jayanti Shahari Rozgar Yojana (SJSRY)

- Ministry of Housing and Urban Poverty Alleviation is implementing an employment oriented Urban Poverty Alleviation Centrally sponsored scheme named Swarna Jayanti Shahari Rozgar Yojana (SJSRY), on all India basis, with effect from **1 December, 1997**. The scheme strives to provide gainful employment to the urban

unemployed and underemployed poor, through encouraging the setting up of self employment ventures by the urban poor living below the poverty line, and also through providing wage employment by utilizing their labour for construction of socially and economically useful public assets. The scheme of Swarna Jayanti Shahari Rozgar Yojana (SJSRY) has been comprehensively revamped with effect from 2009-2010.

Interest Subsidy Scheme for Housing the Urban Poor (ISHUP)

- As per the Technical Group set up by the Ministry of Housing and Urban Poverty Alleviation (MHUPA), Government of India in year 2007, the estimated urban housing shortage was 24.7 million units. Of this shortage, 99 per cent is related to Economically Weaker Section (EWS) and Low Income Group (LIG) segments. The government has approved an Interest Subsidy Scheme for Housing the Urban Poor (ISHUP) in the month of December, 2008. The Interest Subsidy Scheme seeks to supplement the efforts of the Government through the JNNURM to comprehensively address the housing shortage.

National Buildings Organisation (NBO)

- The National Buildings Organization (NBO), an attached office of the Ministry of Housing and Urban Poverty Alleviation has been functioning as **an apex organization in the country for collection, tabulation and dissemination of statistical information on housing and building construction activities.** Having regard to the changing requirements under various socio-economic and statistical functions connected with housing, construction, slum development, urban poverty alleviation and related activities, and also to ensure that the schemes of the Ministry of Housing and Urban Poverty Alleviation (MoHUPA) are supported with appropriate database, MIS and knowledge inputs, the National Building Organization was restructured in March 2006.

Housing Start-Up Index (HSUI)

- **Housing Start-up Index is computed and published as a major economic indicator in most developed countries capturing the upward and downward swings of the business cycle.**

Taking into account the importance of HSUI for Indian economy, **NBO in Joint collaboration with Reserve Bank of India is currently engaged in the development and operationalisation of HSUI for the first time in the Country** NBO has prepared the formats with regard to information on building permits and building completion for data collection by information on building permits and building completion for data collection by States/Cities/ULBs.

Housing and Urban Development Corporation Limited (HUDCO)

- HUDCO, since its inception in 1970, has made steady and significant strides in the field of housing and urban infrastructure financing, to emerge as the pioneer and the trend-setter. HUDCO, during the four decades of its existence, has extended assistance for taking up over 145 lakh dwelling units both in urban and rural areas. Cumulatively till March 2010, HUDCO has extended support for taking up over 41 lakh houses in disaster affected regions with a project cost of over 4094 crore and HUDCO's soft loan assistance of 2209 crore. HUDCO has sanctioned 134 projects with a loan amount of 19,762 crore as against Rs. 16,624 crore in the previous year.

Hindustan Prefab Limited (HPL)

- Creation of Hindustan Prefab Limited (HPL) the then Hindustan Housing Factory (HHF) was a brainchild of Late Pt. Jawaharlal Nehru, the first Prime Minister of India and was set up as a Govt. Department in 1948 to meet the immediate housing need for displaced persons migrated from West Pakistan. The objective of HPL is to promote prefabricated/precaster technology in India for expeditious completion with best of quality of housing projects etc. Thereafter it has come off age and earned its name and fame by pioneering the PRC Railway Sleepers which have replaced the wooden as well as stainless steel sleepers in Indian Railways. Prefab innovative technology is vital in implementing various schemes of Govt.

National Cooperative Housing Federation of India (NCHF)

- The National Cooperative Housing Federation of India (NCHF), set-up in 1969, is the national apex organisation spearheading the entire cooperative housing movement in India. The primary objective of NCHF is to promote, guide and coordinate the activities of housing cooperatives. All the 26 State level Apex Cooperative Housing Federations are members of NCHF.

Real Estate (Regulation of Development) Bill, 2011

- In order to promote planned and healthy real estate development of colonies and apartments with a view to protecting consumer interest on the one hand and to facilitate smooth and speedy urban construction on the other. The Ministry had drafted and Model Real Estate (Regulation of Development) Act 2011 for the State to adopt.

National Policy on Urban Street Vendors, 2009

- Street vendors constitute an important segment of the urban population at the bottom of the pyramid. Street vending provides a source of self-employment, and thus acts as a measure of urban poverty alleviation without major Government intervention. It also acts as instrument to provide affordable as well as convenient services to a majority of urban population.
- Government of India revised the National Policy on Urban Street Vendors, 2004 and brought out the National Policy on Urban Street Vendors, 2009. The revised National Policy on Urban street Vendors, 2009 aimed at securing right of the citizens to have adequate means to livelihood and fostering a congenial environment for the urban street vendors to carry out their activities without harassment from any quarter. It also aimed at providing a mechanism of regulation of such activities to avoid congestion on sidewalks and to ensure free flow of traffic on roads. After, the approval of the Union Cabinet on 23rd February, 2009, the revised Policy was circulated to all States/UTs for implementation.



1. Consider the following statements about 'JNNURM':

- 1) The Jawaharlal Nehru National Urban Renewal Mission was launched in December 2005.
- 2) The Mission Comprises two sub-missions - one for Basic Services to the Urban Poor (BSUP) in selected 65 cities and the other for Urban Infrastructure and Governance (UIG).
- 3) The duration of the Mission is seven years.

Which of the above statements is / are correct?

- a) 1 & 2 only b) 1 & 3 only
c) 2 & 3 only d) All of the above.

2. Consider the following statements about Rajiv Awas Yojana (RAY):

- 1) The government has approved the launch of phase-I of RAY to provide financial assistance to states that are willing to assign property rights to slum dwellers for provision of shelter and basic social and civic services for slum development.
- 2) The scheme is expected to cover about 250 cities, mostly with population of more than one lakh.
- 3) The Central Government will bear 50% of the costs of slum development.

Which of the above statements is / are correct?

- a) 1 only b) 1 & 2 only
c) 2 & 3 only d) All of the above

Answer & Explanations

1. d 2. d.



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INTRODUCTION

- The Industrial Policy Resolution of 1948 marked the beginning of the evolution of the Indian Industrial Policy. The Industrial Policy Resolution of 1956 gave the public sector a strategic role in the economy. It categorised industries which would be the exclusive responsibility of the State or would progressively come under State control and others. India's strategy for industrial development witnessed a paradigm shift in 1991. Economic reforms initiated in 1991 gradually removed these product market licenses. The new industrial development strategy, therefore, envisaged a significantly bigger role for private initiatives.

INDUSTRIAL POLICY

- Industrial policy since 1991 has been more of facilitating the industrial development rather than anchoring it through permits and controls. Industrial licensing has, therefore, been abolished for most of the industries and there are only 5 industries related to security, strategic and environmental concerns where an industrial license is currently required:
 1. Distillation and brewing of alcoholic drinks;
 2. Cigars and cigarettes of tobacco and manufactured tobacco substitutes;

3. Electronic aerospace and defence equipment; all types;
 4. Industrial explosives including detonating fuses, safety fuses, gunpowder, nitrocellulose and matches;
 5. **Specified Hazardous chemicals i.e. (i) Hydrocyanic acid and its derivatives, (ii) Phosgene and its derivatives and (iii) Isocyanates and diisocyanates of hydrocarbon, not elsewhere specified (example Methyl isocyanate)**
- Consistent with the policy of liberalization of domestic industry, the number of industries reserved for public sector have also been reduced. **Presently there are only two areas which are reserved for public sector:**
 - (i) **Atomic Energy:** Production, separation or enrichment of special fissionable materials and substances and operation of the facilities, specified in notification No. S.O.2630(E) dated 19.10.2009 of Department of Industrial policy and Promotion, Ministry of Commerce and Industry, Government of India, and
 - (ii) **Railway transport:** Product market reforms in industrial sector ran concurrently with the reforms in the international trade sphere resulting in reduction in the duty rates across the manufactured products in a calibrated manner and dismantling of quantitative import

restrictions.

National Manufacturing Policy

- The Government of India has notified a National Manufacturing Policy vide a press note dated 4th November, 2011 with the objectives of enhancing the share of manufacturing in GDP to 25% within a decade and creating 100 million jobs. It also seek to empower rural youth by imparting necessary skill sets to make them employable. Sustainable development is integral to the policy and technological value addition in manufacturing has received special focus. The policy is based on the principle of industrial growth in partnership with States. The central government will create the enabling policy frame work, provide incentives for infrastructure development on a Public Private Partnership (PPP) basis through appropriate financing instrument, and State Government will be encouraged to adopt the instrumentalities provided in the policy. The proposals in the policy are generally sector, location and technology neutral except incentivisation of green technology.

INDUSTRIAL INVESTMENT

Gross Capital Formation (GCF)

Industrial sector has been attracting a sizable chunk of domestic capital formation resulting in an addition to the productive capacities. As per the new series of National accounts, average annual growth of new investment in industrial sector was 11.8 per cent (2004-10), as against

the growth of gross capital formation (GCF) for mining, registered manufacturing and electricity sector was even higher. There was a decline in the rate of growth of GCF in 2008-09, which could be considered as an abnormal years because the global economic meltdown had affected the investor sentiments resulting in lesser investment and also deferment of investment decisions. The internal accruals of the corporate sector were also adversely affected. A decline in stock market indices also affected valuation gains and a combined effect of these factors led to a decline in GCF in industry.

Foreign Direct Investment (FDI)

- Domestic savings in India have not been enough to provide for the investment opportunities. Capital inflows from other countries, particularly of an investment nature, which adds to the domestic investment, have become important. The ratio of domestic savings to GDP has generally been lower than the ratio of GCF to GDP. During 2004-10, this gap was 1.5 per cent of GDP.

FDI inflows

- There has been a tremendous growth in the FDI inflows to India since 2003-04. FDI equity inflows have risen nearly eighteen-fold, from US \$2.19 billion in 2003-04 to US \$ 46.85 billion on 2012-13. Under international practices of reporting, i.e. including equity capital, reinvested earnings and intra company loans, total FDI inflows was US \$ 4.32 billion in 2003-04 which increased to US \$ 36.86 billion on 2012-13. Overall FDI inflows of US\$ 290.08 billion was received between April 2000 to March 2012.

Table 11: Growth FDI inflows (US \$ billion)

Financial Year Percentage	As per	Percentage	FDI Equity	
	International practices**	growth	Inflow (DIPP)	growth
2004-05	6.05	(+) 40%	3.22	(+) 47%
2005-06	8.96	(+) 48%	5.54	(+) 72%
2006-07	22.83	(+) 146%	12.49	(+) 125%
2007-08	34.84	(+) 53%	24.58	(+) 97%
2008-09	41.87	(+) 20%	31.4	(+) 28 %
2009-10 (P)	37.75*	(-) 10%	25.83	(-) 18%
2010-11 (P)	32.9	(-) 13%	19.43	(-) 25%
2011-12 (P)	46.85	(+) 42%	36.5	(+) 88%
2012-13 (P)			22.42	(-36%)

**As per RBI estimates (including re-invested earnings and other capital)*

- The UNCTAD World Investment Report (WIR) 2011, in its analysis of the global trends and sustained growth of Foreign Direct Investment (FDI) inflows, has reported India as the second most attractive location for FDI for 2011-13.
- As per World Investment Report, 2012, FDI inflows to India have turned around and its is estimated at \$32 billion in 2011. The growth of inflows so far appears likely to keep momentum in 2011. Outflows from India increased from \$ 13.2 billion in 2010 to \$14.8 billion in 2011.

FDI inflows in the industrial sector

- The overall equity flow, however, indicate that industrial sector covering mining, manufacturing and power as of today accounted for nearly 50 per cent of the total equity inflows. FDI has particularly been active in sectors like machinery, chemicals, auto sector, miscellaneous manufacturing, telecommunication and power.

INDUSTRIAL INNOVATION: INTELLECTUAL PROPERTY RIGHTS

- Government has taken multi pronged strategy to develop an Intellectual Property regime in the country to promote creativity and to develop the culture of respect for innovations and creativity. **These are:**
 - o Meeting international obligations
 - o Safeguarding national interests
 - o Modernise administration
 - o Creating awareness

Trade Mark (Amendment) Bill, 2010:- The Trade Mark (Amendment) Bill, was passed by the Parliament and assented to by the President on 21.9.2010 and become the **Trademark (Amendment) Act, 2010**. On notification The Amendment will enable India to accede to the Madrid Protocol. **The Madrid Protocol is a simple, facilitative and cost effective system for registration of international trade marks. India's membership of the protocol will enable Indian companies to register their trade marks in Member Countries of the Protocol through filing a single application in one language and by paying onetime fee in one currency.**

The Government has set up a National Institute of Intellectual Property Management (NIIPM) at Nagpur and it is expected to be fully functional by next year.

National Design Policy:- Announced for the first time, this Policy envisages a key role for design in enhancing the competitiveness of Indian industry. The focus is on spread of design education, branding of Indian designs and the establishment of a Design Council. This period witnessed both the expansion and upgradation of India's premier design institution i.e. the **National Institute of Design (NID) at Ahmedabad.**

Industrial Production

- There are multiple sources of assessing industrial performance. Most common of these, however, is the Annual Survey of Industries (ASI)
- **ASI covers the entire manufacturing sector employing 10 or more workers. The survey is conducted each year by the National Sample Survey Office (NSSO) and is based on factory records.**

CEMENT INDUSTRY

Capacity and Production

- **India is the second largest manufacturer of cement in the world.** The modern Indian cement plants are the state-of-the-art plants and are comparable to the best in the world. The cement industry comprises 183 large cement plants with an installed capacity of 324.90 million tonnes and more than 350 operating mini cement plants with an estimated capacity of 11.10 million tonnes per annum, making a total installed capacity of 336.14 million tonnes as on 31-03-13.

Ceramic Industry

- Ceramic Industry in India is more than 50 years old. It comprises Ceramic Tiles, Sanitary ware and Crockery items. Ceramic products are manufactured both in the large and small scale sector with wide variance in type, size, quality and standard. **India ranks 5th in the world in terms of production of ceramic tiles and produced 391 million sq. meters of ceramic tiles, out of global production of 9000 million sq. meters during 2010-11.**

Leather Industry

- Leather Industry plays an important role in Indian economy in view of its substantial overall output,

export earnings and employment potential. **The industry is the tenth largest amongst the manufacturing sector of India and is one of the top ten export earners for the country. The leather sector provides employment to about 2.5 million people.**

National Textile Corporation (NTC)

- NTC has modernised 17 mills. Of these, 4 mills in Coimbatore (Tamil Nadu) and 3 mills in Mumbai were inaugurated and are already in production. NTC was given the privilege of having the official licensee against the homeware category of Commonwealth merchandise for supply of bed sheets, cluvets, towels etc. to Commonwealth Games Village.

Man-Made Fibre

- The Man-Made Fibre (MMF) and yarn industry comprises fibres and filaments of both cellulosic and non-cellulosic origin, generally referred to as rayon and synthetic fibres/yarns. The man made fibres play an important role in manufacture of Textile items especially Technical Textiles. While most textiles producing countries have a consumption ratio of MMF to cotton as 60:40 in India it is still 44:56. Considering the importance of this sector, Government is promoting the MMF sector and production of such fibres and yarns has shown a rising trend during the last five years to the extent that India is now the fifth largest producer in the world.

Jute and Jute Textiles Industry

- The Jute industry occupies an important place in the national economy. It is one of the major industries in the eastern region, particularly in West Bengal. Jute, the golden fibre, meets all the standards for safe packaging in view of being a natural renewable, biodegradable and eco-friendly product. **Globally, India is the largest producer and second largest exporter of jute goods and this sector supports the livelihood of about 40 lakh farm families, and provides direct and indirect employment to 4 lakh workers. There are 77 Jute mills in the country. Of these 60 are in West Bengal, 3 each in Bihar and Uttar Pradesh, 7 in Andhra Pradesh, and one each in Assam, Orissa, Tripura and Chhattisgarh.**

Paper Industry

India has emerged as one of the fastest growing paper market in the world. The key social objective of the

Government namely eradication of illiteracy through Right to Education Act, (RTE) supported by Sarva Shiksha Abhiyan, works as a major demand driver for the paper industry. The Indian paper industry plays a pivotal role in overall industrial growth and provides a vital vehicle needed to propel the knowledge based economy of the country in the new millennium. The Indian paper industry has exhibited resilience and has shaped up well in the face of increasing competition from the overseas players. However, the issues related to availability of fibrous raw material, technological obsolescence, cost, quality and environment, still remain to be addressed. This year, a special working group was created for the paper industry, which studied the growth trends of the industry during the 11th five Year plan (2007-12) and made specific recommendations to mitigate constraints and address the limiting issue so that the industry could meet the demand scenario envisaged during the 12th five Year Plan period (2012-17). The Working Group has made specific recommendation to improve the raw material availability for the paper sector during the 12th Plan.

The industry was delicensed in July 1997. As per the present policy, FDI up to 100 percent is allowed on the automatic route for the pulp and paper sector. There are about 759 units which manufacture pulp, paper, paper board and newsprint, out of which nearly 6.52 are in operation. The total installed capacity is nearly 12.7 million tonnes out of which 1.27 million tonnes are lying idle due to closure of 107 units, mostly due to pollution problems. The total operating capacity is around 11.33 million tonnes. The Indian paper industry is in a fragmented structure, consisting of small, medium and large paper mills, having capacities ranging from 5 to 1270 tonnes per day.

RESEARCH AND DEVELOPMENT

Textiles Research Associations (TRAs)

- There are **eight** Textiles Research Associations (TRAs) the Ahmedabad Textiles Industry Research Association (ATIRA), the Bombay Textiles Industry Research Association (BTRA) the South India Textiles Industry Research Association (SITRA) and the Northern India Textiles Industry Research Association (NITRA) which carry out consultancy, testing training and research and development in cotton and cotton/synthetic as well as cotton/natural fibre blends.

Micro Small and Medium Enterprises (MSME) Sector

- The Ministry of Micro, Small and Medium

Enterprises (MSME) performs its tasks of formulation of policies and implementation of programmes mainly through Office of the Development Commissioner (MSME), National Small Industries Corporation Ltd. (NSIC), Khadi and Village Industries Commission (KVIC) and Coir Board. The Micro, Small and Medium Enterprises Development Organisation (Earlier known as **Small Industries Development Organization**) set up in 1954, functions as an apex body for sustained and organized growth of micro, small and medium enterprises.

National Manufacturing Competitive-ness Programme

- The Government has launched National Manufacturing Competitiveness Programme (NMCP) for MSMEs, which has specific components that are aimed at enhancing the competitiveness and productivity of the enterprise in this sector so as to withstand global and organized competition and to thrive through better technologies and skills. The ten components of the NMCP seek to introduce the best elements of industrial competitiveness in the MSME sector, which has often been unable to afford such practices and techniques.

Micro and Small Enterprises -Cluster Development Programme (MSE-CDP)

- The Ministry of Micro, Small and Medium Enterprises (MSME) initiated selected interventions in industrial clusters first in 1998 through its scheme 'Integrated Technology Upgradation and Management Programme' (UPTECH). In August 2003, the Scheme was renamed as Small Industry Clusters Development Programme (SICDP) and was broad-based for holistic and integrated development of micro and small enterprises through interventions such as capacity building marketing development, export promotion, skill development, technology upgradation, exposure visits, etc. and setting up of common facilities.

Rajiv Gandhi Udyami Mitra Yojana (RGUMY)

- The main objective of the scheme is to promote and support establishment of new micro and small enterprises through handholding of potential first generation entrepreneurs, who have already successfully completed Entrepreneurship

Development Programme (EDP)/Skill Development Programme (SDP)/Entrepreneurship-cum-Skill Development Programme (ESDP) of at least two weeks' duration, or have undergone vocational training. One of the main objectives of handholding is to guide and facilitate the potential entrepreneurs in dealing with various procedural and legal hurdles and completion of various formalities which are required for setting up and running of enterprise successfully and to save them from harassment at the hands of various regulatory agencies for want of required compliances.

SCHEMES/PROGRAMMES

Prime Minister's Employment Generation Programme (PMEGP)

- The Government has introduced a new employment generation credit linked subsidy scheme titled Prime Minister's Employment Generation Programme (PMEGP) for setting up **micro enterprises in rural and urban areas by merging two existing employment generation programmes of the Ministry namely Prime Minister's Rozgar Yojana (PMRY) and Rural Employment Generation Programme (REGP)**. It is a significant initiative with a higher level of subsidy than PMRY and REGP.

Khadi Karigar Janashree Bima Yojana

- To provide insurance cover to khadi artisan, a Scheme of group insurance in the name of Khadi Karigar Janashree Bima Yojana (JBK) was launched w.e.f. 15 August 2003. This scheme was formulated by KVIC in association with the Life Insurance Corporation of India (LIC) with annual premium of 200 per beneficiary.

Khadi Reform Programme

- The Government of India has approved a comprehensive Khadi, Reforms and Development Programme amounting to US\$ 150 million with assistance from Asian Development Bank to be implemented over a period of three years. Under this Reform Package, it is proposed to revitalize the khadi sector with enhanced sustainability of khadi, increased incomes and employment, increased artisans welfare and empowerment and to enable KVIC to gradually stand on its own with decreasing dependence on Government Grants.

Mahila Coir Yojana

- The Mahila Coir Yojana is the first women oriented self employment scheme in the coir industry which provides self employment opportunities to the rural women artisans in regions producing coir fiber. Conversion of coir fibre into yarn on motorized ratts in rural households provides scope for large scale employment, in productivity and quality, better working conditions and higher income to the workers. The scheme envisages distribution of motorized ratts for spinning coir yarn to women artisans after giving training. Not more than one artisan per household is eligible to receive assistance under the scheme. Women spinners are trained for two months in spinning coir yarn on motorized ratt at the Board's training centres.

Delegation of Enhanced Powers to CPSEs

Maharatna Scheme

- The Government introduced the Maharatna scheme in December, 2009 with the objective to delegate enhanced powers to the Boards of identified large sizes Navratna CPSEs to facilitate further expansion of their operations, both in domestic as well as global markets. The Maharatna CPSEs in addition to having Navratna powers, have been delegated additional powers in the area of joint ventures/subsidiaries and human resources development. The Maharatna CPSEs accordingly can invest 5000 crore in one project (1,000 crore for Navratna CPSEs and create below Board level posts upto E-9 level (E-6 for Navratna CPSEs). The Government has currently conferred Maharatna status to 4 CPSEs namely, (i) Indian Oil Corporation Limited, (ii) NTPC Limited, (iii) Oil and Natural Gas Corporation Limited and (iv) Steel Authority of India Limited, in May, 2010.

Navratna Scheme

- The Government had introduced the Navratna Scheme in 1997 in order to identify CPSEs that enjoy comparative advantages in their respective sectors, and to support them in their drive to become global giants. The navratna CPSEs have been given enhanced autonomy and delegation of powers to incur capital expenditure to enter into technology joint ventures/strategic alliances, to effect organizational restructuring, to

create and wind-up posts up to Board level and to raise capital from domestic and international markets. Presently there are 15 Navratna CPSEs viz. (i) Bharat Electronics Limited, (ii) Bharat Heavy Electricals Limited, (iii) Bharat Petroleum Corporation Limited, (iv) Coal India Limited, (v) GAIL (India) Limited, (vi) Hindustan Aeronautics Limited, (vii) Hindustan Petroleum Corporation Limited, (viii) Mahanagar Telephone Nigam Limited, (ix) National Aluminium Company Limited (x) NMDC Limited (xi) Oil India Limited, (xii) Power Finance Corporation Limited, (xiii) Power Grid Corporation of India Limited, (xiv) Rural Electrification Corporation of India Limited and (xv) Shipping Corporation of India Limited.

Miniratna Scheme

- The Government had introduced the Miniratna scheme in 1997 in pursuance of the policy objective to make the public sector more efficient and competitive and to grant enhanced autonomy and delegation of powers to the profit making public sector enterprises.

Automotive Industry

- Automotive Industry globally is one of the largest Industries and is a key driver of economy owing to its deep forward and backward linkages with several key segments of industry, automotive industry has a strong multiplier effective of the economy. A sound transportation system plays a pivotal role in the country's rapid economic and industrial development. The well-developed India, automotive industry ably fulfils this catalytic role by producing a wide variety of vehicles such as passenger cars, light, medium and heavy commercial vehicles, multi-utility vehicles, scooters, motorcycles, mopeds, three wheelers, etc. Automobile Industry was delicensed in July 1991 with the announcement of the New Industrial Policy. The passenger car was however delicensed in 1993.

Steel

- India was the 4th largest crude steel producing country in the world in 2010. The crude steel production in the country during 2010-11 (Provisional) was 69.57 million tonnes (mt) as compared to the 58.44 million tonnes mt in 2009-10, a growth of 11 per cent.

FERTILIZER

Hindustan Fertilizer Corporation Limited (HFCL)

- The Hindustan Fertilizer Corporation Limited (HFCL) was incorporated on 14th March, 1978 as a result of the reorganization of the erstwhile Fertilizer Corporation of India Limited (FCIL), and NFL Group of Companies. The HFCL comprised **Barauni unit (Bihar), Durgapur unit and Haldia Project (West Bengal) and Namrup Unit (Assam)**. The Namrup Unit was hived off with effect from 1.4.2002 to form a separate entity with the name of Brahmaputra Valley Fertilizer Corporation Ltd (BVFCL).

Rashtriya Chemicals and Fertilisers Limited (RCF)

- Rashtriya Chemicals and Fertilisers Limited (RCF) was incorporated as a separate company on 6th March 1978 as a result of reorganization of the erstwhile Fertilizer Corporation of India Limited. **At the time of its formation, the company had only one operating unit at Trombay (near Mumbai) and two major projects under implementation viz.; Trombay IV and Trombay-V expansion.**

National Fertilizers Limited (NFL)

- National Fertilizers Limited (NFL) was, incorporated on 23 August 1974 for setting up two nitrogenous plants, at **Bathinda (Punjab) and Panipat (Haryana)** with LSHS as feestock, each having urea production capacity of 5.11 lakh MT per annum. Consequent upon the reorganization of the FCI, the **Nangal Unit** (including Nangal Expansion Project) of FCI was also transferred to NFL w.e.f. 1 April 1978.

Projects and Development India Limited (PDIL)

- Projects and Development India Limited (PDIL) and erstwhile Division of the Fertilizers, Corporation of India (FCIL) was registered as a separate company in March, 1978. The company has its registered office at Noida, Uttar Pradesh.

The Fertilizers and Chemicals Travancore Limited (FACT)

- Fertilizers And Chemicals Travancore Limited (FACT) was incorporated in 1943. In 1947 FACT

started production of Ammonium Sulphate with an installed capacity of 50,000 MT per annum at Udyogamandal, near Cochin. In the year 1980, FACT became a PSU and towards the end of 1982, the Government of India became the major shareholder. From a modest beginning, FACT has grown and diversified into a multidivision multifunction Organization with basic interest in manufacture and marketing of fertilizers and petrochemicals, engineering consultancy and design and in fabrication and erection of industrial equipments.

Madras Fertilizers Limited (MFL)

- Madras Fertilizers Limited (MFL) was incorporated in December 1906 as a Joint Venture between GOI and AMOCO India Incorporation of USA (AMOCO) with GOI holding 51 per cent of the equity share capital in 1985, AMOCO disinvested their shares, which were purchased by GOI and NIOC in their respective proportions on 22 July 1985.

Brahmaputra Valley fertilizer Corporation Limited (BVFCL)

- Brahmaputra Valley Fertilizer Corporation Limited (BVFCL) has two operating units at **Namrup Assam**. Its Corporate Office is also situated at Namrup. The other establishments of the company are Liaison Offices at NOIDA and Kolkata and Marketing Offices at Guwahati, Siliguri and Patna.

FCI Aravali Gypsum and Mineral India Limited (FAGMIL)

- FCI Aravali Gypsum and Mineral India Limited was incorporated under the Companies Act 1956 as a Public Sector Undertaking on 14.2.2003 after being hived off the Jodhpur Mining Organization (JMO) of Fertilizers Corporation of India Limited. (FCIL).

PUBLIC SECTOR UNDERTAKINGS

Hindustan Organic Chemicals Limited

- Hindustan Organic Chemicals Limited (HOCL) was incorporated in December, 1960 for setting up manufacturing capacities for chemicals/intermediates which are required for production of dyes, dye-intermediates, rubber chemicals, pesticides, Drugs and pharmaceuticals, laminates

etc. It was expected that indigenous manufacture of these chemicals and intermediates would give impetus to downstream industry resulting in setting up of chemical units and achieving self-sufficiency for the country in this area. The objective of setting up HOCL has been achieved as over

Hindustan Insecticides Limited

- Hindustan Insecticides Limited (HIL) was incorporated in 1954 and set up its factory in Delhi for manufacturing DDT to meet the demand of National Malaria Eradication Programme (NMEP) presently known as National Vector Borne Disease Control Programme (NVBDCP) launched by Govt. of India. The company set up a plant at Rasayani, Maharashtra in 1977 for the manufacture of Malathion, an insecticide used in public

AUTONOMOUS INSTITUTIONS

Central Institute of Plastics Engineering and Technology (CIPET)

- Central Institute of Plastics Engineering and Technology (CIPET) established in 1968 is an autonomous institute, functioning under the aegis of Department of Chemicals and Petrochemicals, with its Corporate Office at Chennai. The institute has 15 Centres across the country located at Ahmedabad, Amritsar, Aurangabad, Bhopal, Bhubaneswar, Chennai, Guwahati, Haldia, Hajipur, Hyderabad, Jaipur, Lucknow, Mysore, Panipat and Imphal.

Institute of Pesticide Formulation Technology (IPFT)

- IPFT located at Gurgaon, Haryana, is a non-profit making organization, registered under the Societies Registration Act in May 1991, under the Department of Chemicals and Petrochemicals, Ministry of Chemicals and Fertilizers, Government of India. It has completed 18 years of operation. The main objective of the Institute of Pesticide Formulation Technology as given in the Memorandum of Association of the Society is development and production of the state-of-the-art user and environment friendly pesticide formulation technology and promotion of efficient application technologies suiting the existing requirements of the newer formulations.

MINERAL

Ministry of Mines is responsible for survey and exploration of all minerals, other than natural gases, petroleum and atomic minerals, for mining and metallurgy of non-ferrous metals like aluminium, copper, zinc, lead, gold, nickel etc. and for administration of Mines and Minerals (Development and Regulation) Act, 1957 in respect of all mines and minerals other than coal, natural gas and petroleum.

Geological Context

- Geologically India is divided into-
- The Indian Peninsula (shield) comprising 1.9 million sq km
- The Indo-Gangetic Alluvial plains comprising 0.5 million sq km
- The Extra - Peninsula (Himalaya) comprising 0.7 million sq km.

Mineral Legislation

- The Central Government, however, regulates the development of mines and minerals under the Mines and Minerals (Development and Regulation) Act, 1957 and the rules framed thereunder. The MMDR Act 1957 came into force on 1.6.1958 and a number of amendments have been carried out in 1972, 1986, 1994 and 1999. This statute empowers the Central Government to formulate rules for. The grant, renewal, etc. of reconnaissance permits, prospecting licences and mining leases for major minerals viz. Mineral Concession Rules, 1960, framed under Section 13 of MMDR Act 1957. Development and Conservation Rules 2002 are also framed under Section of 18 of the MMDR Act, 1957 for conservation and systematic development of granite and marble resources in the country, respectively.

Important Features of National Mineral Policy, 2008

- As a sequel to the recommendations of the Hoda Committee which was constituted by the Planning Commission to review the National Mineral Policy, a New National Mineral Policy, 2008 was approved by the Government. **The policy advocates:-**
 - (i) use of state-of-the-art technology for exploration;
 - (ii) zero waste mining;
 - (iii) development of capital market structures to

attract risk investment into survey and prospecting;

- (iv) Transparency in allocation of concessions;
- (v) auction of ore bodies prospected at public expense
- (vi) Independent Mining Administrative Tribunal;
- (vii) a framework of sustainable development to take care of biodiversity issues etc.

MINERAL RESOURCES IN INDIA

Bauxite

- The Total Resources of Bauxite as per United Nations Framework Classification (UNFC) in the country are placed at about 3480 million tonnes. These resources include 593 million tonnes of Reserves and 2887 million tonnes of Remaining resources, **Orissa, Andhra Pradesh, Gujarat, Chhattisgarh, Madhya Pradesh, Jharkhand and Maharashtra** are the principal States where bauxite deposits are located. Major deposits are concentrated in the East Coast Bauxite deposits of Orissa and Andhra Pradesh.

Chromite

- The total resources of Chromite in the country as per UNFC System are estimated at 203 million tonnes, comprising 54 million tonnes reserves (27 per cent) and 149 million tonnes of remaining resources (73 per cent). In India **93 per cent** resources are located in **Orissa**, mostly in the **Sukinda valley in Cuttack and Jaipur districts** and the remaining 7 per cent resources are distributed in **Manipur and Karnataka and meagre quantities in the states of Jharkhand, Maharashtra, Tamil Nadu and Andhra Pradesh.**

Copper

- The total resources of copper ore in the country are estimated at 1558.46 million tonnes with about 12.29 million tonnes of copper metal. Of these 394.37 million tonnes (25.31) per cent fall under reserve category containing 4.77 million tonnes of copper metal and the balance 1164.09 million tonnes (74.69) percent are 'Remaining Resources' containing 7.52 million tonnes of copper metal. Rajasthan is credited with 777.17 million tonnes or (50 percent), containing 3.82 million tonnes copper, Jharkhand, 288.13 million tonnes or (19 percent) containing 3.09 million tonnes copper and

the rest 7 percent are accounted for other states namely Andhra Pradesh, Gujarat, Haryana, Karnataka, Maharashtra, Meghalaya, Nagaland, Odisha, Sikkim, Tamil Nadu, Uttarakhand and West Bengal.

Gold

- The total resources of gold ore in the country were estimated at 493.69 million tonnes in 2010. Out of these, 24.12 million tonnes were placed under reserves category and the remaining 469.57 million tonnes under remaining resources category. Total resources of gold (primary), in terms of metal, stood at 65.84 tonnes. Out of these, 110.54 tonnes were placed under reserves category and 549.30 tonnes under remaining resources category. The resources include placer-type gold ore in Kerala estimated at 26.12 million tonnes containing 5.86 tonnes gold metal. Among the states, the largest resources in terms of the metal ore (primary), in terms of metal, stood at 65.84 tonnes. Out of these, 110.54 tonnes were placed under reserves category and 549.30 tonnes under remaining resources category. The resources include placer-type gold ore in Kerala estimated at 26.12 million tonnes containing 5.86 tonnes gold metal. Among the states, the largest resources in terms of the metal ore (primary) are located in Bihar (45 percent) followed by Rajasthan (23 percent) and Karnataka (22 percent), West Bengal (3 percent) and Andhra Pradesh and Madhya Pradesh (2 percent) each. Remaining 3 percent resources of ore are located in Chhattisgarh, Jharkhand, Kerala, Maharashtra and Tamil Nadu. In terms of metal content, Karnataka has the highest followed by Rajasthan, Bihar, Andhra Pradesh, Jharkhand, etc.

Iron Ore

- Hematite and magnetite are the most important iron ores in India. About 59 percent hematite ore deposits are found in the eastern sector. About 92 percent magnetite ore deposits occur in southern sector, especially in Karnataka. Of these, hematite is considered to be superior because of its higher grade. Indian deposits of hematite belong to the Precambrian iron ore series and the ore is within banded iron ore formations occurring as massive, laminated, friable and also in powdery form. According to the UNFC system, the total resources of hematite are estimated at 17,882 million tonnes of which 8,093 million tonnes (45

percent) are under reserves category and the balance 9,789 million tonnes (55 percent) are under: 'remaining resources' category.

Manganese

- The total resources of manganese ore as per UNFC system are placed at 430 million tonnes. Out of these, 142 million tonnes are categorized as reserves and the balance 288 million tonnes in the remaining resources. Main deposits fall in Orissa, followed by **Karnataka, Madhya Pradesh, Maharashtra, Goa and Andhra Pradesh**. Minor occurrences of manganese are in Rajasthan, Gujarat, Jharkhand and West Bengal.

Nickel

- The total resources of Nickel ore as per UNFC system have been estimated at 189 million tonnes. About 92 per cent resources i.e. 174.48 million tonnes are in **Orissa** and remaining 8 per cent are distributed in **Jharkhand, Nagaland and Karnataka**.

Tungsten

- The total resources of tungsten ore as per UNFC system have been estimated at 87.39 million tonnes with a WO₃ content of 142094 tonnes. All these resources are placed under 'Remaining Resources' category. The main deposits are Degana in Nagaur district, **Rajasthan**. It also occurs in **Karnataka, Andhra Pradesh, Maharashtra, Haryana, West Bengal, Uttarakhand and West Bengal**.

Diamond

- **Diamond deposits occur in three types of geological settings such as kimberlite pipes, conglomerate beds and alluvial gravels.** The main diamond bearing areas in India are **Panna belt in Madhya Pradesh, Munimadugu-Banganapalle** conglomerate in Kurnool district, Wajrakarur kimberlite pipe in **Anantapur district**, the gravels of **Krishna river** basin in Andhra Pradesh and dimendiferous kimbelite in Raipur, Bastar and Raigarh districts in Chhattisgarh. Reserves have been estimated in Panna belt, Madhya Pradesh, Krishna Gravels in Andhra Pradesh and in Raipur district, Chhattisgarh. As per the UNFC system are placed at around 2 million carats. Out of which about 1.04 million thousand carats are under reserve category and remaining 30.88 million carats are under remaining resources category.

Gypsum

- The total resources of mineral Gypsum as per UNFC system were estimated at 1286 million tonnes. Of these 39 million tonnes have been placed under reserve and 1247 million tonnes under 'Remaining Resources' **The main occurrences of gypsum are located in Rajasthan, Jammu and Kashmir, Gujarat and Tamil Nadu.** Rajasthan alone accounts for more than 80 per cent country resource. Minor occurrences of gypsum are in **Andhra Pradesh, Himachal Pradesh, Karnataka, Madhya Pradesh and Uttarakhand.**

Mica

- Important mica bearing pegmatite occurs in **Andhra Pradesh, Jharkhand, Maharashtra, Bihar and Rajasthan.** The total resources of Mica in the country as per UNFC system are estimated at 532,237 tonnes, out of which only 190,741 tonnes are placed under 'Reserves' category. 'Remaining resources' are placed at 341,496 tonnes. **Andhra Pradesh accounts for about 41 per cent resources, followed by Rajasthan, Odhisa, Maharashtra.**

Geological Survey of India (GSI)

- Geological Survey of India, the premier earth science organization of the country, is the principal provider of basic earth science information to the Government, Industry and the geoscientific sector. The vibrant steel, coal, metals, cement and power industries which expanded phenomenally in the post-Independence era, bear eloquent testimony to the GSI's contribution to national development. Beginning as a department engaged primarily in research for coal, GSI in the last **158 years** has expanded its activities manifold and has been involved either directly or indirectly in almost all areas of nation building. **GSI is now the custodian of one of the largest and most comprehensive earth science database developed over the last one and half century.**

Indian Bureau of Mines (IBM)

- Indian Bureau of Mines (IBM) established on 1st March 1948, is a multidisciplinary scientific and technical organisation under Ministry of Mines, with statutory and developmental responsibilities for conservation and systematic exploitation of mineral resources other than coal, petroleum and natural gas, atomic minerals and minor minerals.
- IBM has its headquarter at **Nagpur** with 3 Zonal

Offices, 12 Regional Offices and 2 Sub-Regional offices spread all over the country, apart from the Modern Mineral Processing Laboratory Pilot Plant constructed with UNDP assistance at Nagpur. Two Regional Ore Dressing Laboratories and Pilot Plants are in operation at Ajmer and Bangalore.

National Aluminium Company Limited (NALCO)

- National Aluminium Company Limited (NALCO), largest integrated Alumina-Aluminium Plant Complex in India, was incorporated on 7th January, 1981 with its registered office at Bhubaneswar. After completion of first phase expansion at an investment of 4200 crore in 2004, NALCO has presently installed capacity of 4.8 Million Tonnes Per Year (MTPY) Bauxite Mine and 1.575 MTPY of Alumina Refinery at Panchapatmali, and 0.345 MTPY Aluminium Smelter at Angul.
- It has 960 MW (8X120) MW Captive Power Plant at Angul, all in Orissa and Port Handling Facilities at Visakhapatnam (Andhra Pradesh) for export of alumina and import of caustic soda. The Company also utilizes Kolkata and Paradeep Ports for export of Aluminium. NALCO had been granted Navratna status on 28.4.2008. The company is one of the lowest cost producers of alumina and aluminium in the world due to highly efficient operation and very high asset utilization with benchmark in smelting technology.

Hindustan Copper Limited (HCL)

- HCL, a public sector undertaking under the administrative Control of the Ministry of Mines, was incorporated on 9th November, 1967 under the Companies Act, 1956. It was established as a Govt. of India Enterprise to take over all plants, projects, schemes and studies pertaining to the exploration and exploitation of copper deposits, including smelting and refining from National Mineral Development Corporation Ltd.

Mineral Exploration Corporation Limited (MECL)

- The Mineral Exploration Corporation Limited (MECL) since inception in the year 1972 is carrying out mineral exploration activities. So far, it has added 1,36,376 million tones of mineral reserves to National Mineral Inventory. The Company manages the functioning of projects

through a 2 tier system from the Corporate office at Nagpur. To facilitate the prompt maintenance of plants and machineries deployed at various projects, three Regional Maintenance Centres at Ranchi, Nagpur and Hyderabad are being operated.

Bharat Gold Mines Limited (BGML)

- Bharat Gold Mines Limited (BGML) having registered office at Kolar Gold Fields, was incorporated as a public sector company under the Ministry of Mines, on 1st April 1972. It was engaged in mining and production of gold from its captive mines. The company was referred to the Board for Industrial and Financial Reconstruction (BIFR) who gave its verdict in June 2000 to wind up BGML in public interest. The verdict of BIFR was upheld by Appellate Authority for Industrial and Financial Reconstruction (AAIFR). The company was closed after the Ministry of Labour, accorded permission for closure of BGML w.e.f. 1 March 2001. After prolonged litigation the Division Bench of High Court of Karnataka in its order dated 26 September 2003 has also upheld the winding up/closure orders passed by BIFR/AAIFR and Ministry of Labour. The Court has made certain recommendations which are under consideration of the Government.

Bharat Aluminium Company Limited (BALCO)

- Bharat Aluminium Company Limited (BALCO) was incorporated on 27th November, 1965 as a Central Public Sector Undertaking with an integrated Alumina/Aluminium Complex and a 270 MW Captive Power Plant at Korba presently in Chhattisgarh. The Government of India disinvested 51 per cent equity in the Company along with the transfer of management control in favour of M/s Sterlite Industries (India) Limited with effect from 2nd March, 2001 and consequently, the Company has ceased to be public sector undertaking.

Hindustan Zinc Limited (HZL)

- Hindustan Zinc Limited (HZL) was incorporated in January 1966 as a public sector undertaking after the take over of the erstwhile Metal Corporation of India Limited, to develop mining and smelting capacities to substantially meet the domestic demand of zinc and lead metals. Government of India disinvested its 26 per cent equity in HZL in favour of M/s Sterlite Opportunities and Ventures Ltd (SOVL) on 28th March, 2002, and the management control of the

company was also transferred to SOVL on 11th April, 2002, Subsequently, SOVL acquired 20 per cent equity shares of HZL from the market through its open offer. On 11th November, 2003, Government of India further offIndustry loaded 18.92 per cent of its equity in HZL in favour of SOVL in terms of the Shareholders Agreement. The current shareholding of SOVL in HZL is 64.92 per cent and the Government of India is 29.54 per cent.

National Institute of Rock Mechanics (NIRM)

- The National institute of Rock Mechanics (NIRM) is a premier center for research in applied and basic rock mechanics. Set up under the Ministry of Mines, Government of India, the Institute provides research and consultancy services for improving safety and productivity in the mining and civil engineering sectors.

National Institute of Miners Health (NIMH)

- National Institute of Miners Health (NIMH)

Nagpur was established for promotion of occupational health and hygiene in mining and mineral based industries and for development of trained manpower in these fields. It was registered as Society in the State of Karnataka. On closure of BGML, a camp office was established at Amravati Road, Wadi, Nagpur in 2002.

Jawaharlal Nehru Aluminium Research Development and Design Center (JNARDDC).

- Jawaharlal Nehru Aluminium Research Development and Design Centre, Nagpur is a "Centre of Excellence" set up in 1989 and became fully functional since 1996. The Centre was conceived as the major R and D support system for the emerging modern aluminium industry in India. The Centre has well-established facilities for RandD activities in the field of bauxite, Alumina and aluminium. Its principal preoccupation is with all aspects of Bayer process for conversion from bauxite to alumina and electrolytic smelting from alumina to aluminium.



1. Consider the following statements:

- 1) The Madrid Protocol is a simple, facilitative and cost effective system for registration of International trade marks.
- 2) The Government of India has set up a National Institute of Intellectual Property Management at Mumbai.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

2. Consider the following statements:

- 1) India is the second largest manu-facturer of Cement in the world.
- 2) The Cement industry has been de-licenced in 2001, under the Industrial Development and Regulation Act, 1951.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

3. Consider the following statements:

- 1) The per capita consumption of Paper in India is 7.2 kg, which is much lower than the global per

capita consumption of paper i.e. 50 kg.

- 2) Recently, a well known Pulp and Paper Multinational Company 'International Paper' has taken over Andhra Pradesh Paper Mills Ltd.

Which of the above statements is / are correct?

- a) 1 only b) 2 only
c) Both 1 & 2 d) Neither 1 nor 2

4. Consider the following statements:

- 1) India is the Second largest bicycle producer of the world, next only to China.
- 2) Punjab, Tamilnadu are the major bicycle production hub in the country.
- 3) The cycle industry is de-licenced under the current Industrial Policy and this qualifies for 100% FDI under automatic approval.

Which of the above statements is / are correct?

- a) 1 & 2 only b) 1 & 3 only
c) 2 & 3 only d) All of the above

5. Consider the following statements:

- 1) According to the size Indian Chemical Sector is the world's twelfth largest and Asia's third largest industrial sector.

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- 2) It contributes about 5% in the GDP of the country.
- 3) The Chemical Sector contributors 13-14 percent in the export of the country.

Which of the above statements is / are correct?

- a) 1 & 2 only
- b) 1 & 3 only
- c) 2 & 3 only
- d) All of the above

6. Consider the following statements:

- 1) The Government introduced the Maharatna Scheme in December 2009 with the objective to delegate enhanced powers to the Boards of identified large sizes Navaratna CPSES to facilitate further expansion of their operations.
- 2) The Government introduced the Navaratna Scheme in 1997 in order to identify CPSEs that enjoy comparative advantage in their respective sectors and to support them in their drive to become global giants.

Which of the above statements is / are correct?

- a) 1 only
- b) 2 only
- c) Both 1 & 2
- d) Neither 1 nor 2

Answer & Explanations

1. a. The Government of India has set up a National Institute of Intellectual Property Management at Nagpur.
2. a. The Cement Industry has been delicensed in 1991 under the Industrial Development and Regulation Act, 1951.
3. c.
4. d.
5. b. It contributes about 3% in the GDP of the country.
6. c.

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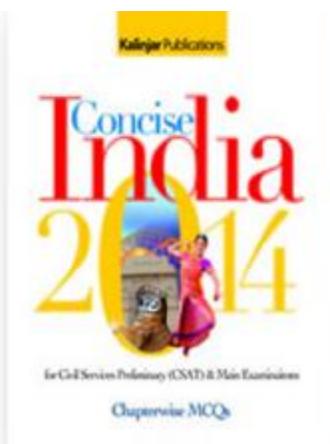
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