



**RAJASTHAN'S RECORD ON  
THE MISSING GIRLS:  
INDIA'S ONE-EYED KING IN  
THE LAND OF THE BLIND?**



ASIAN CENTRE FOR HUMAN RIGHTS



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## **Rajasthan’s Record on the Missing Girls: India’s one-eyed king in the land of the blind?**

### **Published by:**

Asian Centre for Human Rights (ACHR)  
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**First Published:** June 2017

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**ISBN:** 978-81-88987-69-6

**Suggested contribution:** Rs. 495 /-

**Acknowledgement:** This report is being published as a part of the ACHR’s “National Campaign for elimination of female foeticide in India”, a project funded by the European Commission under the European Instrument for Human Rights and Democracy – the European Union’s programme that aims to promote and support human rights and democracy worldwide. The views expressed are of the Asian Centre for Human Rights, and not of the European Commission.



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# I. EXECUTIVE SUMMARY AND RECOMMENDATIONS

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A total of 5,04,444 girls from 0-10 years altogether went missing during 2001 - 2011 in Rajasthan as per 2011 census report.<sup>1</sup> Rajasthan recorded 6<sup>th</sup> lowest Child Sex Ratio<sup>2</sup> (CSR) among 35 States and Union Territories (UTs) of India<sup>3</sup> with the State CSR of 888 against national CSR average of 919.<sup>4</sup>

Rajasthan had a healthy CSR of 954 as per 1981 census. However, it had been consistently falling since then: 916 as per 1991 census, 909 as per 2001 census and 888 as per 2011 census.<sup>5</sup> In terms of points, from 1981 to 2011, the CSR fell by 66 points.<sup>6</sup> The fall in the CSR spreads over the entire State. As per 2011 Census, 27 out of 33 districts of Rajasthan recorded CSR below national average CSR (919) while 12 out of 33 districts recorded CSR below the State average (888). Only three districts of Ganganagar, Jaisalmar and Hanumangarh were the exceptions.

The use of technology for sex selection has been one of the root causes for the drastic and consistent fall in the CSR in Rajasthan.

The Government of Rajasthan has taken a number of measures to address falling CSR by seeking better implementation of the Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PC&PNDT Act) and launching specific schemes for retention of the girl child.

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1. Census 2011, <http://censusindia.gov.in/>

2. Child Sex Ratio is the number of girls per thousand boys in the age group 0-6 years.

3. Census 2011, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

4. See <http://www.census2011.co.in/sexratio.php>

5. Available at: <http://pib.nic.in/newsite/erelcontent.aspx?relid=71711>

6. Ibid.

The programmes for implementation of the PC&PNDT Act include (i) launching of 104 toll free telephone service to facilitate citizens to seek relevant information about medical and health services in the State and also file their grievances/ complaints, including against cases of sex determination;<sup>7</sup> (ii) development and introduction of IMPACT Software- Integrated Monitoring system for the PC&PNDT Act;<sup>8</sup> (iii) SMS to pregnant woman's mobile number<sup>9</sup>; (iv) tracking devices installed in ultra sonography machines; (v) Mukhbir Yojana<sup>10</sup> to detect illegal sex determination; and (vi) establishment of the PC&PNDT Bureau of Investigation.

As per the Comptroller and Auditor General (CAG) of India which audited social sector funding upto financial year ending on 31<sup>st</sup> March 2014 to Rajasthan, the performance of the Government of Rajasthan has not been satisfactory.

The CAG stated that the Inspection Committees such as the Appropriate Authorities under the PC&PNDT Act of 1994 were not notified till June 2001 and nomination of members of district level Advisory Committee could not be completed even after lapse of 18 years.<sup>11</sup> Further, 18 posts at State level and 3 posts at district level sanctioned in December 2012 in the PC&PNDT Bureau of Investigation were lying vacant at the time of the audit. Consequently, the Bureau of Investigation was not effectively operationalised and it hampered implementation of the *Mukhbir Yojana*<sup>12</sup> and during December 2011 to March 2014, only seven successful decoy operations<sup>13</sup> were conducted.

7. <http://nrhmrajasthan.nic.in/Toll%20Free%20104.htm>

8. <http://www.nrhmrajasthan.nic.in/IMPACT%20Software.asp>

9. RE-CREATING EXCELLENCE" published by the Department of Public Grievances and Administrative Reforms, Ministry of Personnel, Public Grievances and Pensions, Government of India; Available at: [http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book\\_1.pdf](http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book_1.pdf)

10. Ibid.

11. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; Available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

12. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; Available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

13. On 21 March 2012 (one), 9 November 2012 (one), 21 January 2013 (two), 2 May 2013 (two), and 18 December

The CAG further stated that requisite inspections of sonography centres were not carried out during 2012-2014 and shortfall of inspections was very high and ranged between 55 and 97 per cent.<sup>14</sup>

Further, the CAG report highlighted that the implementation of the schemes for retention of girl child to arrest falling CSR was abysmal. The *Mukhyamantri Balika Sambal Yojana* (MBSY) launched on 1<sup>st</sup> April 2007 to promote girl child and provide economic support to her<sup>15</sup> failed to make any impact. Under the scheme, the Government of Rajasthan bought bonds worth Rs. 10,000 under the Children Career Plan (CCP) in Unit Trust of India (UTI) in the name of the beneficiary girl child. As per available records, during April 2007 to September 2015 only 3,450 beneficiaries i.e. 406 beneficiaries per year and 34 beneficiaries per month were covered.<sup>16</sup> Further, the CAG found several irregularities including non-maintenance of records to identify number of beneficiaries eligible under the scheme, inordinate delay in forwarding applications for approval and failure to deposit for issuance of bonds, and no record to ascertain if bonds were issued by the UTI to all beneficiaries.<sup>17</sup>

There seems to be little improvement since the CAG audit.

The Government of Rajasthan nominated three social workers in each of the 33 District Advisory Committees<sup>18</sup> and three social workers in each of the 292 Sub-Division Level Advisory Committees<sup>19</sup> under the PC&PNDT Act in April 2015.

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2013 (one).

14. Society Report Card on PC&PNDT Act, December 2015, by Girls Count NGO

15. <http://www.sihfwrajasthan.com/ppts/full/Schemes%20of%20Government%20of%20Rajasthan%20in%20Health.pdf>

16. See Individual Beneficiary Scheme - Balika Sambal Yojana: Physical Achievements-October 2015

17. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; Available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

18. Gazette Notification (Extra-ordinary) dated 24 April 2015; Available at: [http://www.rajswasthya.nic.in/1937%20Dt.%2024.04.2015%20PC&PNDT%20Website%20\(5.1\).pdf](http://www.rajswasthya.nic.in/1937%20Dt.%2024.04.2015%20PC&PNDT%20Website%20(5.1).pdf)

19. Ibid.



As on December 2016, 31 *Mukhbirs* and 20 pregnant women were awarded for providing accurate information on sex selection and 52 decoy operations were conducted.<sup>20</sup> This still remains highly inadequate.

About 12 staff of the PC&PNDT Bureau of Investigation against sanctioned staff of 18 at the State level were appointed<sup>21</sup> but this is highly inadequate considering that 3 posts at district level sanctioned in December 2012 were lying vacant as of December 2016.<sup>22</sup>

As per information placed before the Parliament by the Ministry of Health and Family Welfare, Rajasthan secured 85 convictions, the highest in the country, under the PC&PNDT Act during 2009-2015.<sup>23</sup>

The *Mukhyamantri Shubh Laxmi Yojana* (MSLY) which replaced the MBSY from 1<sup>st</sup> April 2013 had higher outreach with 22,26,817 beneficiaries as on October 2016<sup>24</sup> but financial assistance of Rs 7,300 to be given in three installments by the 5<sup>th</sup> year under the MSLY was highly inadequate. The *Mukhyamantri Rajshri Yojana* (MRY) which replaced the MSLY from Financial Year 2016-17 and increased financial assistance<sup>25</sup> covered 2,22,502 beneficiaries as of October 2016.<sup>26</sup>

Despite some improvements, the Government of Rajasthan needs to bear in mind that the Sex Ratio at Birth (SRB) figures recorded in the Annual Health Survey (AHS) are not encouraging. As per the AHS sample survey during 2011-12 and 2012-13, Rajasthan recorded SRB of 883 in 2011-2012

20. RTI reply from Department of Medical, Health & Family Welfare, Government of Rajasthan dated 20.12.2016

21. Ibid.

22. Ibid.

23. For year-wise convictions under PC & PNDT Act from 2009 to December 2014, please refer to Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 03-March-2015, Effective Implementation of PNDT Act available at <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303> and for the year 2015, refer to Lok Sabha Unstarred Question No.1707 To Be Answered On 25th November, 2016

24. As per RTI Reply of the National Health Mission, Government of Rajasthan, dated 27.12.2016 vide S.No.NHM/RCH/MSLY/2016/2688

25. <http://pmjandhanyojana.co.in/mukhyamantri-rajshri-rajasthan/>

26. As per RTI Reply of the National Health Mission, Government of Rajasthan, dated 27.12.2016 vide S.No.NHM/RCH/MSLY/2016/2689

and 887 in 2012-2013<sup>27</sup>. If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births<sup>28</sup> in India is applied in Rajasthan context, the CSR will further reduce drastically far below CSR of 2011 census (888). Though the figures of the AHS are only indicative, they nonetheless show that the MBSY and the MSLY schemes had no impact.

There is no doubt that some of the initiatives of the Government of Rajasthan to combat falling CSR had been innovative. The *Mukhbir Yojana* has been implemented more effectively in Rajasthan than other States while the PC&PNDT Bureau of Investigation remains unique, though not fully utilised. The *Mukhyamantri Rajshri Yojana* on paper at least is an improvement upon the previous schemes. The Government of India in a recent (2016) report cited Rajasthan as the best case for implementation of the PC&PNDT Act because of 8,157 inspections, 185 suspensions, 395 cancellations of registration, 432 seal and seizures, 626 complaints filed in the Court and 116 convictions against sonography centres, including dealers/suppliers of the machines.<sup>29</sup> If indeed, Rajasthan fails, India is unlikely to be successful to arrest the falling CSR during 2021 census.

In the light of these, Asian Centre for Human Rights recommends the following to the Government of Rajasthan:

- Revise *Mukhyamantri Rajshri Yojana (MRJ)* to increase the amount for post birth benefits of at least Rs. 1 lakh,<sup>30</sup> provide educational scholarship of Rs. 50,000<sup>31</sup> and further additional financial assistance of

27. Available at: ANNUAL HEALTH SURVEY 2011-12 FACT SHEET; Available at: [http://www.censusindia.gov.in/vital\\_statistics/AHSBulletins/AHS\\_Factsheets\\_2011\\_12/Rajasthan\\_Factsheet\\_2011-12.pdf](http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2011_12/Rajasthan_Factsheet_2011-12.pdf)

ANNUAL HEALTH SURVEY 2012-13 FACT SHEET; Available at: [http://www.censusindia.gov.in/vital\\_statistics/AHSBulletins/AHS\\_Factsheets\\_2012-13/FACTSHEET-Rajasthan.pdf](http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2012-13/FACTSHEET-Rajasthan.pdf)

28. 20% of world's under-5 deaths occur in India, The Times of India, 9 September 2015 available at <http://timesofindia.indiatimes.com/india/20-of-worlds-under-5-deaths-occur-in-India/articleshow/48878224.cms>

29. RE-CREATING EXCELLENCE" published by the Department of Public Grievances and Administrative Reforms, Ministry of Personnel, Public Grievances and Pensions, Government of India; Available at: [http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book\\_1.pdf](http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book_1.pdf)

30. As provided under the Ladli Laxmi Yojana of Madhya Pradesh.

31. As provided under Nanda Devi Kanya Yajona in Uttarakhand and Beti Hai Anmol Yajona in Himachal Pradesh.

Rs. 1 lakh to be paid to surviving girls for assistance during marriage<sup>32</sup>;

- Expand the coverage under the MRY to include families irrespective of income;
- Undertake specific programme for increasing coverage of all families under the MRY scheme by connecting the programme with all hospitals and schools (both private and government);
- Upload all details of physical and financial achievements of the MRY scheme on a dedicated website and update the website regularly to provide all relevant information such as list of beneficiaries, funds sanctioned and utilization certificates;
- Ensure proper implementation of the PC&PNDT Act inter alia by appointing the Inspection committees, increasing the staff and filling up the vacancies in the PC&PNDT Bureau of Investigation, conducting inspection of each sonography centre at least once in a year and providing human and financial resources for the same, proper implementation of the Mukhbir Yojana, introducing Integrated Monitoring system for PC&PNDT Act and installing tracking devices in all sonography machines and holding time bound trial of the cases under the PC&PNDT Act; and make necessary budgetary allocations for implementation of all these measures.

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32. As provided under the Ladli Laxmi Scheme in Goa

## 2. THE STATE OF THE MISSING GIRLS AND CSR IN RAJASTHAN

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India is infamous for female foeticide and female infanticide, the crudest forms of gender based violence. The reasons are known: *“son preference and the belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are the bread winners, exorbitant dowry demand is another reason for female foeticide/infanticide”*.<sup>33</sup>

The son preference has been causing consistent and serious fall in the Child Sex Ratio (CSR) in the age group of 0-6 years in Rajasthan.

### 2.1 The scale of the missing girls in Rajasthan

In Rajasthan, the CSR had been consistently falling: the CSR was 954 as per 1981 census and it reduced to 916 as per 1991 census, 909 as per 2001 census and 888 as per 2011 census.<sup>34</sup> In terms of points, the CSR fell by 38 points from 1981 to 1991, by another 7 points from 1991 to 2001 and by another 21 points from 2001 to 2011. From 1981 to 2011, the CSR actually fell by 66 points.<sup>35</sup>

The fall in the CSR spreads over entire State. As per 2011 Census, 27 out of 33 districts of Rajasthan recorded CSR below national average CSR of 919 while 12 districts recorded CSR below the State average CSR of 888 girls per 1000 boys. With exception of three districts of Ganganagar, Jaisalmar and Hanumangarh, all the rest 30 districts witnessed marginal to sharp decline in the CSR from 2001 census to 2011 census.

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33. Statement of Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare in Rajya Sabha on 11 February 2014, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

34. Available at: <http://pib.nic.in/newsite/erelcontent.aspx?relid=71711>

35. Available at: <http://pib.nic.in/newsite/erelcontent.aspx?relid=71711>

As per the 2011 census report, total child population in the age group of 0-6 years in Rajasthan was 50,10,328 females against 56,39,176 males.<sup>36</sup> Based on the World Health Organisation's (WHO) estimate of natural sex ratio of 105 males for every 100 females<sup>37</sup>, for 56,39,176 males, there would have been around 53,70,644 females in the age group of 0-6 years instead of 50,10,328 females. This means the total number of missing girls were 3,60,316 i.e. 53,70,644 females ideally to be born in the age group of 0-6 years minus 50,10,328 actually born in the age group of 0-6 years which is about 36,032 females per age group. As the census is conducted every 10 years, it is indispensable to take into account those in the age group of 7-10 years and another 1,44,128 in the age group of 7-10 years (36,032 girls per age group x 4 years) also went missing. This implies that a total of 50,4,444 girls altogether went missing during 2001 and 2011 from 0-10 years.

**Table 1: Child Sex Ratio in Rajasthan during 2001-2011<sup>38</sup>**

Sl. No.	District/State	Census 2001	Census 2011	Change in points (-/+)	Ranking as per lowest CSR in 2011 Census CSR
Rajasthan		909	888	-26	
01	Jhunjhunu	863	837	-26	1 <sup>st</sup>
02	Sikar	885	848	-37	2 <sup>nd</sup>
03	Karauli	873	852	-21	3 <sup>rd</sup>
04	Ganganagar	850	854	+4	4 <sup>th</sup>
05	Dhaulpur	860	857	-3	5 <sup>th</sup>
06	Jaipur	899	861	-38	6 <sup>th</sup>

36. Census 2011, <http://censusindia.gov.in/>

37. Health situation and trend assessment: Sex Ratio, WHO [http://www.searo.who.int/entity/health\\_situation\\_trends/data/chi/sex-ratio/en/](http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/)

38. <http://www.census2011.co.in/census/state/districtlist/Rajasthan.html>

07	Dausa	906	865	-41	7 <sup>th</sup>
08	Alwar	887	865	-22	8 <sup>th</sup>
09	Bharatpur	879	869	-10	9 <sup>th</sup>
10	Sawai Madhopur	902	871	-31	10 <sup>th</sup>
11	Jaisalmar	869	874	+5	11 <sup>th</sup>
12	Hanumangarh	872	878	+6	12 <sup>th</sup>
13	Jodhpur	920	891	-29	13 <sup>th</sup>
14	Tonk	927	892	-35	14 <sup>th</sup>
15	Bundi	912	894	-18	15 <sup>th</sup>
16	Jalor	921	895	-26	16 <sup>th</sup>
17	Sirohi	918	897	-21	17 <sup>th</sup>
18	Nagaur	915	897	-18	18 <sup>th</sup>
19	Pali	925	899	-26	19 <sup>th</sup>
20	Kota	912	899	-13	20 <sup>th</sup>
21	Ajmer	922	901	-21	21 <sup>st</sup>
22	Rajsamand	936	903	-33	22 <sup>nd</sup>
23	Barmer	919	904	-15	23 <sup>rd</sup>
24	Bikaner	916	908	-8	24 <sup>th</sup>
25	Jhalawar	934	912	-20	25 <sup>th</sup>
26	Chittaurgarh	926	912	-14	26 <sup>th</sup>
27	Baran	919	912	-7	27 <sup>th</sup>
28	Dungarpur	955	922	-33	28 <sup>th</sup>
29	Udaipur	947	924	-23	29 <sup>th</sup>
30	Bhilwara	949	928	-21	30 <sup>th</sup>
31	Pratapgarh	953	933	-20	31 <sup>st</sup>
32	Banswara	961	934	-27	32 <sup>nd</sup>
33	Churu	948	940	-8	33 <sup>rd</sup>

Out of 33 districts, 27 districts of Rajasthan recorded CSR below national average of 919 while 12 out of 33 districts recorded CSR below the state average of 888 girls per 1000 boys. With the exceptions of Ganganagar, Jaisalmar and Hanumangarh districts all the rest 30 districts witnessed marginal to sharp decline in the CSR from 2001 census to 2011 census.

The rate of increase in the CSR in the three districts that recorded improvement was minimal while the fall was more drastic. For example, Ganganagar recorded only 4 points rise from 850 in 2001 to 854 in 2011 while Jaisalmar district recorded only 5 points increase from 869 in 2001 to 874 in 2011 and Hanumangarh district recorded only 6 points improvement from 872 in 2001 to 878 in 2011. On the other hand, decline in the CSR was more drastic. For example, Dausa district recorded decline of 41 points, followed by Jaipur district with 28 points; Sikar district with 37 points; Tonk district with 35 points; Rahsamand and Dungarpur districts (33 points each); Sawai Madhopur district with 31 points; Jodhpur district with 29 points; Banswara district with 27 points; Jhunjhunu, Jalor and Pali districts (26 points each); Udaipur district with 23 points; Alwar district with 22 points; Karauli, Sirohi, Ajmer and Bhilwara districts with 21 points; Jhalawar and Pratapgarh districts (20 points each); Bundi and Nagaur districts (18 points each); Barmer district with 15 points; Chittaurgarh district with 14 points; Kota district with 13 points; and Bharatpur district with 10 points.

**Table 2: Ranking of the districts as per 2011 census (CSR) and Annual Health Survey 2011-12 and 2012-13 (SRB)**

Ranking of the district as per lowest SRB	Name of the district	CSR as per 2011 census	Name of the district	SRB 2011 -12 AHS <sup>2</sup>	Name of the district	SRB 2012 -13 AHS <sup>3</sup>
1 <sup>st</sup>	Jhunjhunu	829	Sawai Madhopur	800	Sawai Madhopur	805

2 <sup>nd</sup>	Sikar	840	Rajsamand	830	Rajsamand	832
3 <sup>rd</sup>	Karauli	843	Dhaulpur	836	Karauli	837
4 <sup>th</sup>	Ganga-nagar	856	Karauli	838	Dhaulpur	850
5 <sup>th</sup>	Dhaulpur	885	Jaisalmer	846	Jaipur	850
6 <sup>th</sup>	Jaipur	892	Dausa	846	Jaisalmer	850
7 <sup>th</sup>	Dausa	893	Jaipur	849	Nagaur	851
8 <sup>th</sup>	Alwar	897	Nagaur	850	Dausa	852
9 <sup>th</sup>	Bharatpur	900	Sikar	856	Sikar	859
10 <sup>th</sup>	Sawai Madhopur	901	Bharatpur	868	Bharatpur	870
11 <sup>th</sup>	Jaisalmar	910	Kota	869	Kota	876
12 <sup>th</sup>	Hanuman-garh	911	Udaipur	871	Hanuman-garh	879
13 <sup>th</sup>	Jodhpur	912	Jhalawar	875	Udaipur	880
14 <sup>th</sup>	Tonk	912	Hanuman-garh	876	Jalor	885
15 <sup>th</sup>	Bundi	914	Dungarpur	881	Pali	887
16 <sup>th</sup>	Jalor	914	Jalor	882	Jhalawar	888
17 <sup>th</sup>	Sirohi	918	Pali	886	Ganga-nagar	895
18 <sup>th</sup>	Nagaur	919	Alwar	891	Alwar	897
19 <sup>th</sup>	Pali	920	Ajmer	892	Ajmer	897
20 <sup>th</sup>	Kota	920	Ganga-nagar	894	Dungar-pur	899
21 <sup>st</sup>	Ajmer	920	Churu	894	Churu	900
22 <sup>nd</sup>	Rajsamand	921	Sirohi	897	Sirohi	901
23 <sup>rd</sup>	Barmer	923	Bikaner	906	Barmer	907
24 <sup>th</sup>	Bikaner	923	Bundi	908	Chittaur-garh	909



25 <sup>th</sup>	Jhalawar	924	Baran	913	Bikaner	914
26 <sup>th</sup>	Chittaurgarh	925	Jodhpur	913	Jodhpur	915
27 <sup>th</sup>	Baran	926	Chittaurgarh	913	Baran	917
28 <sup>th</sup>	Dungarpur	927	Barmer	917	Jhunjhunun	920
29 <sup>th</sup>	Udaipur	927	Jhunjhunun	917	Banswara	922
30 <sup>th</sup>	Bhilwara	928	Banswara	929	Bundi	924
31 <sup>st</sup>	Pratapgarh	928	Tonk	944	Tonk	943
32 <sup>nd</sup>	Banswara	928	Bhilwara	979	Bhilwara	996
33 <sup>rd</sup>	Churu	930				
State Average		888		883		887

The Sex Ratio at Birth (SRB) since 2011 census indicates continuous fall in the CSR. As per statistics collected for the Annual Health Survey in Rajasthan, one of the 9 high focused States with relatively high fertility and mortality account are not encouraging. As per the sample survey which claims to be the largest demographic survey in the world, Rajasthan recorded Sex Ratio at Birth (SRB) of 883 in 2011-2012 and 887 in 2012-2013.<sup>39</sup> If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births<sup>40</sup> in India is applied in Rajasthan context, the CSR of 888 as per 2011 census will further reduce. Though the figures of the AHS are only indicative, the SRB figures of 883 and 887 respectively as per Annual Health Survey Factsheets 2011-12 and 2012-13 indicate that there is further decline of the CSR after the 2011 census.

39. Available at: ANNUAL HEALTH SURVEY 2011-12 FACT SHEET; Available at: [http://www.censusindia.gov.in/vital\\_statistics/AHSBulletins/AHS\\_Factsheets\\_2011\\_12/Rajasthan\\_Factsheet\\_2011-12.pdf](http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2011_12/Rajasthan_Factsheet_2011-12.pdf)  
ANNUAL HEALTH SURVEY 2012-13 FACT SHEET; Available at: [http://www.censusindia.gov.in/vital\\_statistics/AHSBulletins/AHS\\_Factsheets\\_2012-13/FACTSHEET-Rajasthan.pdf](http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2012-13/FACTSHEET-Rajasthan.pdf)

40. 20% of world's under-5 deaths occur in India, The Times of India, 9 September 2015 available at <http://timesofindia.indiatimes.com/india/20-of-worlds-under-5-deaths-occur-in-India/articleshow/48878224.cms>

## 2.2 The scale of female infanticide in Rajasthan

Prior to the invention of technology, female infanticide was widespread in India. Section 315<sup>41</sup> and Section 316<sup>42</sup> of the Indian Penal Code criminalised female infanticide.

As per the National Crime Records Bureau (NCRB) under the Ministry of Home Affairs, Government of India from 1994-2015, a total of 2,354 cases of infanticide were recorded i.e. 131 case in 1994, 139 in 1995, 113 in 1996, 107 in 1997, 114 in 1998, 87 in 1999, 104 in 2000, 133 in 2001, 115 in 2002, 103 in 2003, 102 in 2004, 108 in 2005, 126 in 2006, 134 in 2007, 140 in 2008, 63 in 2009, 100 in 2010, 63 in 2011, 81 in 2012, 82 in 2013, 121 in 2014 and 88 in 2015.<sup>43</sup>

Out of these, 135 cases comprising 5.73% of the total cases across the country were reported from Rajasthan with 4 cases in 1994, 4 in 1995, 14 in 1996, 6 in 1997, 6 in 1999, 3 in 2001, 2 in 2002, 9 in 2003, 1 in 2004, 1 in 2005, 6 in 2006, 1 in 2007, 4 in 2008, 2 in 2009, 7 in 2007, 3 in 2011, 3 in 2012, 8 in 2013, 33 in 2014 and 18 in 2015 while the figures for 1998 and 2000 are not available.<sup>44</sup>

Under the Central scheme, the *Janani Suraksha Yojana* (JSY), introduced in 2005, a sum of Rs 1400 is given for every baby delivered in a government hospital. This scheme had gone horribly wrong in Jaisalmer district, where women deliver daughters in hospitals, take their entitlements and go home. Within days the newborns would disappear. Registered under the JSY, 14

41. Section 315. Act done with intent to prevent child being born alive or to cause it to die after birth, "Whoever before the birth of any child does any act with the intention of thereby preventing that child from being born alive or causing it to die after its birth, and does by such act prevent that child from being born alive, or causes it to die after its birth, shall, if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment of either description for a term which may extend to ten years, or with fine, or with both.

42. Section 316. Causing death of quick unborn child by act amounting to culpable homicide, "Whoever does any act under such circumstances, that if he thereby caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine."

43. Crime in India report series 1994 to 2015, National Crime Records Bureau, available at: <http://ncrb.gov.in/>

44. Crime in India report series 1994 to 2015, National Crime Records Bureau, available at: <http://ncrb.gov.in/>

cases of possible female infanticide in three months in a single village were investigated, recommendations were made and the report was sent to the Government of Rajasthan. But a year later, probe in all the 14 cases had gone cold and the Government of Rajasthan never reverted even as fresh infanticide cases come up every month.<sup>45</sup>

According to Hanuman Singh, Sarpanch of Chaiyan village in Jaisalmer district, the girls were killed overnight by poisoning them with opium, crushing them with stones and starving them. In Devda, another village in the district, the sex ratio was so low that there were only 18 girls in a population of 25,000 men.<sup>46</sup>

There have also been regular reports of female infanticide in Rajasthan.

On 16 July 2016, a newborn girl, wrapped in a cloth with her umbilical cord still attached, was found in a critical condition outside the Janana (women's) Hospital in Bharatpur district. The girl was rushed to the neo-natal intensive care unit of the hospital and later taken to Jaipur's JK Lone Hospital after her condition worsened. The incident came to light at around 5 am when hospital staff heard the baby crying outside the hospital's control room. Doctors stated the child had been left in the open for a substantial period of time and the child was wet as it had been raining intermittently through the night.<sup>47</sup>

On 4 September 2016, a 35-year-old mother was arrested in connection with the murder of her four-month-old infant who was found with the throat slit at Subash Nagar in Jaipur on 26 August 2016. According to police, she confessed to her crime and stated that she was depressed after having a second girl child. After allegedly killing her daughter, the culprit had raised an alarm stating that the girl was missing. Later, a family member found the girl's badly

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45. In Rajasthan's Jaisalmer, daughters are born to die, India Today, 20 June 2011; Available at: <http://indiatoday.intoday.in/story/in-jaisalmer-daughters-are-born-to-die/1/142163.html>

46. Ibid.

47. Newborn girl found abandoned outside hospital, critical, The Hindustan Times, 16 July 2016; Available at: <http://www.hindustantimes.com/jaipur/newborn-girl-found-abandoned-outside-hospital-critical/story-gMD9pFw2PscC7DMQcaMGel.html>

injured body stuffed in the empty box of an air-conditioner on the second floor of the house.<sup>48</sup>

On 17 October 2014, a mother of three girls allegedly killed her two-year-old daughter in Sakroda village in Udaipur district. The woman named Rekha Kanwar was reportedly under pressure to give birth to a boy after three daughters. On being tormented by relatives and fearing a fourth girl child Rekha threw her youngest daughter in a well. The family filed a case alleging that the child had gone missing. After the investigation, police charged the child's mother of the crime. Police also said that the accused had confessed to the crime.<sup>49</sup>

On 10 July 2012, a couple abandoned a baby girl, minutes after her birth at JK Lone Children's hospital in Jaipur. According to the hospital, the couple left the baby and waited around to see if the staff would pick her up. When confronted, the couple threatened the hospital staff that if they were asked too many questions, they would abandon the baby somewhere else. According to Dr. S D Sharma, Superintendent of the Children's hospital, every week the hospital finds at least two infants abandoned, sometimes on the road outside the hospital or close to a garbage dump. According to him the abandoned babies were mostly girls.<sup>50</sup>

On 13 July 2012, a prematurely born baby girl was found abandoned near railway tracks in Jaipur Railway Station. The Railway Police immediately shifted the baby girl to hospital where she died.<sup>51</sup> In another case on the same day, a newborn girl was found abandoned in Pali district. Hearing cries of the

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48. City woman held for killing her 4-mth-old girl, 'she wanted son', Times of India, 9 September 2016; Available at: <http://timesofindia.indiatimes.com/city/jaipur/City-woman-held-for-killing-her-4-mth-old-girl-she-wanted-son/articleshow/54204865.cms>

49. Female infanticide: Mother booked for killing her two-year-old daughter, News 18, 27 October 2014; Available at: <http://www.news18.com/news/india/rajasthan-breaking-722512.html>

50. Available at: <http://www.ndtv.com/jaipur-news/minutes-after-her-birth-girl-abandoned-in-jaipur-hospital-491967>

51. Two newborn girls abandoned in Rajasthan, one of them left on railway tracks dies, India Today.com, 14 July 2012; available at: <http://indiatoday.intoday.in/story/two-newborn-girls-abandoned-in-rajasthan-one-dies/1/208140.html>

child in the morning, a man named Kalu Lal went towards the bushes in the industrial area and found the girl wrapped in cloths. On information, police evacuated the baby girl to hospital.<sup>52</sup>

On 20 June 2012, Mamta Bishnoi, Superintendent of Police of Jaisalmer district stated that four suspected cases of female infanticide were reported in a span of ten days in different areas of the district. According to police, in all the four cases, the infants were either starved to death or deprived of necessary medication, leading to their death. In connection with one of the cases, police arrested a man for carelessness in treatment of a newborn girl.<sup>53</sup>

On 27 March 2012, Rajasthan Police found the body of a newborn girl in a garbage bin in Shastri Nagar area of Jaipur. A resident informed the police on sighting that dogs were dragging it out from the garbage bin.<sup>54</sup>

In January 2011, villagers of Naugama village in Banswara district spotted body of a newborn girl in a canal near the village. Police retrieved the dead body and registered a case against unidentified person.<sup>55</sup>

## **2.3 The scale & instances of female foeticide in Rajasthan**

### **2.3.1 The scale of female foeticide**

According to the National Crime Record Bureau (NCRB), 1,663 cases of foeticide were reported across India in the last 15 years from 2001 to 2015. These included 55 cases in 2001, 84 cases in 2002, 57 cases in 2003, 86 cases in 2004, 86 cases in 2005, 125 cases in 2006, 96 cases in 2007, 73 cases in 2008, 123 cases in 2009, 111 cases in 2010, 132 cases in 2011, 210 cases in 2012, 221 cases in 2013, 107 cases in 2014, and 97 cases in 2015. Among

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52. Two newborn girls abandoned in Rajasthan, one of them left on railway tracks dies, India Today.com, 14 July 2012; available at: <http://indiatoday.intoday.in/story/two-newborn-girls-abandoned-in-rajasthan-one-dies/1/208140.html>

53. Four newborn girls starved to death by parents in Jaisalmer, 20 June 2012, Available at: <http://www.deccanherald.com/content/258549/four-newborn-girls-starved-death.html>

54. Newborn girl's body found in dustbin, NDTV, 28 March 2012; Available at: <http://www.ndtv.com/jaipur-news/newborn-girls-body-found-in-dustbin-473669>

55. Available at: <http://www.topnews.in/law/another-newborn-girl-killed-rajasthan-247936>

the States, Madhya Pradesh topped with 360 cases followed by Rajasthan (255), Punjab (239), Maharashtra (155), Chhattisgarh (135), Haryana (131), Uttar Pradesh (93), Delhi (69), Karnataka (60), Gujarat (52), Andhra Pradesh (30), Himachal Pradesh (25), Bihar and Jharkhand (10 each), Odisha (6), Kerala, West Bengal and Andaman and Nicobar Islands (5 each), Jammu and Kashmir, Sikkim and Telangana (4 each), Assam (2), and Tamil Nadu, Uttarakhand, Chandigarh and Dadra and Nagar Haveli (1 each).<sup>56</sup>

During this period, the NCRB reported 255 cases of foeticide from Rajasthan which includes 8 in 2001, 6 in 2002, 12 in 2003, 17 in 2004, 10 in 2005, 25 in 2006, 16 in 2007, 10 in 2008, 12 in 2009, 18 in 2010, 13 in 2011, 37 in 2012, 34 in 2013, 24 in 2014 and 13 in 2015.<sup>57</sup>

Although, the NCRB had been collecting data on foeticide over the years, it started collecting data on female foeticide only from 2014. It recorded 89 cases of female foeticide in 2015 and 50 cases in 2014. Madhya Pradesh topped in female foeticide with 23 cases, followed by Rajasthan (12), Maharashtra (10), Punjab and Uttar Pradesh (9 each), Telengana (8), Haryana (6), Chhattisgarh (5), Himachal Pradesh (3), Karnataka, Tamil Nadu, Uttarakhand and Delhi (1 each). As per Census 2011, three states with most adverse child sex ratios namely Punjab, Haryana and Jammu & Kashmir had reported 9, 6 and 0 cases respectively.

The State/UT-wise data relating to female foeticide is given in the table below:<sup>58</sup>

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56. See NCRB's Crime in India report series from 2001 to 2015

57. Annual Reports "Crime In India" 2004-2014 of National Crime Records Bureau, Government of India

58. Statement of J P Nadda, Minister of Health and Family Welfare, Government of India in the Lok Sabha on 11.12. 2015, <http://164.100.47.192/Loksabha/Questions/QResult15.aspx?qref=26479&lsno=16>

**Table 3: No of female foeticide cases recorded by NCRB**

Sl. No.	States/UTs	Cases registered		
		2014	2015	Total
1	Andhra Pradesh	0	0	0
2	Arunachal Pradesh	0	0	0
3	Assam	0	0	0
4	Bihar	0	0	0
5	Chhattisgarh	2	3	5
6	Goa	0	0	0
7	Gujarat	0	0	0
8	Haryana	4	2	6
9	Himachal Pradesh	3	0	3
10	Jammu & Kashmir	0	0	0
11	Jharkhand	0	0	0
12	Karnataka	0	1	1
13	Kerala	0	0	0
14	Madhya Pradesh	15	8	23
15	Maharashtra	1	9	10
16	Manipur	0	0	0
17	Meghalaya	0	0	0
18	Mizoram	0	0	0
19	Nagaland	0	0	0
20	Odisha	0	0	0
21	Punjab	7	2	9
22	Rajasthan	11	1	12
23	Sikkim	0	0	0
24	Tamil Nadu	0	1	1
25	Telangana	2	6	8
26	Tripura	0	0	0

27	Uttar Pradesh	4	5	9
28	Uttarakhand	1	0	1
29	West Bengal	0	N/A	0
30	Andaman & Nicobar Islands	0	0	0
31	Chandigarh	0	0	0
32	Dadra Nagar Haveli	0	0	0
33	Daman & Diu	0	0	0
34	Delhi	0	1	1
35	Lakshadweep	0	0	0
36	Puducherry	0	0	0
	Total	50	39	89

### 2.3.2 The instances of female foeticide

There have been regular reports of arrest under the PC&PNDT Act in Rajasthan.

On 12 September 2016, a team of the PC&PNDT cell of Rajasthan police arrested a doctor identified as Dr. Jayanti Lal Patel and middleman Neerav Patel for allegedly conducting sex determination test in Mehsana district of Gujarat. Both were arrested and booked under the PC&PNDT Act.<sup>59</sup> The middleman had brought the pregnant women from Abu Road of Rajasthan for sex determination on payment of Rs. 20,000.<sup>60</sup>

On 15 August 2016, a team of the PC&PNDT cell arrested Dr Mohammad Niyaz, and his agent nurse Raji, for conducting sex determination test. Dr Niyaz who was the owner of Suncity Hospital in Makrana in Nagaur district violently attacked the PC&PNDT team members and bitten two of them

59. Rajasthan cops arrest doctor, middleman in Gujarat for sex determination, September 13, 2016; Available at: <http://deshgujarat.com/2016/09/13/rajasthan-cops-arrest-doctor-middleman-in-gujarat-for-sex-determination/>

60. राजस्थान: भ्रूण का लिंग जांचने के लिए महिला को ले गए गुजरात, लेकिन 'जाल' में फंस गए डॉक्टर-दलाल, Rajasthan Patrika, 13 September 2016; Available at: <http://rajasthanpatrika.patrika.com/story/jaipur/rajasthan-PC&PNDT-cell-arrested-doctor-for-determination-for-sex-of-foeticide-2329214.html>



when they tried to arrest him.<sup>61</sup> Dr Naveen Jain, Chairman of Rajasthan State Appropriate Authority under the PC&PNDT stated that PC&PNDT cell had asked a pregnant woman to contact Raji for the test. The nurse after taking Rs. 30,000 conducted sonography on the woman. She then took the pregnant woman to Dr. Niyaz who confirmed that she was bearing a girl child. When the decoy told Dr Niyaz that she did not want a girl child, Dr Niyaz asked her to give birth to the baby and his team will dispose off or kill the child. He demanded additional Rs. 30,000 for that.<sup>62</sup> During the raid, it was found that the two sonography machines of the hospital were sealed respectively in 2012 and 2014 by the team of the PC&PNDT cell during inspection and Dr Niyaz was using one of the sealed machines.<sup>63</sup>

On 3 August 2016, Rajasthan Special Secretary, Medical and Health Department informed the media that a doctor and a mediator were arrested for allegedly performing sex determination test by the PC&PNDT Bureau of Investigation in a decoy operation conducted in Mathura, Uttar Pradesh. The accused doctor was identified as one Snehlata while accused woman mediator as Seema Chaudhary. Acting on a tip-off that the mediator based in Alwar, Rajasthan facilitated sex determination and took pregnant women from Rajasthan to Mathura for the test, a decoy operation led by Additional SP (PC&PNDT Cell) Raghuveer Singh was planned and the accused were nabbed. An unregistered sonography machine and Rs. 18,000 cash was also seized from their possession.<sup>64</sup>

On 17 July 2016, the PC&PNDT Cell of Rajasthan and Gujurat government raided an ultrasonography clinic in Gujurat and arrested Dr. Jitendra Kumar Shukla, a doctor from Gujarat and Nirmala Kumari posted as an auxiliary nurse midwife in Udaipur, Rajasthan on charges of conducting sex

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61. Nagaur doctor, nurse arrested for conducting sex determination test; Available at: [http://mediatoday.co.in/stories\\_discription.php?id=452950](http://mediatoday.co.in/stories_discription.php?id=452950)

62. Ibid.

63. Ibid.

64. Doctor, mediator held for performing sex determination test, Business Standard, 3 August 2016; Available at: [http://www.business-standard.com/article/pti-stories/doctor-mediator-held-for-performing-sex-determination-test-116080301869\\_1.html](http://www.business-standard.com/article/pti-stories/doctor-mediator-held-for-performing-sex-determination-test-116080301869_1.html)

determination tests. Both had been booked under the PC&PNDT Act.<sup>65</sup> The Rajasthan authorities (from Udaipur) sent a decoy patient to nurse Kumari who agreed to take the patient to a centre in Himmatnagar, Gujarat for the purpose of sex determination for a price of Rs 21,000.<sup>66</sup> As soon as they reached Himmatnagar main bus stand and met Dr Jitendra Kumar Shukla of Devpujan Hospital, a team of Rajasthan PC&PDNT cell led by Additional Superintendent of Police Raghuvir Singh arrested them. The sonography machine was also seized.<sup>67</sup>

On 14 June 2016, Rajasthan police caught a doctor identified as Dr. Amit Gupta in Agra in Uttar Pradesh for conducting sex selection test. The team had recovered a video footage showing him conducting the sex determination test as well as Rs. 3,000 marked currency. Rajasthan police arrested the doctor and local authorities of Agra were informed and an FIR was lodged.<sup>68</sup>

On 30 January 2016, a joint team of the Haryana and Rajasthan governments caught a doctor identified as Sheopat Rai red handed after he conducted sex selection test on a decoy patient at his clinic in Hanumangarh. Dr. Yogendra Taneja, Assistant Chief Medical Health Officer (Hanumangarh), who headed the raiding team, stated that the doctor conducted the sonography test on the decoy patient without filling up mandatory Form F and without making entry of the test in the clinic's register.<sup>69</sup>

On 24 July 2015, a team of PC&PNDT cell arrested three persons, including an Ayurvedic doctor, for allegedly performing foetal sex determination test

65. Doctor, nurse arrested for carrying out sex determination test, Business Standard, 19 July 2016; Available at: [http://www.business-standard.com/article/pti-stories/doctor-nurse-arrested-for-carrying-out-sex-determination-test-116071901697\\_1.html](http://www.business-standard.com/article/pti-stories/doctor-nurse-arrested-for-carrying-out-sex-determination-test-116071901697_1.html)

66. Rajasthan: Doctor, nurse arrested for carrying out sex determination test, 20 July 2016; Available at: <http://medialdialogues.in/rajasthan-doctor-nurse-arrested-for-carrying-out-sex-determination-test/>

67. Ibid.

68. Agra doctor held for sex determination test, Time of India, 14 June 2016; Available at: <http://timesofindia.indiatimes.com/city/agra/Agra-doctor-held-for-sex-determination-test/articleshow/52752316.cms?from=mdr>

69. Doctor, his aide arrested for conducting sex test, Times of India, 31 January 2016, Available at: <http://timesofindia.indiatimes.com/city/jaipur/Doctor-his-aide-arrested-for-conducting-sex-test/articleshow/50791337.cms>

at a clinic near Chandpole area in Jaipur. Pursuant to a complaint filed by a woman that the accused trio had asked Rs. 25,000 to conduct sex determination test on her, the team laid a trap and arrested all the three while conducting foetal sex determination test. The accused doctor identified as Dr Bhanwar Lal Singothia, an Ayurvedic doctor, had been reportedly conducting illegal tests at his clinic for the last one year.<sup>70</sup>

On 20 May 2015, a joint team of the Rajasthan Government's PNNDT Cell and the Haryana police raided Dhanvantri Hospital in Mahendragarh, Haryana and nabbed a doctor identified as Dr Narender Yadav and a tout identified as Sanjay on charges of performing pre-natal sex-determination test. The team also confiscated an ultrasound machine from the hospital. It had already been sealed by the District Health Authority earlier but the hospital started using it again. According to the PNNDT Cell which conducted a decoy operation, Sanjay had clinched the deal with a decoy customer to get the sex-determination test performed on her for Rs. 23,000. He asked the woman to come to Mahendragarh on the appointed date and on her arrival, Sanjay took her to Dhanvanti Hospital.<sup>71</sup>

Between 14 April and 7 May 2012 the PC&PNNDT cell arrested six persons on charges of involvement in sex determination tests in three decoy operations. On 19 April 2012, police conducted raids in Jhunjhunu district and arrested an auxiliary nurse named Bhanumati, who was working as an agent of a sex determination racket active in Shekhawati region comprising Jhunjhunu, Sikar and Churu districts. Laying a trap, police sent two women constables as decoy customers who faked pregnancy before the accused nurse, who took them in a car that shuttled between Ratangarh and Dungargarh before passing through Dungarsinghpur towards Oontwalia. Then a PC&PNNDT team chased the

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70. Ayurvedic doc among three arrested for determining sex of foetus in Rajasthan 24 July 2015, Available at: [http://zeenews.india.com/news/rajasthan/ayurvedic-doc-among-three-arrested-for-determining-sex-of-foetus-in-rajasthan\\_1635734.html](http://zeenews.india.com/news/rajasthan/ayurvedic-doc-among-three-arrested-for-determining-sex-of-foetus-in-rajasthan_1635734.html)

71. Rajasthan police raid M'garh hospital, nab doctor and tout, The Tribune, 22 May 2015; Available at: <http://www.tribuneindia.com/news/haryana/rajasthan-police-raid-m-garh-hospital-nab-doctor-and-tout/240166.html>

vehicle carrying seven women and held Bahnumati and driver Pawan Sharma. Police recovered Rs. 77,500 and two mobile phones from Bhanumati.<sup>72</sup>

On 6 March 2012, the PC&PNDT cell nabbed two persons for performing illegal sex determination at a house in Basedi Khurd village of Sikar district with help of a decoy customer. Agent Ashok Gurjar and Pramod Sharma were arrested while two other accused managed to escape. The next day, the department held Dr Harphool Singh and a nurse at a government hospital at Pura Ki Dhani in Sikar district for involvement in the racket.<sup>73</sup>

On 21 March 2012, a joint team of the PC&PNDT cell and Vaishali Nagar police laid a trap in which a gynecologist identified as Pramila Choksy was caught red-handed while conducting sex determination at her private clinic in Vaishali Nagar area of Jaipur. The raiding team also recovered Rs. 35,000 that had been paid to the accused doctor by the decoy patient.<sup>74</sup>

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72. Rajasthan: Shekhawati region a hub of illegal sex determination, 11 May 2012; Available at: <http://m.dailyhunt.in/news/india/english/hindustan-times-epaper-httimes/rajasthan+shekhawati+region+a+hub+of+illegal+sex+determination-newsid-53122616>

73. Ibid.

74. Doctor caught taking money for sex determination of foetus, Times of India, 22 March 2012; Available at: <http://timesofindia.indiatimes.com/city/jaipur/Doctor-caught-taking-money-for-sex-determination-of-foetus/articleshow/12362479.cms>

## 3. IMPLEMENTATION OF THE PC&PNDT ACT

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### 3.1. Provisions of the Act

India enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) to address the menace of sex selection. The PNDT Act has since been amended to make it more comprehensive and keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the Act and certain directions of Supreme Court. The amended Act of 2002 came into force with effect from 14 February 2003 and it was renamed as “Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994” (PC&PNDT Act).

The PC&PNDT Act, as amended in 2002<sup>75</sup>, provides for regulation and punishment for sex determination and/or sex selection.

Section 3 of the PC&PNDT Act provides for regulation of genetic counselling centres, genetic laboratories and genetic clinics through the requirement of registration under the Act, prohibition of sex selection and sale of ultrasound machines to persons, laboratories, clinics etc. not registered under the Act.

Section 4 provides that no such place shall be used for conducting pre-natal diagnostic techniques except for the purposes specified and requires a person conducting such techniques such as ultrasound sonography on pregnant women to keep a complete record in the manner prescribed in the Rules.

Section 5 requires written consent of the pregnant woman for conducting the pre-natal diagnostic procedures and prohibits communicating the sex of foetus.

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75. Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 <http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf>

Section 6 provides that no pre-natal diagnostic techniques including sonography can be conducted for the purpose of determining the sex of a foetus and that no person shall conduct or cause to be conducted any pre-natal diagnostic techniques including ultra sonography for the purpose of determining the sex of a foetus.

Sections 7 to 16 deal with various authorities under the Act such as the while Section 17 deals with the Appropriate Authority and the Advisory Committee.

Sections 18 to 21 deal with registration of genetic counselling centres, genetic laboratories or genetic clinics etc.

Section 22 provides prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention with imprisonment for a term which may extend to three years and with fine which may extend to Rs. 10,000.

Section 23 provides for offences and penalties with imprisonment up to three years and fine up to Rs. 10,000. For any subsequent offences, there is imprisonment of up to five years and fine up to Rs. 50,000/1,00,000. The name of the Registered Medical Practitioner is reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of. On conviction, the name of Registered Medical Practitioner is removed for a period of 5 years for the first offence and permanently for the subsequent offence.

Section 24 provides for punishment for abetment of offence as prescribed under sub-section (3) of section 23.

Section 25 provides for penalty for 'contravention of any provision of the Act or rules for which no specific punishment is provided' with imprisonment for a term which may extend to three months or with fine, which may extend to one thousand rupees or with both and in the case of continuing contravention with an additional fine which may extend to five hundred rupees for every day

during which such contravention continues after conviction for the first such contravention.

Section 26 provides for offences by the Companies.

### **3.2. Measures taken for implementation of PC&PNDT Act**

In order to enforce the PC&PNDT Act, the Government of Rajasthan has taken a number of measures as illustrated below:

#### **i. Launching of 104 toll free service**

On 16 January 2012, the Rajasthan Government launched a 104 Medical Advice Service, which is toll free telephone service to facilitate citizens to seek relevant information about medical and health services in the State and also file their grievances/ complaints including against cases of sex determination.<sup>76</sup>

#### **ii. Development and introduction of IMPACT Software- Integrated Monitoring system for PC&PNDT Act**

To help the government in establishing a surveillance system supported by technology in the State, Rajasthan National Informatics Center (NIC) developed an online monitoring and surveillance system IMPACT (Integrated Monitoring system for PC&PNDT ACT). The system being implemented by the Medical Health & Family Welfare Department, Government of Rajasthan, facilitates monitoring of each case of sonography of pregnant women at any of the sonography facility registered in the State.<sup>77</sup> The features include Real-time, Anytime Anywhere access monitoring of Form-F and Day End Summary built with a robust database of centers and associated information e.g. Equipment/Radiologist/Tracking device etc. It includes an integrated SMS facility with reminders for renewal of the centre's registration. An SMS provision is also made on Impact Software for Doctor, if pregnant lady and/or her relatives ask for sex selection/determination.<sup>78</sup>

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76. <http://nrhmrajasthan.nic.in/Toll%20Free%20104.htm>

77. <http://www.nrhmrajasthan.nic.in/IMPACT%20Software.asp>

78. RE-CREATING EXCELLENCE" published by the Department of Public Grievances and Administrative Reforms,

### iii. Tracking Device

The tracking device is installed with the sonography machine in a tamper-proof manner with a common power supply with sonography machine. It captures the screen of sonography machine and records it in compressed and encrypted form.

It stores data for a period of two years and sends the status through GPRS/SMS signal.

### iv. Mukhbir Yojana

Rajasthan Government launched the *Mukhbir Yojana* in 2011 to obtain information about cases of sex selection. “*Mukhbirs*” are the informers of illegal use of sonography machines in the area and they help the Directorate of Medical Health and Family Welfare in conducting decoy operations at sonography centres, suspected of violating the PC&PNDT Act. As per the guidelines of the *Mukhbir Yojana* (started in December 2011), Rs. 50,000 would be given to an informer (*Mukhbir*) only after finding that the information provided is true, followed by a successful decoy operation. Another Rs. 25,000 would be given to the informer after the charges against the person involved in the violation of the Act is framed in the court of law. A further amount of Rs. 25,000 would be given to the *Mukhbir* when the accused is proved guilty of the crime of sex selection by the court.<sup>79</sup>

In March 2015, the Rajasthan Health and Family Welfare Department increased the reward amount for *Mukhbir* to Rs. 200,000 per authentic case. Under the amended scheme, 40% of the award amount is given to informant, other 40% is given to the pregnant lady i.e. decoy customer and the remaining 20% is given to the attendant of the pregnant woman.<sup>80</sup>

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Ministry of Personnel, Public Grievances and Pensions, Government of India; Available at: [http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book\\_1.pdf](http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book_1.pdf)

79. <http://www.sihfwrajasthan.com/ppts/full/Schemes%20of%20Government%20of%20Rajasthan%20in%20Health.pdf>

80. RE-CREATING EXCELLENCE” published by the Department of Public Grievances and Administrative Reforms, Ministry of Personnel, Public Grievances and Pensions, Government of India; Available at: <http://www.darpg.gov.in>



As per the guidelines, a pregnant woman taking part in a decoy operation at a sonography centre is required to give an undertaking that if she comes to know the sex of the baby in her womb during the operation, she will not remove the foetus. The guidelines further provide that “provisions should be made to give an insurance policy to the yet-to-born baby of the pregnant woman participating in a decoy operation”.<sup>81</sup> This is certainly a positive incentive.

### 3.3 The status of implementation of PC&PNDT Act

#### i. Inspection committees

As per Section 17(2) of the PC&PNDT Act the State government shall appoint one or more Appropriate Authorities (AA) for the whole or part of the State for the purpose of this Act having regard to the intensity of the problem of pre-natal sex determination leading to female foeticide.

The State Appropriate Authority (SAA), District Appropriate Authorities (DAA) and Sub Division Level Appropriate Authorities (SDAA) were appointed (June/July 2001) by the State Government to grant/suspend/cancel registration of a genetic counselling centres, genetic laboratories and genetic clinics etc; to enforce standards prescribed for these diagnostic clinics; to investigate complaints of breach of provisions of the Act; to take appropriate legal action against the use of any sex selection technique by any person at any place, etc. The State Advisory Committee was constituted in July 2001 for consideration of any application for registration of any complaint for suspension or cancellation of registration and to give advice thereon.

The State Supervisory Board (SSB) was constituted in July 2003 under the provisions of the PC&PNDT Act. Functions of the Board are to monitor the implementation of the Act, to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of the foetus

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gov.in/sites/default/files/Recreating%20Excellence%20Book\_1.pdf

81. New guidelines define role of pregnant woman in decoy operation, The Times of India, 7 September 2015 available at <http://timesofindia.indiatimes.com/city/jaipur/New-guidelines-define-role-of-pregnant-woman-in-decoy-operation/articleshow/48851311.cms>

leading to female foeticide in the State and to review the activities of the AAs functioning in the State and recommend appropriate action, etc.

The Comptroller and Auditor General (CAG) in its audit on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015 stated that the "*State Government issued Notification (June 2001) to constitute Advisory Committees at district and sub division levels comprising senior most gynecologist, senior most pediatrician, medical geneticist, three eminent social workers, district information and public relation officer and one legal expert nominated by State Government. Scrutiny of the records revealed that in test checked districts, State Government did not nominate medical geneticist, eminent social workers and legal expert; as such constitution of District and Sub Division Level Advisory Committee remained incomplete (August 2014). Thus, required advice from genetic, social and legal experts was not available to Appropriate Authorities (DAAs and SDAA's).*"<sup>82</sup>

Thus, the appointment for Advisory Committees though notified in 2001 could not be completed in 2014, after a lapse of 13 years.

As per Gazette Notification (Extra-ordinary) dated 24 April 2015, the Rajasthan Government had nominated three social workers in each of the 33 District Advisory Committees across the state.<sup>83</sup> Similarly, three social workers had been inducted in each of the 292 Sub-Division Level Advisory Committees.<sup>84</sup>

## ii. Constitution of the PC&PNDT Bureau of Investigation

The Government of Rajasthan established the PC&PNDT Bureau of Investigation which is an innovative initiative. The Comptroller and Auditor General (CAG) in its audit on Rajasthan Government's General and Social

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82. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; Available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

83. Gazette Notification (Extra-ordinary) dated 24 April 2015; Available at: [http://www.raajswasthya.nic.in/1937%20Dt.%2024.04.2015%20PC&PNDT%20Website%20\(5.1\).pdf](http://www.raajswasthya.nic.in/1937%20Dt.%2024.04.2015%20PC&PNDT%20Website%20(5.1).pdf)

84. Ibid

Sector for the year ended 31<sup>st</sup> March 2015 however highlighted the failure of the Government of Rajasthan to constitute the PC&PNDT Bureau of Investigation. It stated, *“For constituting PC&PNDT Bureau of Investigation at State and District Levels, Directorate of Medical Health and Family Welfare sanctioned (December 2012) 18 posts<sup>85</sup> at state level and 3 posts<sup>86</sup> at district level. Of these, six<sup>87</sup> employees at state level were posted in 2013 and only three of them<sup>88</sup> were continuing as of August 2014. In the test-checked districts, it was noticed that all the three sanctioned posts were lying vacant. Despite PC&PNDT Act being in existence since 1996, the Bureau of Investigation was not effectively operationalised with crucial posts lying vacant. Had the district level Bureau of Investigation been operationalised with crucial posts being filled up, it would have been effective in more stringent implementation of the PC&PNDT Act and more successful decoy operations could have been conducted as highlighted in sub-paragraph related to Mukhbir Yojana.”<sup>89</sup>*

The National Rural Health Mission of Rajasthan in a RTI reply informed Asian Centre for Human Rights that as of 31.12.2016, 12 staff of the PC&PNDT Bureau of Investigation were appointed.<sup>90</sup> This is highly inadequate considering that 3 posts at district level sanctioned in December 2012 have been lying vacant as on December 2016.<sup>91</sup>

### iii. Inspection of sonography centres

The Comptroller and Auditor General (CAG) in its audit on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015 highlighted the failure to conduct inspection of sonography centres against

85. Project Director: 1, Additional Superintendent of Police: 1, Public Relation Officer:1, Medical Officer: 1, Police Inspector: 5, Assistant Director prosecution: 1, Legal Assistant:1, Head Constable: 1, Constable: 4, IT Assistant: 1, LDC: 1.

86. Police inspector: one; Legal advisor: one and LDC: one.

87. LDC: 1, Constable: 3, IT Assistant: 1 and Police Inspector: 1.

88. LDC: 1, Constable: 1 and IT assistant: 1.

89. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; Available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

90. RTI reply from Department of Medical, Health & Family Welfare, Government of Rajasthan dated 20.12.2016

91. Ibid.

the target set by the Government of Rajasthan as per Rules 11 and 12 of the PC&PNDT Rules, 1996. It stated, *“The Directorate of Medical Health and Family Welfare fixed (February 2012) monthly targets for District AAs and Sub-Divisional AAs for inspection of sonography centres. Scrutiny of records of selected districts revealed that requisite inspections of sonography centres were not carried out during the period 2012-14. Shortfall of inspections was as under:<sup>92</sup>*

Name of district	2012-13		2013-14		Total			
	Target	Achievement	Target	Achievement	Target	Achievement	Shortfall	Per centage shortfall
Bikaner	408	20	408	07	816	27	789	97
Jhunjhunu	408	273	408	92	816	365	451	55
Nagaur	504	52	504	17	1008	69	939	93
Sikar	360	40	360	19	720	59	661	92
Baran	264	36	264	2	528	38	490	93
Sirohi	264	37	264	11	528	48	480	91
Dungarpur	120	38	120	18	240	56	184	77
Chittorgarh	360	29	360	07	720	36	684	95
Bhilwara	408	42	408	16	816	58	758	93

*Thus, in all test checked districts, the shortfall in inspection was very high and ranged between 55 and 97 per cent and reflected unsatisfactory implementation of the law.”*

As of June 2015, there were 2,411 centers registered under the PC&PNDT Act across Rajasthan. The maximum number of centers were registered in Jaipur-I district (512) and Jaipur-II district (227), followed by Jodhpur (160), Kota (124), Udaipur (104), Sikar (104) and Ajmer (104). Since inception of the PC&PNDT Act, 7,153 inspections were carried out by the State PC&PNDT Cell and the District Appropriate Authorities in Rajasthan. The maximum number of inspections were conducted in Jhunjhunu (705),

92. Ibid

followed by Sri Ganganagar (425), Churu (385), Bharatpur (340) and Jaipur-II (327) districts. The Appropriate Authorities cancelled registration of as many as 442 centers while 181 centers faced suspension of their registrations since the inception of the PC&PNDT Act. The Appropriate Authorities also sealed/seized 422 ultrasound machines/scanners.<sup>93</sup>

In the Quarterly Report submitted to the Ministry of Health and Family Welfare, Government of India, the Government of Rajasthan claimed that a total of 2,446 facilities were registered in Rajasthan as on 30 September 2015. Further, a total of 570 suspensions or cancellation of registration were recorded under Section 20 of the PC&PNDT Act. A total of 426 ultrasound machines/images scanners were seized and sealed. It further claimed that a total of 621 complaints were filed in courts including 15 cases for non-registration, 548 for non-maintenance of records, and 58 for communication of sex of foetus. Out of the total 621 cases, 23 complaints were against person/supplier etc for sale of ultra sound machines. The Government of Rajasthan further claimed that a total of 110 court cases resulted in conviction and a total of 21 registrations of doctors were suspended by the Rajasthan Medical Council.<sup>94</sup>

As per the Government of India, a total of 2,492 machines were registered as of December 2015 but Rajasthan conducted 8,157 inspections.<sup>95</sup> It appears that there is little improvement in the rate of inspection.

#### **iv. Mukhbir Yojana**

The *Mukhbir Yojana* has not been very effective. The Comptroller and Auditor General (CAG) in its audit on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2014 stated that "*during the period*

93. Society Report Card on PC&PNDT Act, December 2015, by Girls Count NGO

94. Quarterly report of September, 2015 related to Implementation of PC&PNDT Act, 1994 submitted to Ministry of Health & Family Welfare, Govt. of India by Director (RCH), Medical & Health Services, Rajasthan, vide letter No. State PC&PNDT Cell/Quarterly/2015/1319 dated 29.10.2015 <http://www.rajswasthya.nic.in/1319%20Dt.%2029.10.2015%20Website.pdf>

95. RE-CREATING EXCELLENCE" published by the Department of Public Grievances and Administrative Reforms, Ministry of Personnel, Public Grievances and Pensions, Government of India; Available at: [http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book\\_1.pdf](http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book_1.pdf)

*December 2011 to March 2014, only seven successful decoy operations<sup>96</sup> were conducted in Jaipur and first installment of Rs 3.25 lakh was disbursed. Of these, two cases have been filed in Court by investigating agency and remaining five were still under investigation even after lapse of more than one year. In the test-checked nine districts, no decoy operations were conducted during this period. This could be partially attributed to the Bureau of Investigation not functioning properly.”*

As on 20 December 2016, 31 *Mukhbirs* and 20 pregnant women were awarded for providing accurate information on sex selection and 52 decoy operations were conducted.<sup>97</sup>

## **vi. IMPACT Software**

The web based Software IMPACT was launched on 1 October 2012 by the Medical Health & Family Welfare department. The Integrated Monitoring system for PC&PNDT Act (IMPACT) Software is a platform for complaints against patients who demand sex-determination. As of September 2014, more than 1,470 functional sonography centres were registered online. In addition, more than 2025 tracking devices had been installed.<sup>98</sup>

## **v. The status of prosecution**

As per Quarterly Report of September 2015 on the implementation and working of the PC&PNDT Act, the State PC&PNDT Cell stated that a total of 621 complaints/cases were filed in the courts as of 30 September 2015. Out of these, convictions were secured in 110 cases as of 30 September 2015<sup>99</sup> while 75 cases resulted in acquittals as of June 2015.<sup>100</sup>

96. On 21 March 2012 (one), 9 November 2012 (one), 21 January 2013 (two), 2 May 2013 (two), and 18 December 2013 (one).

97. RTI reply from Department of Medical, Health & Family Welfare, Government of Rajasthan dated 20.12.2016

98. RE-CREATING EXCELLENCE” published by the Department of Public Grievances and Administrative Reforms, Ministry of Personnel, Public Grievances and Pensions, Government of India; available at: [http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book\\_1.pdf](http://www.darpg.gov.in/sites/default/files/Recreating%20Excellence%20Book_1.pdf)

99. Quarterly Report of September 2015 of the Rajasthan State PC&PNDT Cell on the Implementation of the PC&PNDT Act; available at: <http://www.rajswashya.nic.in/1319%20Dt.%2029.10.2015%20Website.pdf>

100. Society Report Card on PC&PNDT Act, December 2015, by Girls Count NGO

As per information placed before the Parliament by the Ministry of Health and Family Welfare, Rajasthan secured 85 convictions, the highest in the country, under the PC&PNDT Act during 2009-2015.<sup>101</sup>

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101. For year-wise convictions under PC & PNDT Act from 2009 to December 2014, please refer to Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 03-March-2015, Effective Implementation of PNDT Act available at <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303> and for the year 2015, refer to Lok Sabha Unstarred Question No.1707 To Be Answered On 25th November, 2016

## 4. STATUS OF THE SCHEMES FOR RETENTION OF THE GIRL CHILD

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### 4.1 Mukhyamantri Balika Sambal Yojana

#### i. Mukhyamantri Balika Sambal Yojana

The *Mukhyamantri Balika Sambal Yojana* (MBSY) was started on 1<sup>st</sup> April 2007 to promote girl child and providing economic support to her.<sup>102</sup> The scheme had been implemented by the Directorate of Medical Health and Family Welfare. As per guidelines of the scheme, the Government would deposit Rs. 10,000 in Unit Trust of India (UTI) bonds under the Children Career Plan (CCP) in the name of each girl child up to 5 years of age. Maturity amount of UTI bond was payable to the girl child subject to the condition that she was not married before attaining the age of 18 years. Application for UTI bonds are submitted to Additional/Deputy Chief Medical and Health Officer, Family Welfare of the district, who would forward the application to Additional Director, Family Welfare on 5<sup>th</sup> and 20<sup>th</sup> of each month. On receipt of application from the Additional Director, Family Welfare, UTI would issue bonds in favour of the beneficiary girl child and forward the same to the Additional/Deputy Chief Medical and Health Officer for distribution to the beneficiaries.<sup>103</sup>

#### i. Objectives

The stated objectives of the MBSY were to: (i) contribute towards overall development and education of girl child, (ii) motivate parents to curb child marriage, and (iii) restrain falling sex ratio and population growth.<sup>104</sup>

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102. <http://www.sihfwrajasthan.com/ppts/full/Schemes%20of%20Government%20of%20Rajasthan%20in%20Health.pdf>

103. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

104. <http://www.sihfwrajasthan.com/ppts/full/Schemes%20of%20Government%20of%20Rajasthan%20in%20>



## **ii. Eligibility conditions**

The conditions that were required to be fulfilled for becoming eligible to the benefits under the MBSY scheme were that (i) beneficiary girls should not have a male sibling, (ii) the parents have undergone sterilization operation after one or two female child, and (iii) the intended beneficiary girl should be below 5 years at the time of registration.

## **iii. Necessary documents to be enclosed with application form**

The following documents were required to be enclosed with the application form:

- (i) Certification of sterilization operation of either of the parents;
- (ii) Birth Certificate of the intended beneficiary;
- (iii) Consent certificate;
- (iv) Certificate showing that the intended beneficiary has no male siblings;
- (v) Family Ration card showing name of the intended beneficiary girl;
- (vi) Vaccination/Immunization Card;
- (vii) Passport size photographs – 1 each of the intended beneficiary and her mother.

## **iv. Benefits under the MBSY scheme**

Under the MBSY, the Department of Medical, Health and Family Welfare, Government of Rajasthan, would buy a Bond of Rs. 10,000/- under the Children Career Plan (CCP) scheme of United Trust of India (UTI) Mutual Fund for each of the beneficiary girl child. The bond would mature at the age of 18 years of the beneficiary girl. The total amount which was entitled to the beneficiary girl child on maturity depended on the age of the beneficiary at the time of registration. Depending upon the age of the beneficiary at the time of registration, the cumulative financial benefits to be accrued to

the beneficiary on her completion of 18 years of age was calculated in the following manner:

Age of girl at the time of registration	Tenure of bond	Cumulative value of bond
0 year	After 18 years	76,990
1 year	After 17 years	68,660
2 years	After 16 years	61,304
3 years	After 15 years	54,735
4 years	After 14 years	48,871
5 years	After 13 years	43,635

As stated above, a beneficiary girl registered soon after birth was entitled to bigger cumulative value of bond than the one who joined at 5<sup>th</sup> year of age. For example, beneficiary getting registered within 1 year of birth was entitled to get Rs. 76,990 on completion of 18 years of age while a beneficiary getting registered at her 5<sup>th</sup> year of age was entitled to only Rs. 43,635<sup>105</sup> because the tenure of the bond in case of former is 18 years while it is only 13 years in case of the later.

## ii. CAG findings reveal the MBSY was ineffective

The MBSY had a number of limitations as given below:

1. The MBSY did not apply to girl children who have male sibling(s), thereby excluded all girl children having brothers.
2. Only up to two girl children were entitled to the benefits of the MBSY from a single family. In other words, girl children born after the second girl child were not eligible for the benefits under the MBSY and therefore restricted the outreach of the scheme in case a third girl is born.

105. Ibid.

3. One of the main conditions of eligibility under the MBSY was that either of the parents of the intended beneficiary girl must have undergone sterilization surgical procedure. At the time of registration, the applicant was also required to produce a certificate of sterilization operation undergone by either of the parents.

Such restriction up to two girl children per family is against the stated objective of the MBSY which *inter alia* are to: contribute towards overall development and education of girl child, motivate parents to curb child marriage, and restrain falling sex ratio.

An audit by the office of the Comptroller and Auditor General (CAG) of India which examined the performance of the Rajasthan Government's General and Social Sector including the MBSY during 2013-14 found several irregularities in the implementation of the scheme. The CAG observed that the authorities were not serious in implementing the scheme. The findings of CAG are stated below<sup>106</sup>:

**First**, no record to identify number of beneficiaries eligible under the scheme was maintained to ensure that the benefit was being extended to all eligible beneficiaries.

**Second**, no record of receipt of application maintained in the offices of the Additional/Deputy Chief Medical and Health Officer, Family Welfare Department (ACMHOs)

**Third**, the audit concluded that there was inordinate delay in forwarding applications by the ACMHOs to Additional Director (Family Welfare). It was stated that out of 444 applications forwarded by the ACMHOs to Additional Director (AD), Jaipur during 2011-14, 127 applications were forwarded after 7-12 months following sterilization of the beneficiaries' parents while 97

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106. Report of the Comptroller and Auditor General of India on Rajasthan Government's General and Social Sector for the year ended 31<sup>st</sup> March 2015; available at: [http://www.saiindia.gov.in/sites/default/files/audit\\_report\\_files/Rajasthan\\_General\\_Social\\_1\\_2015.pdf](http://www.saiindia.gov.in/sites/default/files/audit_report_files/Rajasthan_General_Social_1_2015.pdf)

applications were forwarded after 13-24 months; 27 applications after 25-36 months; 18 applications after 37-48 months and 14 applications were forwarded after 4 years of sterilization. Such inordinate delay in forwarding applications by the ACMHOs to AD led to consequent delay in issue and receipt of bonds resulting in loss of funds on maturity.

**Fourth**, the Government of Rajasthan did not allot required funds for depositing with the UTI for issue of bonds. The audit stated that for 2,916 beneficiaries received during 2007-2014 the Government of Rajasthan was required to deposit Rs. 2.92 crore with the UTI. However, on scrutiny the audit found that the Government of Rajasthan did not allot the required amount resulting in delay in issue of bonds to the beneficiaries. It was stated that at the end of March 2014, Rs. 6 lakh were still to be deposited against 60 applications.

**Fifth**, there was no record to ascertain if bonds were issued by the UTI to all beneficiaries.

As per available records, during April 2007 to September 2015 only 3450 beneficiaries were covered under the MBSY.<sup>107</sup>

**Table 4: Number of beneficiaries covered under MBSY during 1<sup>st</sup> April 2007 – September 2015<sup>108</sup>**

Sl. No.	Year/period	No. of beneficiaries
01	April 2007 – March 2009	548
02	April 2009 – March 2010	378
03	April 2010 – March 2011	394
04	April 2011 – March 2012	471
05	April 2012 – March 2013	525

107. See Annexure-2: Individual Beneficiary Scheme - Balika Sambal Yojana: Physical Achievements-October 2015

108. Ibid.

06	April 2013 – March 2014	417
07	April 2014 – March 2015	26
08	April 2015 – September 2015	717
		3450

The above stated figures reveal that average annual coverage stands at approximately 405.88 beneficiaries per year (average monthly coverage of 33.82 beneficiaries) in eight and half years i.e. from April 2007 – September 2015.

This is highly inadequate considering that 36,032 girls go missing in Rajasthan every year due to foeticide.

## 4.2 Mukhyamantri Shubh Laxmi Yojana (MSLY)

### i. About the Mukhyamantri Shubh Laxmi Yojana

The Rajasthan government launched the MSLY scheme on 1<sup>st</sup> April 2013. The responsibility for implementation of the scheme was given to the State's Health and Family Welfare Department. Under this scheme, the government provided financial assistance to the mother as well as the girl child.<sup>109</sup>

#### ***Objectives of the MSLY:***

The main objectives of the MSLY are to: (i) encourage birth of girl children leading to increase in CSR and (ii) to reduce maternal mortality rate in Rajasthan.

#### ***Benefits and modalities of disbursement:***

Under the MSLY scheme, a mother who delivers a baby girl at a government hospital or government accredited hospital on or after 1<sup>st</sup> April 2013 is eligible for a post birth grant of Rs. 7,300. The said incentive is disbursed in the following manner:

109. <http://govinfo.me/shubh-laxmi-yojana/>

Stages	Milestones	Amount
1st	On the birth of a girl child	2,100
2nd	On completion of 1 year of age of the girl	2,100
3rd	On completion of 5 years of age of the girl	3,100
		7,300

The reward of Rs. 2,100 given to the mother on the birth of a baby girl is in addition to the financial assistance that the government had been giving to the mothers on the birth of a newborn under the Janani Shishu Yojna (JSY) irrespective of whether the new born is a girl or boy.<sup>110</sup>

**Eligibility for Mukhyamantri Shubh Laxmi Yojana:**

The following conditions should be fulfilled to avail the benefits under the MSLY<sup>111</sup>:

- i. Must be a resident of Rajasthan
- ii. Financial assistance would be extended only if the delivery of the baby girl was done in a government or government accredited hospital in the state
- iii. The annual family income should not exceed Rs. 2 lakh per annum.<sup>112</sup>

**Documents required for applying for Mukhyamantri Shubh Laxmi Yojana:**

To avail the financial assistance of Rs. 7,300 under the MSLY scheme, a beneficiary is required to submit copy of the following documents<sup>113</sup>:

- Residential proof (Electricity bill, Gas connection bill, Water bill)
- Proof of permanent residence in Rajasthan

110. Woman giving birth to a girl will get Rs 2100 from today, Times of India 1 April 2013; available at: <http://timesofindia.indiatimes.com/city/jaipur/Woman-giving-birth-to-a-girl-will-get-Rs-2100-from-today/articleshow/19313740.cms>

111. <http://govinfo.me/shubh-laxmi-yojana/>

112. <http://www.newincept.com/rajasthan/chief-ministers-shubh-laxmi-schemerajasthan.html>

113. <http://govinfo.me/shubh-laxmi-yojana/>

- Identity proof (Election card, Aadhar card)
- Bank details of mother (MICR No, IFSC code, Account No, Branch Name)
- Birth certificate of the new born girl
- Vaccination card

***Conditions for disbursement of financial assistance:***

There are two conditions for disbursement of the above stated financial assistance to the beneficiary mother. These are: (i) Rs. 2,100 entitled to the beneficiary on the completion of 1 year of age of the girl shall be released only if vaccination to the infant during the first year is completed and (ii) Rs. 3,100 to the beneficiary on the completion of 5 years by the girl shall be released only if the girl child is given admission in a school. Both these are however enabling conditions and linked to the welfare of the girl child.<sup>114</sup>

**ii. Assessment of the Mukhyamantri Shubh Laxmi Yojana (MSLY)**

***Positive aspects of the Scheme:***

There are a number of positive aspects of the scheme.

*First*, the MSLY scheme does not restrict the number of girls from a family for benefits under the scheme.

*Second*, this scheme does not exclude girl children with male siblings from the benefits of the scheme.

*Third*, this scheme has not set sterilization surgical procedure by either of the parents as an eligibility condition for inclusion under the scheme.

**Flaws of the scheme:**

This scheme excludes girl children belonging to parents whose annual family income is more than Rs. 2 lakhs from the benefits of the scheme. This

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114. <http://rajswasthya.nic.in/HBE0001.pdf>

restriction excludes a huge majority of girl children from the benefits of the scheme whose family annual income is more than Rs. 2 lakhs. This restriction is based on the flawed perception that families whose annual income is more than Rs. 2 lakhs do not require incentives to retain and promote their girl children.

### Coverage under the scheme:

The total number of beneficiaries under the MSLY from 1<sup>st</sup> April 2013 to 31<sup>st</sup> October 2016 were 22,26,817<sup>115</sup> as given below:

Financial Year	No of beneficiaries
2013-2014	4,83,253
2014-2015	7,17,081
2015-2016	8,19,367
2016-2017	2,07,116
(upto 31.10.2016)	

## 4.3 Mukhyamantri Rajshri Yojana (MRY)

### i. Mukhyamantri Rajshri Yojana (MRY)

Rajasthan Chief Minister Smt. Vasundhara Raje launched the *Mukhyamantri Rajshri Yojana* (MRY) for the welfare of the girl child on 8 March 2016 in the annual budget. The MRY, a flagship project, was launched for helping the girl students by providing them necessary financial support in the form of scholarships in schools. During its launch, the Chief Minister announced an annual budgetary allocation of Rs. 99,693 crores for the MRY for FY 2016-17.<sup>116</sup> Girl children born on or after 1<sup>st</sup> June 2016 will be eligible for the benefits under the scheme. The responsibility for implementation of the MRY was given to the Women and Child Welfare Department of Rajasthan.<sup>117</sup>

115. As per RTI Reply of the National Health Mission, Government of Rajasthan, dated 27.12.2016 vide S.No.NHM/RCH/MSLY/2016/2688

116. <http://pmjandhanyojana.co.in/mukhyamantri-rajshri-rajasthan/>

117. <http://vasundhararaje.in/en/vasundhara-raje-rajshri-yojana-2016>



From 1<sup>st</sup> June 2016, the *Mukhyamantri Rajshri Yojana* has replaced the *Mukhyamantri Shubh Laxmi Yojana*.<sup>118</sup>

### Objectives:

The main objectives of the MRY are stated to be: (i) developing positive thinking in the society towards the girl child; and (ii) to bring about improvement in the level of their health and education.<sup>119</sup>

### Quantum of financial support and modalities of its disbursement:

Under the MRY, a girl child and her mother are entitled to financial support of Rs. 50,000 from her birth to when the girl reaches 12<sup>th</sup> standard. This amount of Rs. 50,000 financial support is to be released to beneficiaries in the following stages<sup>120</sup>:

Stages	Milestones	Amount
1st	At birth	2,500
2nd	Completion of 1 year	2,500
3rd	Admission in Class I	4,000
4th	Admission in Class VI	5,000
5 <sup>th</sup>	Admission in Class X	11,000
6th	Admission in Class XII	25,000
		50,000

The 1<sup>st</sup> installment of Rs. 2,500 is paid by cheque drawn in favour of the mother while the subsequent installments i.e. 2<sup>nd</sup> – 6<sup>th</sup> is to be released through *Mamta Card* to be issued to the beneficiary girls under the scheme.<sup>121</sup>

118. <http://www.bhaskar.com/news/RAJ-NAGO-MAT-latest-nagaur-news-051503-288043-NOR.html>

119. <http://vasundhararaje.in/en/vasundhara-raje-rajshri-yojana-2016>

120. <http://www.bhaskar.com/news/RAJ-NAGO-MAT-latest-nagaur-news-051503-288043-NOR.html>

121. <http://vasundhararaje.in/en/vasundhara-raje-rajshri-yojana-2016>

**Eligibility conditions of MRV:**

As the *Mukhyamantri Shubh Laxmi Yojana* had been replaced by the *Mukhyamantri Rajshri Yojana* from 1<sup>st</sup> June 2016,<sup>122</sup> the eligibility conditions under the former scheme are applicable to the later. In addition to other eligibility conditions prescribed under the MSLY, the following conditions are required to be met by the beneficiary to get financial support in all six stages:

- i. The 1<sup>st</sup> installment of Rs. 2.500 is paid only if the beneficiary is born at a Government hospital or at government approved hospital;
- ii. The 2<sup>nd</sup> installment of Rs. 2,500 is paid only if the beneficiary girl completes the vaccination course prescribed to an infant during the first year of birth; and
- iii. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> installment is to be paid to the beneficiary only she takes admission and continues her education in a government school.

**Assessment of the MRV:**

The MRV scheme provides that the financial assistance of Rs. 50,000 is entitled to each girl child taking birth on or after 1<sup>st</sup> June 2016 across Rajasthan. In other words, the scheme does not specifically target any income group and this is highly appreciated. But, the eligibility condition that financial assistance of Rs. 45,000 (90 % of total financial assistance of Rs. 50,000) payable at 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> installments will be paid only if she take admission in Class I at a government school and continues her education there negates the universality of the scheme. The condition that financial assistance will be entitled only to those girl children who do their study in government schools is restrictive as those who study in non-government/private schools are not eligible for financial assistance under the MRV scheme.

The Government of Rajasthan provided assistance to 2,22,502 beneficiaries as on October 2016 under the MRV scheme.<sup>123</sup>

122. <http://www.bhaskar.com/news/RAJ-NAGO-MAT-latest-nagaur-news-051503-288043-NOR.html>

123. As per RTI Reply of the National Health Mission, Government of Rajasthan, dated 27.12.2016 vide S.No.NHM/RCH/MSLY/2016/2689

## 5. IMPLEMENTATION OF THE MTP ACT

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India enacted the Medical Termination of Pregnancy (MTP) Act in 1971 to regulate and ensure access to safe abortions. The MTP Act of 1971 (amended in 2002) allows abortion up to 20 weeks of pregnancy in cases where “the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health”, or, “there is substantial risk that if the child were born, it would suffer from such physical or mental abnormalities to be seriously handicapped”.<sup>124</sup> When the pregnancy is caused by rape or as a result of failure of family planning device or method used by any of the married couples, pregnancy can be terminated.<sup>125</sup> Abortion is allowed only when it is conducted by registered medical practitioners at a hospital established or maintained by the Government or a facility certified by the Government or a District Level Committee constituted by the Government.<sup>126</sup> However, in special circumstances, pregnancy can be terminated any time (i.e. beyond 20 weeks’ gestation) and without approval of a second doctor when “the termination of such pregnancy is immediately necessary to save the life of the pregnant woman.”<sup>127</sup> In this case, the registered medical practitioner need not have the requisite experience or training in gynecology and obstetrics as required under Section 2 (d) to perform the abortion.<sup>128</sup> Specific punishments were prescribed for any illegal abortion under the MTP (Amendment) Act of 2002, which shall not be less than 2 years rigorous imprisonment but which may extend to 7 years under the IPC.<sup>129</sup>

While the government of India does not have any official data on illegal abortions, the Ministry of Health and Family Welfare has unambiguously

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124. Section 3, sub section (2) of the Medical Termination of Pregnancy Act of 1971

125. Ibid.

126. Section 4 of the Medical Termination of Pregnancy Amendment Act of 2002

127. Section 5, sub section (1) of the Medical Termination of Pregnancy Act of 1971

128. See Explanation 2 under Section 5 of the Medical Termination of Pregnancy Amendment Act of 2002

129. Section 5, sub-sections (2)-(4) of the MTP Amendment Act of 2002

acknowledged that *“Although abortions were made legal in 1971, actually illegal abortions still outnumber legal abortions by a large margin. It is estimated that 10-15 thousand women die every year due to complications resulting from unsafe abortions conducted at unapproved places by untrained providers.”*<sup>130</sup> The official number on abortions varies. According to the Ministry of Health and Family Welfare’s report “Health and Family Welfare Statistics in India 2013”, a total of 6,49,795 medical termination of pregnancies (or abortions) were performed during 2008-2009; 6,75,810 during 2009-2010; 6,48,469 during 2010-2011; 6,25,448 during 2011-2012 and 6,36,010 during 2012-2013.<sup>131</sup> Further on 6 August 2013, then Union Minister of Health and Family Welfare Mr Ghulam Nabi Azad told the Rajya Sabha that a total of 11.06 lakh abortions were recorded in the year 2008-09 in India.<sup>132</sup>

But unofficial estimates made by independent research study of 2004 “Abortion Assessment Project - India (AAPI)” coordinated by CEHAT, Mumbai and Health watch, Delhi estimated a staggering 6.4 million (64 lakhs) abortions taking place annually in India. Of these, 1.6 million (16 lakhs) abortions i.e. 25% were performed by informal (traditional and/or medically non-qualified) abortion providers.<sup>133</sup> The Population Research Institute, a non-profit research group, states that at least 12,771,043 sex selective abortions had taken place in India in the years between 2000 and 2014. The yearly average of sex selective abortion is 851,403 or daily average of 2,332.<sup>134</sup>

The underreporting under the MTP Act is glaring. It is assumed that States with more population will report more cases of abortions. For example, Assam with a total population of 31,205,576 as per 2011 census reported a total

130. <http://164.100.47.132/LssNew/psearch/Result13.aspx?dbst=4858>

131. Ministry of Health and Family Welfare, Government of India’s “Health and Family Welfare Statistics in India 2013”, Page 209, <https://nrhm-mis.nic.in/PubFWStatistics%202013/Complete%20Book.pdf>

132. Statement of then Minister of Health and Family Welfare Mr Ghulam Nabi Azad in response to Unstarred Question No. 257 in the Rajya Sabha on 6 August 2013,

133. See <http://www.cehat.org/go/uploads/AapIndia/summary.pdf>

134. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

of 3,53,309 cases of termination of pregnancies under the MTP Act during 2008-2009 to 2012-13. In comparison, Uttar Pradesh with a population of 199,812,341 as per 2011 census reported a total of 3,60,555 cases during the same period. In other words, Uttar Pradesh despite having 159 million populations more than Assam reported only 7,246 cases more than Assam. On the other hand, Maharashtra having a population of 112,374,333 as per 2011 census i.e. less than Uttar Pradesh reported 5,44,671 cases of termination of pregnancies under the MTP Act during the said period. Some other major States with population more than Assam as per 2011 census reported fewer cases than Assam. These States include Andhra Pradesh (32,842 cases) with over 84 million population; Bihar (67,895 cases) with population of over 100 million; Gujarat (1,04,901 cases) with population of over 60 million; Karnataka (1,30,410 cases) with population of over 61 million; Madhya Pradesh (1,32,118 cases) with population of over 72 million; Odisha (103,146 cases) with population of over 41 million; Tamil Nadu (299,083 cases) with population of over 72 million; and West Bengal (269,091 cases) with population of over 91 million.<sup>135</sup>

Similarly, Rajasthan also grossly underreported the cases of abortions. With population of over 68 million, Rajasthan reported only 158,470 abortion cases during FY during 2008-2009 to 2012-2013.<sup>136</sup> Rajasthan had reported 36,846 abortions in FY 2008-09; 41,743 in FY 2009-10; 27,734 in FY 2010-11; 29,167 in FY 2011-12 and 22,980 in FY 2012-13.<sup>137</sup>

The possibilities of the MTP Act being mis-used to abort female foetuses remain high.

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135. Please refer to "The MTP Amendment Bill, 2014: India's Beti Mar Do Campaign" by Asian Centre for Human Rights, January 2016 available at <http://www.stopfemaleinfanticide.org/files/MTP-Amendment-Bill-2014.pdf>

136. Ministry of Health and Family Welfare, Government of India's "Health and Family Welfare Statistics in India 2013", Page 209, <https://nrhm-mis.nic.in/PubFWStatistics%202013/Complete%20Book.pdf>

137. Ibid.

# ANNEXURE I: APPROPRIATE AUTHORITIES UNDER THE PC&PNDT ACT

Urgent  
Digitizing  
P1- Pub ref.  
M  
21/4/15

 सत्यमेव जयते	राजस्थान राज-पत्र विशेषांक	RAJASTHAN GAZETTE Extraordinary
	साधिकार प्रकाशित	Published by Authority
	वैशाख 4, शुक्रवार, साके 1937-अप्रैल 24, 2015 Vaisakha 4, Friday, Saka 1937-April 24, 2015	

भाग 1 (ख)  
 महत्वपूर्ण सरकारी आज्ञायें।  
 चिकित्सा एवं स्वास्थ्य (ग्रुप-3) विभाग  
 अधिसूचना

जयपुर, अप्रैल 23, 2015

संख्या एफ.23(2)चि.एव स्वा.3/2003/ पार्ट :- गर्भधारण पूर्व और प्रसव पूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 (वर्ष 1994 का अधिनियम संख्या 57) की धारा 17 की उप-धारा (2) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए राज्य सरकार एतद्वारा, इस विभाग द्वारा पूर्व में जारी अधिसूचना क्रमांक प.23(2)चि. एवं स्वा. 3/2003 पार्ट दिनांक 05.01.2012 को अधिक्रमित करते हुए जिला स्तर एवं उपखण्ड स्तर पर समुचित प्राधिकारी की नियुक्ति निम्नानुसार करती है :-

- I. जिला स्तर पर सम्पूर्ण - जिला कलक्टर  
 राजस्व जिले के लिये
- II. उपखण्ड स्तर पर नीचे दी गयी सारणी के कॉलम 2 में वर्णित राजस्व उपखण्ड क्षेत्र के लिये  
 कॉलम 3 में वर्णित अधिकारी :

सारणी



क्र. सं.	राजस्व उपखण्ड	पदनाम
2	3	
1.	अजमेर जिला अजमेर	संयुक्त निदेशक चिकित्सा एवं स्वास्थ्य सेवायें जोन अजमेर
	ब्यावर जिला अजमेर	जिला क्षय रोग अधिकारी ब्यावर
3.	केकड़ी जिला अजमेर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अजमेर
4.	किशनगढ जिला अजमेर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अजमेर
5.	नसीराबाद जिला अजमेर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी अजमेर
6.	मसूदा जिला अजमेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) अजमेर
7.	पीसागन जिला अजमेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) अजमेर
8.	सरवाड जिला अजमेर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अजमेर
9.	मिनाय जिला अजमेर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी अजमेर
10.	पुष्कर जिला अजमेर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अजमेर
11.	रूपनगढ जिला अजमेर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी अजमेर
12.	टाटगढ जिला अजमेर	जिला क्षय रोग अधिकारी ब्यावर
13.	अलवर जिला अलवर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अलवर
14.	रामगढ जिला अलवर	जिला क्षय रोग अधिकारी अलवर
15.	थानागाजी जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अलवर
16.	राजगढ जिला अलवर	जिला प्रजनन व शिशु स्वास्थ्य अधिकारी अलवर
17.	लक्ष्मणगढ जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अलवर
18.	कदूमर जिला अलवर	जिला क्षय रोग अधिकारी अलवर
19.	किशनगढ बास जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अलवर
20.	मुष्कावर जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) अलवर
21.	तिजारा जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) अलवर
22.	कोटकासिम जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) अलवर
23.	बहरोड जिला अलवर	जिला प्रजनन व शिशु स्वास्थ्य अधिकारी अलवर
24.	बानसुर जिला अलवर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) अलवर
25.	नीमराणा जिला अलवर	जिला प्रजनन व शिशु स्वास्थ्य अधिकारी अलवर
26.	पैनी जिला अलवर	जिला क्षय रोग अधिकारी अलवर
27.	बांसवाडा जिला बांसवाडा	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बांसवाडा

55(2)

राजस्थान राज-पत्र, अप्रैल 24, 2015

भाग 1 (ख)

1	2	3
28.	घाटोल जिला बांसवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०), बांसवाड़ा
29.	कूशलगढ़ जिला बांसवाड़ा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), बांसवाड़ा
30.	बागीचीरा जिला बांसवाड़ा	जिला प्रजनन व शिशु स्वास्थ्य अधिकारी, बांसवाड़ा
31.	गद्दी जिला जिला बांसवाड़ा	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बांसवाड़ा
32.	छोटी सरदन जिला बांसवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०), बांसवाड़ा
33.	आनन्दपुरी जिला बांसवाड़ा	जिला क्षय रोग अधिकारी, बांसवाड़ा
34.	सज्जनगढ़ जिला बांसवाड़ा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), बांसवाड़ा
35.	बारां जिला बारां	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी बारां
36.	छबड़ा जिला बारां	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी बारां
37.	अटरू जिला बारां	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) बारां
38.	किशनगंज जिला बारां	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) बारां
39.	मांगरोल जिला बारां	जिला क्षय रोग अधिकारी बारां
40.	शाहबाद जिला बारां	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) बारां
41.	छोपाबडौद जिला बारां	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी बारां
42.	अन्ता जिला बारां	जिला क्षय रोग अधिकारी बारां
43.	बाडमेर जिला बाडमेर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बाडमेर
44.	बालोतरा जिला बाडमेर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) बाडमेर
45.	गुडामलानी जिला बाडमेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) बाडमेर
46.	शिव जिला बाडमेर	ब्लॉक मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बाडमेर
47.	बायतू जिला बाडमेर	प्रजनन एवं शिशु स्वास्थ्य अधिकारी बाडमेर
48.	चौहटन जिला बाडमेर	जिला क्षय रोग अधिकारी, बाडमेर
49.	रामसर जिला बाडमेर	ब्लॉक मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बाडमेर
50.	सिवाना जिला बाडमेर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) बाडमेर
51.	सिणधरी जिला बाडमेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) बाडमेर
52.	सेडवा जिला बाडमेर	जिला क्षय रोग अधिकारी, बाडमेर
53.	घोरीमन्ना जिला बाडमेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) बाडमेर
54.	भरतपुर जिला भरतपुर	संयुक्त निदेशक, चिकित्सा सेवाएं, जोन, भरतपुर
55.	डीग जिला भरतपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, भरतपुर
56.	कामा जिला भरतपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, भरतपुर
57.	बयाना जिला भरतपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भरतपुर
58.	कुम्हेर जिला भरतपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, भरतपुर
59.	वैर जिला भरतपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भरतपुर
60.	नदबई जिला भरतपुर	जिला क्षय रोग अधिकारी, भरतपुर
61.	रूपवास जिला भरतपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भरतपुर
62.	नगर जिला भरतपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, भरतपुर
63.	पहाडी जिला भरतपुर	जिला क्षय रोग अधिकारी, भरतपुर
64.	मुसावर जिला भरतपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भरतपुर
65.	भीलवाड़ा जिला भीलवाड़ा	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी भीलवाड़ा
66.	शाहपुरा जिला भीलवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भीलवाड़ा
67.	गुलाबपुरा जिला भीलवाड़ा	जिला क्षय रोग अधिकारी भीलवाड़ा
68.	बनेड़ा जिला भीलवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भीलवाड़ा
69.	माण्डल जिला भीलवाड़ा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) भीलवाड़ा
70.	माण्डलगढ़ जिला भीलवाड़ा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) भीलवाड़ा
71.	गंगापुर जिला भीलवाड़ा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) भीलवाड़ा
72.	जहाजपुर जिला भीलवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भीलवाड़ा
73.	रायपुर जिला भीलवाड़ा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) भीलवाड़ा
74.	बिजौलिया जिला भीलवाड़ा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) भीलवाड़ा
75.	कोटडी जिला भीलवाड़ा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) भीलवाड़ा
76.	आसीन्द जिला भीलवाड़ा	जिला क्षय रोग अधिकारी भीलवाड़ा
77.	फुलियाकलां जिला भीलवाड़ा	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (५०क०) भीलवाड़ा
78.	हमीरगढ़ जिला भीलवाड़ा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) भीलवाड़ा
79.	करड़ा जिला भीलवाड़ा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ)

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		भीलवाड़ा
80.	बदनोर जिला भीलवाड़ा	जिला क्षय रोग अधिकारी भीलवाड़ा
81.	बीकानेर जिला बीकानेर	संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य, बीकानेर जोन बीकानेर
82.	खाजूवाला जिला बीकानेर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) बीकानेर
83.	नोखा जिला बीकानेर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बीकानेर
84.	श्रीदुर्गराज जिला बीकानेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) बीकानेर
85.	लूणकरनसर जिला बीकानेर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बीकानेर
86.	कोलायत जिला बीकानेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) बीकानेर
87.	पूगल जिला बीकानेर	जिला क्षय रोग अधिकारी बीकानेर
88.	छत्तरगढ़ जिला बीकानेर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) बीकानेर
89.	बून्दी जिला बून्दी	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, बून्दी
90.	नैनवा जिला बून्दी	जिला क्षय रोग अधिकारी, बून्दी
91.	केशोराय पाटन जिला बून्दी	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), बून्दी
92.	हिण्डोली जिला बून्दी	जिला क्षय रोग अधिकारी, बून्दी
93.	लाखेरी जिला बून्दी	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), बून्दी
94.	तालेडा जिला बून्दी	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ) बून्दी
95.	चित्तौड़गढ़ जिला चित्तौड़गढ़	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी चित्तौड़गढ़
96.	कपासन जिला चित्तौड़गढ़	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) चित्तौड़गढ़
97.	निम्बाहंडा जिला चित्तौड़गढ़	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी चित्तौड़गढ़
98.	बैंगु जिला चित्तौड़गढ़	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) चित्तौड़गढ़
99.	बडीसादडी जिला चित्तौड़गढ़	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी चित्तौड़गढ़
100.	गंगरार जिला चित्तौड़गढ़	जिला क्षय रोग निवारण अधिकारी चित्तौड़गढ़
101.	रावतभाटा जिला चित्तौड़गढ़	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) चित्तौड़गढ़
102.	राशमी जिला चित्तौड़गढ़	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) चित्तौड़गढ़
103.	भदोसर जिला चित्तौड़गढ़	जिला क्षय रोग निवारण अधिकारी चित्तौड़गढ़
104.	डूंगला जिला चित्तौड़गढ़	जिला क्षय रोग निवारण अधिकारी चित्तौड़गढ़
105.	भूपालसागर जिला चित्तौड़गढ़	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) चित्तौड़गढ़
106.	घूरु जिला घूरु	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), घूरु
107.	राजगढ़ जिला घूरु	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी घूरु
108.	रतनगढ़ जिला घूरु	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी रतनगढ़ घूरु
109.	सुजानगढ़ जिला घूरु	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०), घूरु
110.	सरदारशहर जिला घूरु	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), घूरु
111.	तारानगर जिला घूरु	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी घूरु
112.	बिदासर जिला घूरु	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०), घूरु
113.	दौसा जिला दौसा	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी दौसा
114.	बादीकुई जिला दौसा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०), दौसा
115.	महवा जिला दौसा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), दौसा
116.	सिकराय जिला दौसा	जिला क्षय रोग अधिकारी दौसा
117.	लालसोट जिला दौसा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ), दौसा
118.	नागलराजावतान जिला दौसा	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) दौसा
119.	रामगढ़ पंचवारा जिला दौसा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी दौसा
120.	धौलपुर जिला धौलपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी धौलपुर
121.	बाडी जिला धौलपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) धौलपुर
122.	बसेडी जिला धौलपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी धौलपुर
123.	सैफु जिला धौलपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) धौलपुर
124.	राजाखेडा जिला धौलपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) धौलपुर
125.	सरमथुरा जिला धौलपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी धौलपुर
126.	डूंगरपुर जिला डूंगरपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी डूंगरपुर
127.	सागवाडा जिला डूंगरपुर	जिला क्षय रोग अधिकारी डूंगरपुर
128.	सौमलवाडा जिला डूंगरपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) डूंगरपुर
129.	आसपुर जिला डूंगरपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) डूंगरपुर
130.	बिछीवाडा जिला डूंगरपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ), डूंगरपुर
131.	झाधला जिला डूंगरपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य) डूंगरपुर



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132.	गलियाकोट जिला डूंगरपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) डूंगरपुर
133.	चिकली जिला डूंगरपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) डूंगरपुर
134.	श्रीगंगानगर जिला श्रीगंगानगर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, श्रीगंगानगर
135.	करणपुर जिला श्रीगंगानगर	जिला क्षय रोग अधिकारी श्रीगंगानगर
136.	रायसिंहनगर जिला श्रीगंगानगर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी श्रीगंगानगर
137.	अनूपगढ जिला श्रीगंगानगर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) श्रीगंगानगर
138.	घडसाना जिला श्रीगंगानगर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) श्रीगंगानगर
139.	सूरतगढ जिला श्रीगंगानगर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) श्रीगंगानगर
140.	सादुलशहर जिला श्रीगंगानगर	जिला क्षय रोग अधिकारी श्रीगंगानगर
141.	पदमपुर जिला श्रीगंगानगर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी श्रीगंगानगर
142.	विजयनगर जिला श्रीगंगानगर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) श्रीगंगानगर
143.	हनुमानगढ जिला हनुमानगढ	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, हनुमानगढ
144.	संगरिया जिला हनुमानगढ	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), हनुमानगढ
145.	नोहर जिला हनुमानगढ	जिला क्षय रोग अधिकारी (डीटीओ), हनुमानगढ
146.	टिब्बी जिला हनुमानगढ	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), हनुमानगढ
147.	रावतसर जिला हनुमानगढ	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), हनुमानगढ
148.	पीलीबंगा जिला हनुमानगढ	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), हनुमानगढ
149.	भादरा जिला हनुमानगढ	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ), हनुमानगढ
150.	जयपुर जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर प्रथम
151.	बस्सी जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर द्वितीय
152.	सांगानेर जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर द्वितीय
153.	घाकसू जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर द्वितीय
154.	आमेर जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर प्रथम
155.	कोटपूतली जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर प्रथम
156.	सामर जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर द्वितीय
157.	जमवारामगढ जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जयपुर प्रथम
158.	विराटनगर जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर प्रथम
159.	चौमू जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर द्वितीय
160.	शाहपुरा जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर प्रथम
161.	दूदू जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर द्वितीय
162.	फागी जिला जयपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) जयपुर द्वितीय
163.	जैसलमेर जिला जयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जैसलमेर
164.	फतेहगढ जिला जैसलमेर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प.क.) जैसलमेर
165.	पोकरण जिला जैसलमेर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) जैसलमेर
166.	भनियाणा जिला जैसलमेर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी जैसलमेर
167.	जालौर जिला जालौर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जालौर
168.	आहोेर जिला जालौर	जिला क्षय रोग अधिकारी, जालौर
169.	भीनमाल जिला जालौर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.), जालौर
170.	रानीवाडा जिला जालौर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, जालौर
171.	सांचौर जिला जालौर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जालौर
172.	सायला जिला जालौर	जिला क्षय रोग अधिकारी, जालौर
173.	बागोडा जिला जालौर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.), जालौर
174.	जसवन्तपुरा जिला जालौर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, जालौर
175.	चित्तलवाना जिला जालौर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जालौर
176.	आलावाड जिला आलावाड	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, आलावाड

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177.	भवानीमण्डी जिला झालावाड	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.), झालावाड
178.	अकलेरा जिला झालावाड	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, झालावाड
179.	खानपुर जिला झालावाड	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0), झालावाड
180.	पिडावा जिला झालावाड	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.), झालावाड
181.	मनोहरस्थाना जिला झालावाड	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, झालावाड
182.	गंगधार जिला झालावाड	जिला क्षय रोग निवारण अधिकारी, झालावाड
183.	असनावर जिला झालावाड	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0), झालावाड
184.	झुन्झुनू जिला झुन्झुनू	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी झुन्झुनू
185.	धिडावा जिला झुन्झुनू	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) झुन्झुनू
186.	खेतडी जिला झुन्झुनू	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी झुन्झुनू
187.	उदयपुरवाटी जिला झुन्झुनू	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) झुन्झुनू
188.	नवलगढ जिला झुन्झुनू	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) झुन्झुनू
189.	बुहाना जिला झुन्झुनू	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी झुन्झुनू
190.	मलसीसर जिला झुन्झुनू	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) झुन्झुनू
191.	सूरजगढ जिला झुन्झुनू	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) झुन्झुनू
192.	जोधपुर जिला जोधपुर	संयुक्त निदेशक जोन, चिकित्सा एवं स्वास्थ्य सेवाएं जोधपुर
193.	फलीदी जिला जोधपुर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) जोधपुर
194.	पीपाड शहर जिला जोधपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी जोधपुर
195.	ओसियां जिला जोधपुर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) जोधपुर
196.	शेरगढ जिला जोधपुर	जिला क्षय रोग अधिकारी, जोधपुर
197.	लूणी जिला जोधपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जोधपुर
198.	भोपालगढ जिला जोधपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जोधपुर
199.	बाबडी जिला जोधपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी जोधपुर
200.	बाप जिला जोधपुर	अति0 मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण जोधपुर
201.	बालेसर जिला जोधपुर	जिला क्षय रोग अधिकारी, जोधपुर
202.	बिलाडा जिला जोधपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी जोधपुर
203.	करौली जिला करौली	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, करौली
204.	हिण्डीन जिला करौली	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, करौली
205.	मण्डरायल जिला करौली	जिला क्षय रोग अधिकारी, करौली
206.	सपोटरा जिला करौली	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा0), करौली
207.	टोडाभीम जिला करौली	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, करौली
208.	नादोती जिला करौली	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0), करौली
209.	कोटा जिला कोटा	संयुक्त निदेशक जोन चिकित्सा एवं स्वास्थ्य सेवाएं, कोटा
210.	रामगंजमण्डी जिला कोटा	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कोटा
211.	दीगोद जिला कोटा	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी (आरसीएचओ), कोटा
212.	सांगोद जिला कोटा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा0) कोटा
213.	इटावा जिला कोटा	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) कोटा
214.	कनवास जिला कोटा	जिला क्षय रोग अधिकारी कोटा
215.	नागौर जिला नागौर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी नागौर
216.	मेडता जिला नागौर	अति0 मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण नागौर
217.	डीडवाना जिला नागौर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, नागौर
218.	परबतसर जिला नागौर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) नागौर
219.	जायल जिला नागौर	जिला क्षय रोग निवारक अधिकारी नागौर
220.	डेगाना जिला नागौर	अति0 मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण नागौर
221.	नावां जिला नागौर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) नागौर
222.	मकराना जिला नागौर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, नागौर
223.	लाडनू जिला नागौर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, नागौर
224.	खीबसर जिला नागौर	जिला क्षय रोग निवारक अधिकारी नागौर
225.	कुचामन सिटी जिला नागौर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) नागौर
226.	रियाबडी जिला नागौर	अति0 मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण नागौर
227.	पाली जिला पाली	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी पाली

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राजस्थान राज-पत्र, अप्रैल 24, 2015

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228.	बाली जिला पाली	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण पाली
229.	सोजत जिला पाली	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) पाली
230.	जैतारण जिला पाली	जिला प्रजनन एवं बाल स्वास्थ्य अधिकारी, पाली
231.	देसूरी जिला पाली	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण पाली
232.	सुमेरपुर जिला पाली	जिला क्षय रोग अधिकारी पाली
233.	रोहट जिला पाली	जिला प्रजनन एवं बाल स्वास्थ्य अधिकारी, पाली
234.	मारवाड़ जंक्शन जिला पाली	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) पाली
235.	रायपुर जिला पाली	जिला प्रजनन एवं बाल स्वास्थ्य अधिकारी, पाली
236.	रानी जिला पाली	जिला क्षय रोग अधिकारी पाली
237.	प्रतापगढ़ जिला प्रतापगढ़	जिला नोडल अधिकारी पीसीपीएनडीटी एवं मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी प्रतापगढ़
238.	धरियावद जिला प्रतापगढ़	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०), प्रतापगढ़
239.	अरनोद जिला प्रतापगढ़	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी प्रतापगढ़
240.	छोटीसावडी जिला प्रतापगढ़	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी प्रतापगढ़
241.	पीपलखुंट जिला प्रतापगढ़	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), प्रतापगढ़
242.	राजसमन्द जिला राजसमन्द	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी राजसमन्द
243.	नाथद्वारा जिला राजसमन्द	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) राजसमन्द
244.	भीम जिला राजसमन्द	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी राजसमन्द
245.	कुम्भलगढ़ जिला राजसमन्द	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) राजसमन्द
246.	रेलमगरा जिला राजसमन्द	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) राजसमन्द
247.	आमेट जिला राजसमन्द	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) राजसमन्द
248.	देवगढ़ जिला राजसमन्द	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी राजसमन्द
249.	सवाई माधोपुर जिला सवाईमाधोपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी सवाई माधोपुर
250.	गंगापुर सिटी जिला सवाईमाधोपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सवाई माधोपुर
251.	बौली जिला सवाईमाधोपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सवाई माधोपुर
252.	बामनवास जिला सवाईमाधोपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सवाई माधोपुर
253.	खण्डार जिला सवाईमाधोपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी सवाई माधोपुर
254.	घोथ का बरवाडा जिला सवाईमाधोपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी सवाई माधोपुर
255.	मत्तारना डूंगर जिला सवाईमाधोपुर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सवाई माधोपुर
256.	वजौरपुर जिला सवाईमाधोपुर	जिला क्षय रोग अधिकारी सवाई माधोपुर
257.	सीकर जिला सीकर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, सीकर
258.	फतेहपुर जिला सीकर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सीकर
259.	नीमकाथाना जिला सीकर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सीकर
260.	लक्ष्मणगढ़ जिला सीकर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सीकर
261.	दातारामगढ़ जिला सीकर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, सीकर
262.	श्रीमाधोपुर जिला सीकर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सीकर
263.	धोद जिला सीकर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी, सीकर
264.	रामगढ़ शेखावटी जिला सीकर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सीकर
265.	खण्डेला जिला सीकर	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सीकर
266.	सिरौही जिला सिरौही	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, सिरौही
267.	आबुपर्वत जिला सिरौही	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सिरौही
268.	रेवदर जिला सिरौही	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सिरौही
269.	पिण्डावा जिला सिरौही	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) सिरौही
270.	शिवगंज जिला सिरौही	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) सिरौही
271.	टोंक जिला टोंक	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, टोंक
272.	निवाई जिला टोंक	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) टोंक
273.	उनियारा जिला टोंक	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा.) टोंक
274.	देवली जिला टोंक	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प०क०) टोंक
275.	पीपलू जिला टोंक	जिला प्रजनन एवं बाल स्वास्थ्य अधिकारी, टोंक

भाग 1 (उ)

राजस्थान राज-पत्र, अप्रैल 24, 2015

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1	2	3
276.	मालपुरा जिला टोक	जिला प्रजनन एवं बाल स्वास्थ्य अधिकारी, टोक
277.	टोडारामसिंह जिला टोक	उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा) टोक
278.	गिर्वा जिला उदयपुर	संयुक्त निदेशक, चिकित्सा सेवाएं, जोन, उदयपुर
279.	वल्लभनगर जिला उदयपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण उदयपुर
280.	मायली जिला उदयपुर	अति० मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी परिवार कल्याण उदयपुर
281.	खेरवाडा जिला उदयपुर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) उदयपुर
282.	झाडोल जिला उदयपुर	जिला क्षय रोग निवारण अधिकारी उदयपुर
283.	कोटडा जिला उदयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी उदयपुर
284.	सलुम्बर जिला उदयपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी उदयपुर
285.	लसाडिया जिला उदयपुर	जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी उदयपुर
286.	सराडा जिला उदयपुर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) उदयपुर
287.	ऋषभदेव जिला उदयपुर	उपमुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वा०) उदयपुर
288.	गोगुन्दा जिला उदयपुर	जिला क्षय रोग निवारण अधिकारी उदयपुर
289.	बडगांव जिला उदयपुर	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी उदयपुर

राज्यपाल की आज्ञा से,  
नीतू बारुपाल,  
शासन उप सचिव।

राज्य केन्द्रीय मुद्रणालय, जयपुर।

# ANNEXURE II: MUKHBIR YOJANA AND ITS PHYSICAL ACHIEVEMENTS



कमांक : राज्य पीसीपीएनडीटी प्रकोष्ठ / स्वा0 प्रब0/2015/ 410

## राजस्थान सरकार

निदेशालय चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवाएँ  
राज्य पीसीपीएनडीटी प्रकोष्ठ  
राजस्थान, जयपुर

दिनांक : 31/3/2015

### मुखबिर योजना हेतु दिशा-निर्देश

राज्य में पीसीपीएनडीटी अधिनियम के प्रभावी क्रियान्वयन के लिये मुखबिर योजना प्रारम्भ की गयी है। चिकित्सक को तकनीक के दुरुपयोग को रोकने के लिये गोपनीय रूप से सूचना जनता से प्राप्त करना आवश्यक है तथा ऐसी सूचना को प्रदान करने के लिये जनता को अभिप्रेरित करना भी आवश्यक है। इसमें जनसहयोग की आवश्यकता है। इस योजना के द्वारा लिंग परीक्षण के दोषी व्यक्तियों तक विभाग की पहुँच को सुनिश्चित करते हुये उन्हें कानून के दायरे में लाया जा सकता है। समाज में यह संदेश दिया जा सकता है कि लिंग परीक्षण करने/कराने वाले व्यक्तियों के विरुद्ध जनसूचना के आधार पर उन्हें दण्डित कराया जा सकता है तथा इसके लिये भ्रूण लिंग परीक्षण करने वाले व्यक्ति/चिकित्सक की सूचना विभाग को देने वाले व्यक्ति का नाम गुप्त रखते हुये उसको विभाग द्वारा पुरस्कार प्रदान किया जायेगा।

राज्य सरकार द्वारा पूर्व में जारी किये गये पत्र क्रमांक राज्य पीसीपीएनडीटी प्रकोष्ठ/स्वा0 प्रब0/2012/1062 दिनांक 30.07.2012 को अधिक्रमित करते हुये राज्य सरकार द्वारा प्रारम्भ की गयी "मुखबिर योजना" एवं संबंधित दिशा निर्देश निम्न प्रकार जारी किये जाते हैं :-

#### 1. मुखबिर योजना के उद्देश्य :-

1. समाज में घटते हुए बाल लिंगानुपात पर रोक लगाने का प्रयास करना।
2. ऐसे व्यक्तियों के खिलाफ कार्यवाही कर उन्हें कानून के शिकंजे में लाना जो कि तकनीक का दुरुपयोग से भ्रूण का लिंग परीक्षण कर बेटियों को जन्म लेने से रोक रहे हैं।
3. समाज को बेटी बचाने के लिये जागरूक करना व इस कार्य के लिये उनकी भागीदारी सुनिश्चित करना।
4. गर्भधारण पूर्व एवं प्रसव पूर्व निदान तकनीक के दुरुपयोग को रोकना।

#### 2. मुखबिर योजना के लक्ष्य :-

यदि लोग इस योजना के द्वारा चिकित्सकों को भ्रूण लिंग परीक्षण में लिप्त पाये जाने पर कानून के दायरे में लाने के लिये मदद करते हैं, तो उन चिकित्सकों में भय का वातावरण पैदा होगा जो तकनीक के दुरुपयोग से बेटों के जन्म को रोक रहे हैं।

#### 3. कार्य नीति :-

मुखबिर द्वारा की गयी भ्रूण लिंग परीक्षण किये जाने की सूचना के आधार पर, समुचित प्राधिकारी/प्राधिकृत अधिकारी, समुचित प्राधिकारी द्वारा सूचना का सत्यापन किया जायेगा। सूचना क सत्यापन म बागस ग्राहक (गर्भवता माहला) की उपलब्धता के

(A)

आधार पर डिकॉय कार्यवाही सम्पादित की जायेगी, जिसमें मुखबिर द्वारा दी गयी सूचना एवं सहयोग में चिकित्सक का नाम तथा गर्भवती महिला के भ्रूण का लिंग परीक्षण किया जाना साबित होने पर, मुखबिर पुरस्कार के प्रथम किस्त का हकदार होगा।

**4. मुखबिर योजना हेतु विभाग द्वारा निर्धारित पुरस्कार :-**

1. सफल डिकॉय ऑपरेशन करवाने पर सरकार द्वारा प्रोत्साहन राशि दो लाख रुपये स्वीकृत की जायेगी।
2. प्रोत्साहन राशि रुपये दो लाख में से 40 प्रतिशत मुखबिर, 40 प्रतिशत गर्भवती महिला एवं 20 प्रतिशत गर्भवती महिला का सहयोगी को निम्न तीन किस्तों में दी जायेगी :-

क्रम संख्या	कुल प्रोत्साहन राशि 2,00,000 /- (रुपये दो लाख मात्र)	मुखबिर 40%(80,000 रुपये)	गर्भवती महिला 40%(80,000 रुपये)	गर्भवती महिला का सहयोगी 20% (40,000 रुपये)
1	प्रथम किस्त :- डिकॉय ऑपरेशन के तुरन्त बाद	26600 /-	26600 /-	13300 /-
2	द्वितीय किस्त :- न्यायालय में बयान के दौरान डिकॉय ऑपरेशन की स्पष्ट पुष्टि करने के पश्चात	26600 /-	26600 /-	13300 /-
3	तृतीय किस्त :- न्यायालय के निर्णय के पश्चात	26800 /-	26800 /-	13400 /-
		80,000 /-	80,000 /-	40,000 /-

3. डिकॉय ऑपरेशन के लिये गर्भवती महिला को सोनोग्राफी फीस राशि व अन्य व्यय का अग्रिम भुगतान समुचित प्राधिकारी द्वारा मुखबिर योजना की मद संख्या A.7.2.3 में से स्वीकृत किया जायेगा।

**5. मुखबिर योजना के अन्तर्गत दी जाने वाली सूचना :-**

राज्य स्तर पर :-

1. अध्यक्ष, राज्य समुचित प्राधिकारी पीसीपीएनडीटी।
2. राज्य नोडल अधिकारी (पीसीपीएनडीटी) एवं निदेशक (प0क0), चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर।
3. उप निदेशक (आरसीएच) एवं प्रभारी राज्य पीसीपीएनडीटी प्रकोष्ठ, चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर।
4. प्राधिकृत अधिकारी, राज्य समुचित प्राधिकारी।

जिला स्तर पर :-

1. जिला समुचित प्राधिकारी पीसीपीएनडीटी एवं जिला कलक्टर।
2. जिला नोडल अधिकारी पीसीपीएनडीटी एवं मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी।

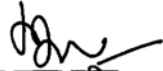
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मुखबिर प्रोत्साहन योजना हेतु दिशा-निर्देश

उपखण्ड स्तर पर :-


1. उपखण्ड समुचित प्राधिकारी पीसीपीएनडीटी।

मुखबिर बनने की सूचना 104 टोल फ्री सेवा पर भी दी जा सकती है।

  
प्रमुख शासन सचिव  
चिकित्सा एवं स्वास्थ्य विभाग  
राजस्थान, जयपुर

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

1. सचिव, अध्यक्ष केन्द्रीय पर्यवेक्षण बोर्ड एवं माननीय चिकित्सा एवं स्वास्थ्य मंत्री, भारत सरकार, निर्माण भवन, नई दिल्ली।
2. विशिष्ट सहायक, अध्यक्ष, राज्य पर्यवेक्षण बोर्ड एवं माननीय मंत्री महोदय, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान।
3. अतिरिक्त शासन सचिव व मिशन निदेशक (एनआरएचएम), निर्माण भवन, नई दिल्ली।
4. संयुक्त शासन सचिव (आरसीएच), कमरा नं० 145-ए, निर्माण भवन, नई दिल्ली।
5. उप शासन सचिव, मुख्य सचिव, राजस्थान सरकार, शासन सचिवालय, जयपुर, राजस्थान।
6. निजी सचिव, प्रमुख शासन सचिव चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान, जयपुर।
7. निदेशक (पीएनडीटी), कमरा नं० 206 डी, निर्माण भवन, नई दिल्ली।
8. निजी सहायक, राजकुमारी दीया कुमारी माननीया विधायक सवाईमाधोपुर एवं ब्रांड एम्बेसेडर "बेटी बचाओ अभियान"।
9. निजी सचिव, अध्यक्ष, राज्य समुचित प्राधिकारी एवं विशिष्ट शासन सचिव (प०क०), चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान, जयपुर।
10. समस्त सदस्य राज्य समुचित प्राधिकारी एवं राज्य सलाहकार समिति पीसीपीएनडीटी, राजस्थान।
11. राज्य नोडल अधिकारी, पीसीपीएनडीटी एवं निदेशक (प०क०), चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर।
12. समस्त जिला समुचित प्राधिकारी पीसीपीएनडीटी एवं जिला कलेक्टर, राजस्थान।
13. समस्त सदस्य जिला सलाहकार समिति पीसीपीएनडीटी, राजस्थान।
14. परियोजना निदेशक (पीसीपीएनडीटी), उप निदेशक (आरसीएच) एवं प्रभारी राज्य पीसीपीएनडीटी प्रकोष्ठ, चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान, जयपुर।
15. समस्त जिला नोडल अधिकारी (पीसीपीएनडीटी) एवं मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
16. समस्त उपखण्ड समुचित प्राधिकारी एवं सदस्य उपखण्ड सलाहकार समिति पीसीपीएनडीटी, राजस्थान।
17. समस्त सदस्य राज्य बेटी बचाओ अभियान प्रकोष्ठ, राजस्थान।
18. समस्त जिला पीसीपीएनडीटी समन्वयक, राजस्थान।
19. सेन्ट्रल सर्वर रूम, मुख्यालय।
20. रक्षित पत्रावली।

  
अध्यक्ष, राज्य समुचित प्राधिकारी  
(पीसीपीएनडीटी)  
एवं विशिष्ट शासन सचिव (प०क०)  
चिकित्सा एवं स्वास्थ्य विभाग,  
राजस्थान, जयपुर

रजिस्टर्ड



राजस्थान सरकार

कार्यालय, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, भीलवाड़ा (राज0)

क्रमांक : पीसीपीएनडीटी प्रकोष्ठ/2016/ 9707

दिनांक:-19/12/2016

श्री संतोष चकमा पुत्र श्री सुकरा कुमार चकमा,  
सी-3/441 सी जनकपुरी,  
नई दिल्ली-110058  
मो. 9810407749

विषय:- सूचना का अधिकार के अधिनियम 2005 के तहत सूचना उपलब्ध कराने  
बाबत।

सन्दर्भ- श्रीमान् परियोजना निदेशक (पीसीपीएनडीटी) एवं उप निदेशक (सी.सी.एच.)  
चिकित्सा एवं स्वास्थ्य सेवाए, राजस्थान जयपुर का पत्र क्रमांक राज्य  
पीसीपीएनडीटी प्रकोष्ठ/एल.ए./आटीआई-101/2016/1142 दिनांक  
05.12.2016

उपरोक्त संदर्भित पत्र के क्रम में लेख है कि आप द्वारा चाही गई सूचना के बिन्दु  
संख्या 1 से 3 तक की सूचना कार्यालय में उपलब्ध रेकार्ड अनुसार 5 पेज है। अतः आप निर्धारित  
शुल्क 2/- रुपये प्रति पेज के हिसाब से 10/- रुपये संदेय करावे ताकि नियमानुसार सूचना  
उपलब्ध करा दी जावेगी।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
भीलवाड़ा

प्रतिलिपी:- निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु।

1. श्रीमान् परियोजना निदेशक (पीसीपीएनडीटी) एवं उप निदेशक (आर.सी.एच.) चिकित्सा एवं  
स्वास्थ्य सेवाए, राजस्थान जयपुर रक्षित पत्रावली।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
भीलवाड़ा





राजस्थान सरकार  
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान  
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, स्वास्थ्य  
भवन, तिलक मार्ग, राजस्थान, जयपुर।  
फोन नं० 0141-2221812,  
ई-मेल :- pcpnndt-rj@nic.in




क्रमांक : राज्य पीसीपीएनडीटी प्रकोष्ठ/एल.ए./आरटीआई-4/2016/1169

दिनांक : 20/12/2016

श्री संतोष चकमा पुत्र श्री सुकरा कुमार चकमा  
C-3/441C जमनापुरी नई दिल्ली-110058  
Email:-ccrchap.info@gmail.com

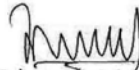
विषय:- सूचना का अधिकार अधिनियम, 2005 के तहत सूचना उपलब्ध कराने बाबत।  
संदर्भ:- लोक सूचना अधिकारी से प्राप्त पत्र क्रमांक 524 दिनांक 07.12.2016 के क्रम में।  
उपरोक्त विषय एवं संदर्भ में आप द्वारा चाही गयी सूचना निम्न प्रकार है :-

क्र. सं.	चाही गई सूचना	सूचना विवरण
1.	Total number of Mukhbirs (Informer) and pregnant women (decoy patient) who have been given rewards under the Mukhbir Yojana since its inception to as on date.	31 Mukhbirs and 20 pregnant woman have been rewarded under the Mukhbir Yojna in state.
2.	Total number of decoy operations carried out by Rajasthan State PCPNDT Cell or Appropriate Authorities in Rajasthan as on Date.	52 Decoy operations till 20.12.2016
3.	Sanctioned capacity of staff (Number of officials) in the PC&PNDT Bureau of Investigation in the Rajasthan PC&PNDT Cell.	Copy enclosed
4.	Present actual number of staff in the PC&PNDT Bureau of Investigation and.	12
5.	Vacancies, if any, in the PC&PNDT Bureau of Investigation.	No

  
परियोजना निदेशक (पीसीपीएनडीटी)  
एवं उप निदेशक (आर.सी.एच.)  
चिकित्सा एवं स्वास्थ्य सेवाएँ,  
राजस्थान, जयपुर

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु :-

1. लोक सूचना अधिकारी एवं निदेशक (आर.सी.एच.) महोदय, चिकित्सा एवं स्वास्थ्य सेवाएँ जयपुर राजस्थान को पत्र क्रमांक 524 दिनांक 07.12.2016 के क्रम में सूचनार्थ।
2. रक्षित पत्रावली।

  
परियोजना निदेशक (पीसीपीएनडीटी)  
एवं उप निदेशक (आर.सी.एच.)  
चिकित्सा एवं स्वास्थ्य सेवाएँ,  
राजस्थान, जयपुर

No. RA.AYR/2012/539  
27 JUN 2012  
D.M. & H.S. (M) DP (RCH)

राजस्थान सरकार  
शिक्षा एवं स्वास्थ्य (ग्रुप-2) विभाग

क्रमांक : प.34(1) चिखा/ग्रुप-2/2012

दिनांक : 26/6/12

आदेश

बजट घोषणा वर्ष 2012-2013 की बिन्दु संख्या 45.0 एवं 45.1 की क्रियान्विति हेतु शिक्षा एवं स्वास्थ्य विभाग के अधीन पीसीपीएनडीटी ब्यूरो ऑफ इन्वेस्टिगेशन (पीवीआई) का गठन करने के संदर्भ में वित्त विभाग एवं आयोजना वित्त विभाग की सहमति के आधार पर अनुसूची अनुसार पदों के सृजन की प्रशासनिक एवं वित्तीय स्वीकृति प्रदान की जाती है :-

Medical & Health Services  
No. 25676 (A)  
Date: 27/6/12  
D.M. & H.S. (M) DP (RCH)

अभ्य प्रकोष्ठ हेतु पद- आयोजना बजट शीर्ष 2211-00-001--(02)--[00]

क्र.सं.	पद का नाम	पदों की संख्या	मूल वेतन	ग्रेड-पे
1.	परियोजना निदेशक एवं राज्य नोडल अधिकारी (आरएएस वरिष्ठ वेतन श्रृंखला)	01	15600-39100	6600
2.	सहायक निदेशक (उप निदेशक-पासपोर्ट/डाटा)	01	15600-39100	6600
3.	जन सम्पर्क अधिकारी (For intensive IEC)	01	9300-34800	4200
4.	मेडिकल ऑफिसर (पीसीपीएनडीटी)	01	15600-39100	5400
5.	पुलिस निरीक्षक (स्टॉफ ऑफिसर कम रीज़र)	01	9300-34800	4200
6.	सहायक निदेशक अभियोजन	01	15600-39100	6000
7.	विधि सहायक (अभियोजन सहायक)	01	9300-34800	3200
8.	पुलिस निरीक्षक (पुलिस ऑफिसर)	04	9300-34800	4200
9.	हैड कान्सटेबल	01	5200-20200	2000
10.	कान्सटेबल	04	5200-20200	1900
11.	सूचना सहायक (आई.टी. सहायक)	01	5200-20200	2400
12.	कनिष्ठ लिपिक	01	5200-20200	1900
	योग - A	18		

(B) प्रत्येक जिला प्रकोष्ठ हेतु पद- आयोजना बजट शीर्ष 2211-00-196-(01)-[01]

क. सं.	पद का नाम	पदों की संख्या	मूल वेतन	ग्रेड-पे
1.	विधि सहायक (अभियोजन सहायक) (प्रत्येक जिले के लिये एक)	34	9300-34800	3200
2.	पुलिस निरीक्षक * (पुलिस ऑफिसर) (प्रत्येक जिले के लिये एक)	34	9300-34800	4200
3.	कनिष्ठ लिपिक (प्रत्येक जिले के लिये एक)	34	5200-20200	1900
योग - B		102		
महायोग A+B		120		

उपरोक्त स्वीकृति वित्त विभाग की निम्नलिखित शर्तों के अधीन प्रदान की गयी है :-

1. विभाग द्वारा प्रस्तावित पदों को विशेष चयन/प्रतिनियुक्ति के द्वारा भरा जाना प्रस्तावित किया है। विशेष चयन से संबंधित सेवा नियमों का परीक्षण/सहमति कार्मिक विभाग, विधि विभाग एवं वित्त (नियम) विभाग द्वारा प्रदान की जाती है। अतः विभाग, विशेष चयन के नियमों का प्रस्तावित पदों के लिये परीक्षा कर प्रतीक्षा करेगा। विशेष चयन के नियमों से कराया जाना सुनिश्चित करें।
2. विभाग प्रस्तावित नोटिफिकेशन का परीक्षण एवं सहमति गृह विभाग से प्राप्त करावें।
3. विभाग प्रस्ताव के संदर्भ में आयोजना विभाग की सहमति अपने स्तर पर प्राप्त कराना सुनिश्चित करावें।

इन पदों पर होना वाला व्यय उपरोक्तानुसार आयोजना बजट शीर्ष के अन्तर्गत वहन किया जायेगा।

यह स्वीकृति वित्त (व्यय-1) विभाग की आई.डी. संख्या 101201860 दिनांक 28.05.2012 द्वारा प्रदत्त सहमति के अनुसरण में प्रदान की जाती है।

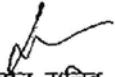
राज्यपाल की आज्ञा से

(सुनील कुमार शर्मा)  
उप शासन सचिव

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

1. निजी सचिव, माननीय चिकित्सा स्वास्थ्य एवं परिवार कल्याण मंत्री, राजस्थान सरकार, जयपुर।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, वित्त विभाग, राजस्थान जयपुर।
3. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान, जयपुर।

4. प्रधान महालेखाकार, राजस्थान, जयपुर।
5. उप शासन सचिव, वित्त (व्यय-1) विभाग, जयपुर।
6. उप शासन सचिव, (पुलिस) गृह विभाग, राजस्थान जयपुर।
7. उप शासन सचिव, विधि विभाग, राजस्थान जयपुर।
8. उप शासन सचिव, सूचना एवं प्रौद्योगिकी विभाग, राजस्थान जयपुर।
9. निदेशक (POK0)/निदेशक (जन स्वास्थ्य) चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान, जयपुर।
10. रक्षित पत्रावली।

  
उप शासन सचिव



कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी एवं  
जिला नोडल अधिकारी पीसीपीएनडीटी प्रकोष्ठ, टोंक



क्रमांक : एनएचएम/पी.सी.पी.एन.डी.टी /आर.टी.आई.-101/2016/

5549

दिनांक

21/12.16

श्री संतोष चकमा

C-3/441C जनकपुरी,

दई दिल्ली।

विषय:- सूचना का अधिकार अधिनियम, 2005 के अन्तर्गत चाही गई सूचना भिजवाने बाबत।

सन्दर्भ :- निदेशालय पत्रांक राज्य पीसीपीएनडीटी प्रकोष्ठ/एल.ए./आर.टी. आई.-101/2016/243 दिनांक 05.12.2016

उपरोक्त विषयान्तर्गत एवं सन्दर्भित पत्र में लेख है कि आप द्वारा सूचना का अधिकार अधिनियम, 2005 के अन्तर्गत चाही गई सूचना के बिन्दु संख्या 1 से 3 पत्र के साथ संलग्न कर भिजवाई जा रही हैं।

संलग्न:- सूचना के बिन्दु संख्या 1 से 3

  
21.12.2016  
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
टोंक

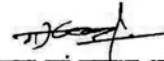
क्रमांक : एनएचएम/पी.सी.पी.एन.डी.टी /आर.टी.आई.-101/2016/  
प्रतिलिपी निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित

5549

दिनांक

21/12.16

1. श्रीमान् राज्य समुचित प्राधिकारी- PC&PNDT एवं विशिष्ट शासन सचिव (प.क.), चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार, जयपुर।
2. श्रीमान् जिला कलेक्टर महोदय, टोंक (राज.) ।
3. श्रीमान् लोक सूचना अधिकारी एवं निदेशक (प0क0) चिकित्सा एवं स्वास्थ्य सेवायें, राज. जयपुर।
4. श्रीमान् परियोजना निदेशक- PC&PNDT एवं उपनिदेशक (आर.सी.एच.) चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान जयपुर।
5. कार्यालय प्रति।

  
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
टोंक

List of Sonography licenses cancelled since 2010 to till date		
S.NO.	NAME OF THE CENTRE & ADDRESS	Year
1	Bhagwan diagnostic centre, malpura, tonk	2010

List of Sonography licenses Suspended since 2010 to till date		
S.NO.	NAME OF THE CENTRE & ADDRESS	year
1	Asish hospital, tonk	2011
2	Namokar hospital deoli	2016
3	Gahlot Nursing home & Resarch center, Tonk	2016

List of Sonography licenses Seized or Sealed since 2010 to till date		
S.NO.	NAME OF THE CENTRE & ADDRESS	Year
1	Gahlot Nursing home & Resarch center, Tonk	2015

  
 Chief Medical & Health Officer, Tonk

# ANNEXURE III: BALIKA SAMBAL YAJONA AND ITS ACHIEVEMENTS

## बालिका सम्बल योजना

As on Report Sept., 2016

1	योजना का नाम	बालिका सम्बल योजना
2	योजना का संक्षिप्त परिचय	राज्य में कोई दम्पति जिनके पुत्र नहीं है और एक या दो बालिका होने पर दिनांक 01-04-2007 से अपना नसबन्दी आपरेशन करा लेते हैं तो उन्हें मुख्यमंत्री बालिका सम्बल योजना के अन्तर्गत 5 वर्ष तक की आयु (बालिका के जन्म दिनांक से दम्पति के नसबन्दी दिनांक तक) वाली प्रत्येक बालिका के नाम से 10 हजार रुपये की राशि यूटीआई म्यूचल फण्ड की सीसीपी योजना के अन्तर्गत जमा करवाते हुए उन्हें बॉण्ड उपलब्ध करवाये जायेंगे।
3	प्रारम्भ होने का वर्ष	2007-2008/01-04-2007
4	लाभान्वित वर्ग	समस्त वर्ग
5	पात्रता	राज्य में कोई दम्पति जिनके पुत्र नहीं है और एक या दो बालिका होने पर दिनांक 01-04-2007 से अपना नसबन्दी ऑपरेशन करा लेते हैं।
6	देय सुविधाएं	यूटीआई म्यूचल फण्ड के मार्फत बॉण्ड की सुविधा।
7	आवेदन का तरीका	चिकित्सा अधिकारी निर्धारित प्रपत्र की पूर्ति कर सम्बन्धित जिले के अतिरिक्त/उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) को भिजवायेंगे सम्बन्धित जिले के अतिरिक्त/उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) ऐसे समस्त प्रपत्रों को आवश्यक अभिलेखों के साथ जांच कर संकलित कर अतिरिक्त निदेशक (प0क0) को भिजवायेंगे।
8	आवेदन कहां किया जाए	जिस संस्थान में नसबन्दी ऑपरेशन करवाया जाता है उस संस्था के प्रभारी को।
9	आवेदन के साथ औपचारिकताएं	यूटीआई द्वारा निर्धारित सीसीपी फार्म के साथ नसबन्दी प्रमाण पत्र, पुत्र नहीं होने का तथा कुल सन्तानों की संख्या का प्रमाण पत्र मय जन्म दिनांक।
10	निर्धारित समय-सीमा	शीघ्रताशीघ्र।
11	सम्पर्क सूत्र	जिलों के अतिरिक्त/ उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) के कार्यालय
12	निर्धारित सहायता/ सुविधाएं नहीं मिलने पर शिकायत दर्ज कराने के लिए जिस अधिकारी से संपर्क करना है उसका नाम	जिले के अतिरिक्त / उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) से।
	शिकायत कैसे दर्ज करवानी है।	जिले के अतिरिक्त / उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (प0क0) से प्रार्थना पत्र में शिकायत का पूर्ण विवरण अंकित कर प्रस्तुत करें।
	शिकायत का समाधान होने की समय - सीमा	शीघ्रताशीघ्र।

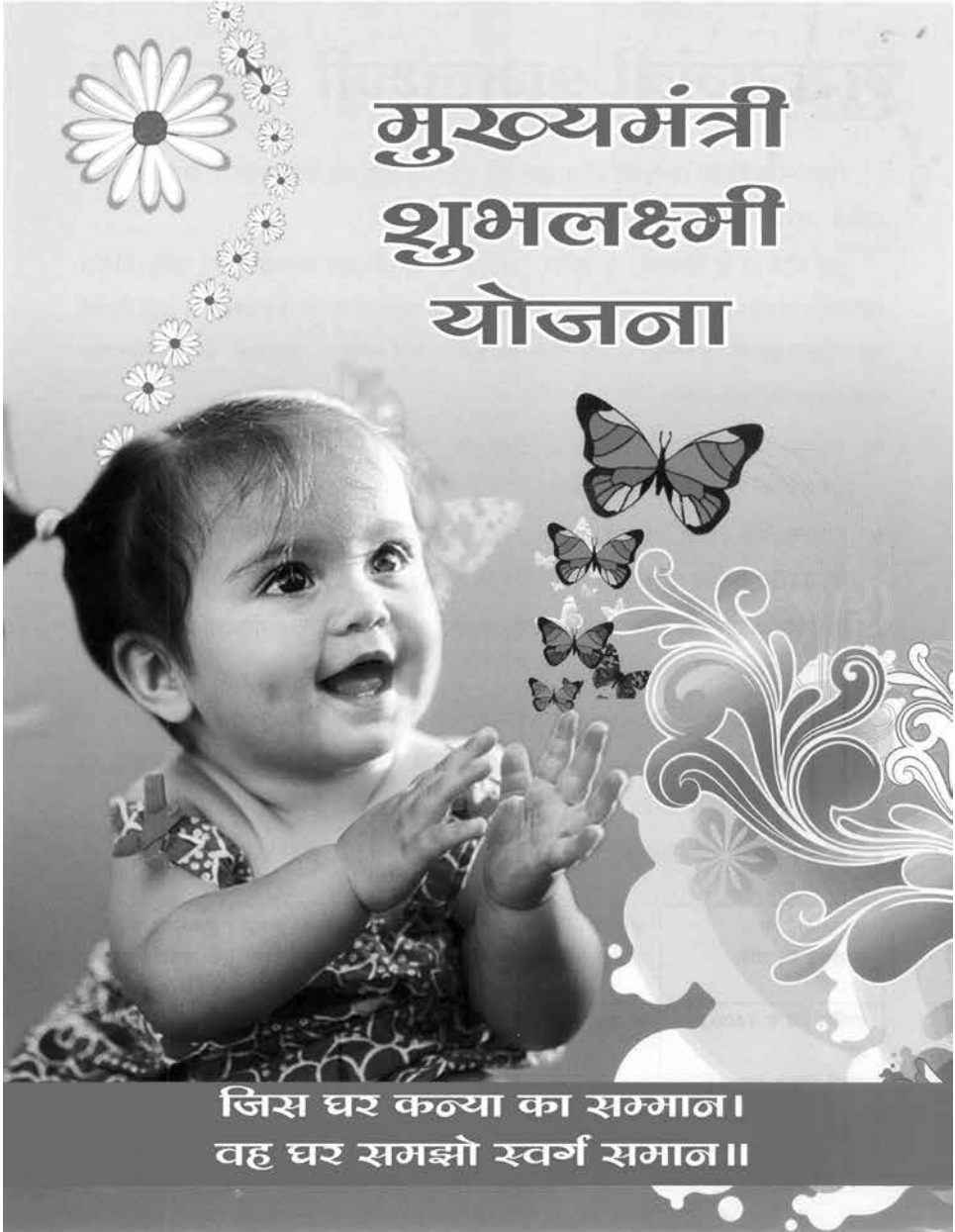
13	बिन्दु संख्या 12 में उल्लेखित अधिकारी से भी शिकायत का समाधान न होने पर जिस अधिकारी से सम्पर्क करना है उसका नाम	बिन्दु संख्या 12 में उल्लेखित अधिकारी से भी शिकायत का समाधान न होने पर अतिरिक्त निदेशक (आरसीएच) निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें जयपुर से सम्पर्क ।
	शिकायत कैसे दर्ज करवानी है।	अतिरिक्त निदेशक (आरसीएच) निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें जयपुर से प्रार्थना पत्र में शिकायत का पुर्ण विवरण अंकित कर प्रस्तुत करे।
	शिकायत का समाधान होने की समय - सीमा	शीघ्रताशीघ्र ।
14	योजना अन्तर्गत देय आर्थिक सहायता क्या बैंक में जमा होगी अथवा ड्राफ्ट/ चैक के द्वारा दी जावेगी।	यूटीआई के म्यूचल फण्ड की सीसीपी योजना के अन्तर्गत जमा करवायी जाती है।
15	कैसेट जानकारी होगी कि राशि खाते में जमा हो गई है।	यूटीआई के म्यूचल फण्ड की सीसीपी योजना के अन्तर्गत राशि बालिका के नाम जमा होने पर यूटीआई द्वारा संबंधित को अकाउंट स्टेटमेंट/बॉण्ड उपलब्ध करवाया जायेगा।
16	योजना के अन्तर्गत क्या ऑनलाइन आवेदन की सुविधा उपलब्ध है।	नहीं।
	यदि हाँ, तो वेबसाइट का पता	-



S.No.	District Name	Individual Beneficiary Scheme - BALIKA SAMBAL YOJNA															Physical Achievements - Oct-2015														
		Apr 07 to Mar 09	Apr 09 to Mar 10	Apr 10 to Mar 11	Apr 10 to Mar 12	Apr 12 to Mar 13	Apr 13 to Mar 14	Apr 14 to Mar 15	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Total	Apr 07 to Sept-15			
1	Almer	92	36	48	44	36	63	0	14	3	3	0	5	8	0	0	4	6	10	0	8	5	0	7	0	0	0	73	392		
2	Alwar	11	10	12	11	10	10	5	0	0	0	6	0	0	4	0	0	4	2	0	0	0	0	2	0	0	0	2	0	18	77
3	Banswara	66	50	42	30	26	6	11	3	0	3	0	2	0	1	0	2	2	0	2	4	5	2	4	0	0	0	41	261		
4	Baran	12	2	6	6	9	4	2	1	0	4	0	0	0	0	0	2	0	0	0	0	2	1	0	0	2	14	53			
5	Barmer	6	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	
6	Bharatpur	8	3	0	1	7	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23
7	Bhilwara	39	25	52	24	41	46	0	0	0	9	0	9	0	0	0	0	0	14	3	0	9	0	0	0	0	0	44	271		
8	Bikaner	12	13	14	10	18	6	0	1	0	0	4	6	0	1	0	0	0	0	2	0	0	2	0	0	0	0	0	16	89	
9	Bundi	16	6	5	13	1	7	3	0	0	0	0	0	0	0	0	4	4	0	0	0	0	2	0	0	4	19	67			
10	Chittorgarh	26	61	37	43	55	27	0	0	0	3	0	0	19	0	7	4	2	6	2	0	4	0	0	0	17	64	313			
11	Churu	12	5	3	5	7	4	0	0	0	1	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	5	41		
12	Dausa	0	3	0	2	0	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	9	
13	Dholpur	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	
14	Dungarpur	11	6	4	4	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3	31		
15	Ganganagar	26	0	0	0	74	0	0	0	0	49	0	0	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0	83	183	
16	Hanumangarh	0	21	10	21	15	10	0	0	0	1	3	0	2	0	5	0	5	0	2	2	3	0	0	4	0	27	104			
17	Jaipur-I	60	28	43	48	48	51	0	4	0	2	8	2	3	5	2	0	2	2	1	5	0	3	0	1	40	318				
18	Jaipur-II	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6	
19	Jaisalmer	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
20	Jalore	3	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8	
21	Jhalawar	13	13	8	4	1	11	0	0	0	0	0	7	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	9	59	
22	Jhunjhunu	2	10	17	18	17	5	0	5	0	0	0	0	1	0	3	0	2	0	1	2	0	2	0	2	0	0	18	87		
23	Jodhpur	32	18	6	22	9	9	0	0	0	0	0	0	0	0	8	2	0	0	0	0	0	0	0	0	0	0	10	106		
24	Karauli	2	0	0	8	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	20	20	
25	Kota	11	12	12	39	19	24	0	10	0	25	0	0	0	4	0	16	0	3	0	12	0	11	0	1	0	82	199			
26	Nagar	9	0	10	17	7	12	0	4	0	0	0	6	0	0	4	0	0	4	0	0	2	0	7	0	0	27	82			
27	Pali	17	9	8	16	21	15	3	0	0	1	2	0	2	2	0	0	0	2	0	0	0	0	0	2	0	14	100			
28	Pratapgarh	0	3	0	0	17	0	7	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	3	0	0	17	37			
29	Rajsamand	21	8	15	14	4	5	0	0	0	0	0	0	2	3	0	0	0	0	0	0	0	1	0	0	0	6	73			
30	S. Mishropur	4	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	14	
31	Sikar	6	6	1	25	27	19	0	0	0	2	0	5	0	4	1	2	0	0	0	0	1	0	0	0	0	0	15	99		
32	Sirohi	1	11	10	6	6	27	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9	70		
33	Tonk	10	10	10	19	22	22	0	1	0	6	5	3	0	1	0	0	1	0	0	1	0	3	0	2	0	33	126			
34	Udaipur	12	8	16	21	24	11	0	0	0	4	0	0	0	0	11	0	5	0	0	0	0	0	0	0	0	0	20	112		
Total	548	378	394	471	525	417	26	43	3	121	22	45	39	24	55	68	35	57	26	34	30	25	22	18	24	717	3450				

ANNEXURE IV: SHUBH LAXMI YOJANA AND ITS  
PHYSICAL ACHIEVEMENTS

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# मुख्यमंत्री शुभलक्ष्मी योजना

राज्य में बालिका जन्म को प्रोत्साहन देने एवं मातृ मृत्यु दर कम करने के उद्देश्य से 1 अप्रैल, 2013 से मुख्यमंत्री शुभलक्ष्मी योजना प्रारंभ की गई।

इस योजना के अन्तर्गत 1 अप्रैल, 2013 या इसके बाद राजकीय एवं अधिस्वीकृत चिकित्सा संस्थानों में संस्थागत प्रसव में बालिका के जन्म होने पर अस्पताल से छुट्टी मिलने पर महिला को रु. 2100/- की राशि देय होगी। यह राशि जे.एस.वाई. के अन्तर्गत देय राशि के अतिरिक्त होगी।

- बालिका की उम्र 1 वर्ष पूर्ण होने पर तथा उम्र अनुसार सभी आवश्यक टीके लगवाने पर प्रथम जन्म दिवस पर महिला को रु. 2100/- की अतिरिक्त राशि और देय होगी।
- बालिका की उम्र 5 वर्ष पूर्ण होने पर तथा स्कूल में प्रवेश लेने की स्थिति में महिला को रु. 3100/- की अतिरिक्त राशि और देय होगी।
- बालिका के जन्म के समय देय राशि रु. 2100/- का चेक उस चिकित्सा संस्थान द्वारा दिया जावेगा जहाँ प्रसव हुआ है।
- एक वर्ष की आयु पूर्ण होने पर मुख्य मंत्री शुभलक्ष्मी योजना का लाभ 1 अप्रैल 2014 के बाद देय होगा। इसके लिए नजदीक के चिकित्सा संस्थान, स्वास्थ्य केन्द्र, उपकेन्द्र या ए.एन.एम. से संपर्क करें।
- योजना का तीसरा लाभ रु. 3100/- दिनांक 1 अप्रैल 2018 के बाद देय होगा।

जे.एस.वाई. के अन्तर्गत देय राशि	बालिका के जन्म पर देय राशि	बालिका के एक वर्ष की आयु पूर्ण होने पर देय राशि	बालिका की आयु 5 वर्ष पूर्ण होने पर देय राशि	शुभलक्ष्मी योजना के अन्तर्गत कुल देय राशि
ग्रामीण क्षेत्र रु.1400/- एवं शहरी क्षेत्र रु.1000/-	रु. 2100/-	रु. 2100/-	रु. 3100/-	रु. 7300/-



राष्ट्रीय ग्रामीण स्वास्थ्य मिशन एवं निदेशालय चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवाएं (आई.ई.सी.), राजस्थान, जयपुर  
www.rajswasthya.nic.in





**Government of Rajasthan**  
**National Health Mission, Rajasthan**  
**Department of Medical, Health & FW, Swasthya Bhawan, Jaipur.**  
 Tel. No. 0141-2224618, E mail ID : [noisey.raj@gmail.com](mailto:noisey.raj@gmail.com)

S. No. NHM/RCH /MSLY /2016/ 2688

Date: 27-12-2016

Shri Santosh Chakma  
 C-3/441C  
 Janakpuri, New Delhi- 110058

**Subject : Answer to the information asked under Right to Information Act, 2005.**

Kindly find point wise information as under-

S.N.	Information asked	Remarks
1.	Year wise budget allocation to the Mukhya Mantri Shubh Laxmi Yojna Since inception of the Scheme	Attached on Annexure -A
2.	Year wise of total amount spent under the Mukhya Mantri Shubh Laxmi Yojna Since inception of the Scheme	Attached on Annexure -A
3.	Year wise total number of beneficiaries under the Mukhya Mantri Shubh Laxmi Yojna Since inception of the Scheme and	Year-wise number of Beneficiaries as under A. 2013-14 : 483253 B. 2014-15 : 717081 C. 2015-16 : 819367 D. 2016-17 : 207116 (Up to Oct. 2016)
4.	Copies of report of audit of the Mukhya Mantri Shubh Laxmi Yojna.	As Mukhya Mantri Shubh Laxmi Yojna is being implemented is though national health management unit. therefore separate audit of MSly is not being conducted as statutory audit of NRHM Rajasthan. Audit is being conducted by Chartered Accountant firm appointed as per guideline of Government of India in every financial year. Grant & Expenditure of MSly included in the audit of NHM so that copy schedule of statutory audit of 2013-14, 2014-15 & 2015-16 is being enclosed as Annexure B. Audit of 2016-17 is pending.

  
 Director RCH

**Copy to:-**

1. PS to Principal Health Secretary, Medical & Health Department, Rajasthan.
2. PS to Special Secretary, Medical Health and Family Welfare and Mission Director N.H.M.
3. PS to Additional Mission Director, Medical & Health Department, Rajasthan..
4. Project Director Maternal Health.
5. Server Room
6. Guard File

  
Director RCH

Annexure - A

National Rural Health Mission Rajasthan  
Statement of Expenditure of Mukhya Mantri Shubh Laxmi Yojna  
For Financial Year 2013-14 to 2016- 17 ( up to Nov. 2016)

(Rs. in Lacs)

Sr. No.	Name of District	F.Y. 2013-14		F.Y. 2014-15		F.Y. 2015-16		F.Y. 2016-17	
		Grant Recd.	Expenditure	Grant Recd.	Expenditure	Grant Recd.	Expenditure	Grant Recd.	Expenditure
1.	State Budget	8.800.00	10.308.81	15,936.07	15,453.19	16712.55	17219.06	17095.55 (Rajshree & MSLY Both)	6128.86 (Only MSLY)

*10/11/16*

# ANNEXURE V: MUKHA MANTRI RAJSHRI YOJANA AND ITS PHYSICAL ACHIEVEMENTS

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## मुख्यमंत्री राजश्री योजना

माननीय मुख्यमंत्री महोदया द्वारा वर्ष 2016-17 की बजट घोषणा (124) के अनुसार राज्य में बालिकाओं के प्रति समाज में सकारात्मक सोच विकसित करने एवं उनके स्वास्थ्य तथा शैक्षणिक स्तर में सुधार के लिए मुख्यमंत्री राजश्री योजना लागू की गई है। इस योजना के तहत 01 जून 2016 या उस के बाद जन्म लेने वाली बालिकाएं लाभ की पात्र होंगी। योजना के अन्तर्गत प्रत्येक लाभार्थी बालिका के माता पिता/अभिभावक को कुल राशि रुपये 50 हजार अधिकतम का भुगतान निम्नानुसार किया जायेगा:-

1. राज्य के राजकीय तथा चिकित्सा एवं स्वास्थ्य विभाग द्वारा संस्थागत प्रसव हेतु अधिकृत निजी चिकित्सा संस्थानों में प्रसव से जन्म लेने वाली बालिका की माता को अस्पताल से छुट्टी मिलने पर 2500 रु. की राशि देय होगी। यह राशि जननी सुरक्षा योजना (JSY) के तहत देय राशि के अतिरिक्त होगी।
2. बालिका की उम्र 1 वर्ष पूर्ण होने एवं सम्पूर्ण टीकाकरण होने पर बालिका के नाम से 2500 रु. की राशि देय होगी।
3. बालिका के किसी भी राजकीय विद्यालय में प्रथम कक्षा में प्रवेश लेने पर बालिका के नाम से 4000 रु. की राशि देय होगी।
4. बालिका के किसी भी राजकीय विद्यालय में कक्षा 6 में प्रवेश लेने पर बालिका के नाम से 5000 रु. की राशि देय होगी।
5. बालिका के किसी भी राजकीय विद्यालय में कक्षा 10 में प्रवेश लेने पर बालिका के नाम से 11000 रु. की राशि देय होगी।
6. बालिका के किसी भी राजकीय विद्यालय से 12वीं कक्षा उत्तीर्ण करने पर रु. 25000 की राशि देय होगी।

**Government of Rajasthan**  
**National Health Mission, Rajasthan**  
**Department of Medical, Health & FW, Swasthya Bhawan, Jaipur.**  
 Tel. No. 0141-2224618, E mail ID : [nojsv.raj@gmail.com](mailto:nojsv.raj@gmail.com)

S. No. NHM/RCH /MRY /2016/2689

Date: 27-12-2016

Shri Santosh Chakma  
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 Janakpuri, New Delhi- 110058

**Subject :** Answer to the information asked under Right to Information Act, 2005.

Kindly find point wise information as under-

S.N.	Information asked	Remarks
1.	Year wise budget allocation to the Mukhya Mantri Rajshri Yojna Since inception of the Scheme	Attached on Annexure -A
2.	Year wise of total amount spent under the Mukhya Mantri Rajshri Yojna Since inception of the Scheme	Attached on Annexure -A
3.	Year wise total number of beneficiaries under the Mukhya Mantri Rajshri Yojna Since inception of the Scheme and	2016-17 ( Up to Oct. 2016) : 222502
4.	Copies of report of audit of the Mukhya Mantri Rajshri Yojna.	Audit of 2016-17 is pending.

  
 Director RCH

Copy to:-

1. PS to Principal Health Secretary, Medical & Health Department, Rajasthan.
2. PS to Special Secretary, Medical Health and Family Welfare and Mission Director N.H.M.
3. PS to Additional Mission Director, Medical & Health Department, Rajasthan..
4. Project Director Maternal Health.
5. Server Room
6. Guard File

  
 Director RCH



**National Rural Health Mission Rajasthan**  
**Statement of Expenditure of Mukhya Mantri Rajshri Yojna**  
**For Financial Year 2016- 17 ( up to Nov. 2016)**

(Rs. in Laacs)

Sr.No.	Name of District	F.Y. 2016-17	
		Grant Recd.	Expenditure
1.	State Budget	17095.55 (Rajshrec & MSLY Both)	5721.94 (Only Mukhya Mantri Rajshri Yojna)

01 जून 2016 के बाद वर्ष 2016-17 की की अवशेष अवधि के लिए पूर्व में संचालित मुख्यमंत्री शुमलक्ष्मी योजना के बजट प्रावधान प्रति बालिका 2100/- रु. के स्थान मुख्यमंत्री राजश्री योजना की किस्त प्रति बालिका @ 2500/- रु. में अतिरिक्त बजट राशि @ 400/- रु. प्रति बालिका के हिसाब से बजट प्रावधान किये गये है। मुख्यमंत्री शुमलक्ष्मी योजना एवं मुख्यमंत्री राजश्री योजना में जनवरी 2017 से अलग बजट मद प्रावधान किया जा रहा है।

**ANNEXURE VI: REPORT OF THE COMPTROLLER AND  
AUDITOR GENERAL OF INDIA ON GENERAL AND  
SOCIAL SECTOR FOR THE YEAR ENDED 31 MARCH  
2014, GOVERNMENT OF RAJASTHAN, REPORT No. 1  
OF THE YEAR 2015**

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**Report of the  
Comptroller and Auditor General of India  
on  
General and Social Sector  
for the year ended 31 March 2014**



**Government of Rajasthan  
Report No. 1 of the year 2015**

# **Report of the Comptroller and Auditor General of India**

**on**

**General and Social Sector  
for the year ended 31 March 2014**

**Government of Rajasthan  
Report No. 1 of the year 2015**

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was functioning without laboratories. The hostels had insufficient facilities which were impacting the overall performance of the scheme.

The progress in construction of new EMRSs was slow and even after a lapse of more than two years from the stipulated date of completion, these were incomplete. This deprived the students from benefits of the scheme.

### **Women and Child Development, Medical Health and Family Welfare and Home Departments**

#### ***3.4.2 Implementation of schemes for Prevention of discrimination against Girls***

Girls are the most vulnerable members of Indian society. The life of a girl reflects elements of discrimination at every step of her life. In the social milieu of Rajasthan, gender discrimination against girls and women occurs at every stage of their life. The girl is discriminated at every step - at home, in school, community and society at large. Socio-economic background, disability and location of residence (rural-urban) further compound her vulnerabilities and work to her disadvantage.

Deep-rooted preference for sons and aversion to daughters, aided by technological advances, led to a steep decline in child sex ratio in India and particularly in Rajasthan and this presents an alarming scenario. Census of 2011 highlighted an increasingly adverse child (0-6 years) sex ratio in Rajasthan showing a 21 point decline from 909 girls (2001) to 888 per 1,000 boys (2011). This decline was also reflected in the overall sex ratio in Rajasthan which was 928:1,000 as compared to the All India sex ratio of 943:1,000. Female literacy rate in Rajasthan was also 52.1 *per cent* as per 2011 Census as against the overall literacy rate of 66.1 *per cent* and the State stands lowest in the overall ranking in female literacy. The decline in child sex ratio and low female literacy rate in Rajasthan reflects the underlying socio-economic conditions and deep-rooted cultural prejudices against girls.

This calls for concerted action to combat the reasons behind the steep decline in the overall sex ratio, particularly the child sex ratio. The Government of India (GoI) and the Government of Rajasthan (GoR) have taken various measures including the ones in the fields of health and nutrition and education, to prevent discrimination against the girls both before and after their birth. A number of schemes have been initiated and Acts passed to eliminate discrimination and improve the health of girls and enhance the child sex ratio. These are enumerated below:

- Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of sex selection) Act, 1994 (PC&PNDT Act), was enacted by GoI to act as deterrent against misuse of such techniques for determination of sex of foetus resulting in female foeticide. This Act was implemented in Rajasthan with effect from (w.e.f.) 1 April 1996. Further, a scheme called

*Mukhbir Yojana* was also introduced by State Government w.e.f. 27 December 2011 for better implementation of the PC&PNDT Act.

- Prohibition of Child Marriage Act, 2006, enacted by GoI came into force w.e.f. 1 November 2007, to shelter girls against early marriage and early motherhood.
- *Kishori Shakti Yojana* (KSY), a Centrally Sponsored Scheme was introduced by GoI in the year 2000-01. The objective of this scheme was to improve nutritional and health status of girls, to equip them to improve and upgrade their home based vocational skills, and to promote their overall development through activities at Anganwadi Centres (AWCs) and Child Development Project Offices (CDPOs).
- Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or 'SABLA', a new comprehensive scheme merging the KSY and Nutrition Programme for Adolescent Girls (NPAG) was implemented from December 2010 in 10 districts<sup>31</sup> of Rajasthan, to address the multi-dimensional problems of adolescent girls. In the remaining districts, KSY continued as before.
- *Mukhya Mantri Balika Sambal Yojana* was launched by State Government w.e.f. 1 April 2007 to promote sterilisation after birth of one or two girl children. Under this scheme, Unit Trust of India (UTI) bonds of ₹ 10,000 are provided to each girl child of the spouse undergoing sterilisation after one or two girl children. The objective of the scheme was to prevent the decline in child sex ratio.

Apart from the above mentioned schemes and Acts, a couple of other major schemes having important components focused on girls are Integrated Child Development Services<sup>32</sup> and *Sarva Shiksha Abhiyan* (SSA)<sup>33</sup>. A performance audit on ICDS scheme was included in the Comptroller and Auditor General Report on Union Government (Civil), Ministry of Women and Child Development (Report No.22 of 2012-13). A Performance Audit on SSA has also been included at paragraph No. 2.1 of this Report. As these schemes have been recently reviewed/included in the current report, they have not been specifically included in this audit.

Audit examined the implementation of the various Acts and schemes concerning the protection of girls and sought to ascertain whether they have been appropriately funded and implemented effectively. For scrutiny of implementation of schemes related to prevention of discrimination against girls, nine districts<sup>34</sup> were selected on random basis.

Audit findings have been divided into two sections namely 'A' & 'B'. GoI has passed two Acts namely the 'Pre-conception and Pre-natal Diagnostic

<sup>31</sup> Banswara, Barmer, Bhilwara, Bikaner, Dungarpur, Jaipur, Jodhpur, Jhalawar, Sriganganagar and Udaipur.

<sup>32</sup> Integrated Child Development Services is to improve nutritional and health standards of children and reduce the rate of child mortality, disease and malnutrition.

<sup>33</sup> *Sarva Shiksha Abhiyan* is a flagship programme of GoI with the objective of universalisation of elementary education.

<sup>34</sup> Baran, Bhilwara, Bikaner, Chittorgarh, Dungarpur, Jhunjhunu, Nagaur, Sikar and Sirohi.



Techniques (Prohibition of Sex Selection) (PC&PNDT) Act, 1994' and the 'Prohibition of Child Marriage Act, 2006' for protection of girls. These issues are dealt with in Section 'A', while Section 'B' covers the issues pertaining to health and safety of girls'.

### **Section A- Legal Framework**

#### **3.4.2.1 Implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex selection) Act, 1994**

The PC&PNDT Act 1994, amended in 2003, is an important legislative intervention aimed at preventing the decline in Child Sex Ratio (CSR). It provides for the prohibition of sex selection, before or after conception and regulation of prenatal diagnostic techniques for the prevention of their misuse for sex determination leading to female foeticide. It requires registration of Genetic Counselling Centres (GCC), Genetic Laboratories (GL) and Genetic clinics (GC), prohibition on sale of ultrasound machines to persons, laboratories not registered under the Act, etc. Each GC, ultrasound clinic, imaging centre was required to maintain a record of pregnant women on whom ultrasonography is conducted in form "F" .

As per Section 17(2) of the Act the state government shall appoint one or more Appropriate Authorities (AA) for the whole or part of the state for the purpose of this Act having regard to the intensity of the problem of pre-natal sex determination leading to female foeticide. A State Appropriate Authority (SAA), District level Appropriate Authorities (DAA) and Sub Division Level Appropriate Authorities (SDAA) were appointed (June/July 2001) by the State Government, to grant/suspend/cancel registration of a GCC/GL/GC, to enforce standards prescribed for the GCC, GL and GC, to investigate complaints of breach of provisions of the Act, to take appropriate legal action against the use of any sex selection technique by any person at any place, etc. The State Advisory Committee was constituted in July 2001 for consideration of any application for registration of any complaint for suspension or cancellation of registration and to give advice thereon.

State Supervisory Board (SSB) was constituted in July 2003 under the provisions of PC&PNDT Act. Functions of the Board are to monitor the implementation of the Act, to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide in the State and to review the activities of the AAs functioning in the State and recommend appropriate action, etc.

#### **(a) Composition of Advisory Committees**

State Government issued Notification (June 2001) to constitute Advisory Committees at district and sub division levels comprising senior most gynecologist, senior most pediatrician, medical geneticist, three eminent social workers, district information and public relation officer and one legal expert nominated by State Government.

Scrutiny of the records revealed that in test checked districts, State Government did not nominate medical geneticist, eminent social workers and legal expert; as such constitution of District and Sub Division Level Advisory

Committee remained incomplete (August 2014). Thus, required advice from genetic, social and legal experts was not available to Appropriate Authorities (DAAs and SDAAs).

**(b) Constitution of PC&PNDT Bureau of Investigation**

For constituting PC&PNDT Bureau of Investigation at State and District Levels, Directorate of Medical Health and Family Welfare sanctioned (December 2012) 18 posts<sup>35</sup> at state level and 3 posts<sup>36</sup> at district level. Of these, six<sup>37</sup> employees at state level were posted in 2013 and only three of them<sup>38</sup> were continuing as of August 2014. In the test-checked districts, it was noticed that all the three sanctioned posts were lying vacant. Despite PC&PNDT Act being in existence since 1996, the Bureau of Investigation was not effectively operationalised with crucial posts lying vacant. Had the district level Bureau of Investigation been operationalised with crucial posts being filled up, it would have been effective in more stringent implementation of the PC&PNDT Act and more successful decoy operations could have been conducted as highlighted in sub-paragraph related to Mukhbir Yojana.

**(c) Inspection of sonography centres**

As per Rules 11 and 12 of PC&PNDT Rules, 1996 the AA or officer authorised in this behalf may enter and search at all reasonable times every sonography centre and the sonography centre shall afford all reasonable facilities for inspection of the place, equipment and records to the AAs.

The Directorate of Medical Health and Family Welfare fixed (February 2012) monthly targets for District AAs and Sub-Divisional AAs for inspection of sonography centres.

Scrutiny of records of selected districts revealed that requisite inspections of sonography centres were not carried out during the period 2012-14. Shortfall of inspections was as under:

Name of district	2012-13		2013-14		Total			Per-centage shortfall
	Target	Achievement	Target	Achievement	Target	Achievement	Shortfall	
Bikaner	408	20	408	07	816	27	789	97
Jhunjhunu	408	273	408	92	816	365	451	55
Nagaur	504	52	504	17	1008	69	939	93
Sikar	360	40	360	19	720	59	661	92
Baran	264	36	264	2	528	38	490	93
Sirohi	264	37	264	11	528	48	480	91
Dungarpur	120	38	120	18	240	56	184	77
Chittorgarh	360	29	360	07	720	36	684	95
Bhilwara	408	42	408	16	816	58	758	93

Source: Information furnished by District Coordinator, PC&PNDT Cell

<sup>35</sup> Project Director: 1, Additional Superintendent of Police: 1, Public Relation Officer: 1, Medical Officer: 1, Police Inspector: 5, Assistant Director prosecution: 1, Legal Assistant: 1, Head Constable: 1, Constable: 4, IT Assistant: 1, LDC: 1.

<sup>36</sup> Police inspector: one; Legal advisor: one and LDC: one.

<sup>37</sup> LDC: 1, Constable: 3, IT Assistant: 1 and Police Inspector: 1.

<sup>38</sup> LDC: 1, Constable: 1 and IT assistant: 1.

Thus, in all test checked districts, the shortfall in inspection was very high and ranged between 55 and 97 per cent and reflected unsatisfactory implementation of the law.

In the selected nine districts, 110 cases were filed since 2006 and there was only one case of conviction (where also an appeal is pending). In 18 cases, acquittal was pronounced and 91 cases are pending in court.

The discrimination against girl starts even before she is born. In Rajasthan there has been a marked decline in child sex ratio by 21 points in the Census of 2011 from that of 2001. This decline highlights the importance of implementing the Act in improving the child sex ratio and in taking pro-active measures in changing the socio-cultural environment which would reduce discrimination against girls.

**(d) Mukhbir Yojana**

*Mukhbirs* are the informers of illegal use of sonography machines in the area and such *mukhbirs* are suitably rewarded. They help the Directorate of Medical Health and Family Welfare in conducting decoy operations at sonography centres, suspected of violating the PC&PNDT Act.

In terms of the guidelines of the Mukhbir Yojana (started in December 2011), ₹ 50,000 would be given to an informer (Mukhbir) only after finding that his information is true, followed by a successful decoy operation. Another ₹ 25,000 would be given to the informer after the charges against the person involved in the violation of the Act is framed in the court of law. A further amount of ₹ 25,000 would be given to the Mukhbir when the accused is proved guilty of the crime of sex selection.

It was noticed that during the period December 2011 to March 2014, only seven successful decoy operations<sup>39</sup> were conducted in Jaipur and first instalment of ₹ 3.25 lakh was disbursed. Of these, two cases have been filed in Court by investigating agency and remaining five were still under investigation even after lapse of more than one year. In the test-checked nine districts, no decoy operations were conducted during this period. This could be partially attributed to the Bureau of Investigation not functioning properly.

Thus, the Appropriate Authorities for enforcement of the Act were not notified till June 2001 and nomination of members of district level Advisory Committee could not be completed even after lapse of 18 years. PC&PNDT Bureau of Investigation also did not come into force under the Act, which shows that effective measures are not being taken by the State Government in implementation of the Act.

Despite there being a marked decline in the child sex ratio in the State, the PC&PNDT Act was barely implemented. Sonography centres were generally

<sup>39</sup> On 21 March 2012 (one), 9 November 2012 (one), 21 January 2013 (two), 2 May 2013 (two), and 18 December 2013 (one).

not inspected and the *Mukhbir Yojana* was also not very effective in curbing the illegal detection of sex of unborn child.

#### **3.4.2.2 Prohibition of Child Marriage Act, 2006**

Prohibition of Child Marriage Act, 2006, was enacted by GoI in January 2007. This legislation is aimed at prohibiting child marriages, protecting and providing relief to victim and providing punishment for those who abet, promote or solemnise such marriages. Child marriage is now considered a violation of the human rights of the child and has extremely deleterious effect on the health and wellbeing of the child.

As per the Status Report – Wings 2014 on ‘The World of India’s Girls’ published by Save the Children Organisation, 40 *per cent* of girls in Rajasthan were getting married below the age of 18 years. This shows the widespread prevalence of child marriages and need for taking pro-active measures to implement the Prohibition of the Child Marriage Act.

##### **(a) Follow-up action on complaints related to Child marriages**

As per Rule 5 of the Rajasthan Prohibition of Child Marriage Rules 2007, the Child Marriage Prohibition Officer (CMPO) on receipt of any complaint or otherwise having got an information about solemnisation of a marriage in violation of the Act, shall take appropriate action under Sections 4, 5 and 13 of the Act. The CMPO for creating awareness of the evil which results from child marriage and to sensitise the community on the issue of child marriage, may seek assistance of any respectable member of the locality, an officer of the Government or an office bearer of Non-government organisation.

As per information furnished by District authorities, against the reported 651 complaint cases in these test checked districts, 196 cases were found either false or children were major. In 454 cases, marriage were stopped by the respective CMPOs and in one case, matter was filed in court. However, test check of the records of CMPOs posted at district headquarters in nine test checked districts revealed that though complaints were being forwarded to concerned police station, tehsildars and programme officers of Women Empowerment Department for preventive action, but nothing was found on record regarding creating community awareness about the social evil of child marriages.

##### **(b) Provisions under the Act not being followed**

Under section 16(1) of the Act, State Government notified (November 2007) all the Sub-Divisional Officers as Child Marriage Prohibition Officer (CMPO) for their sub-divisions. As per Rule 4 of Rajasthan Prohibition of Child Marriage Rules 2007, the CMPO would, from time to time, inspect the records of Marriage Registration Officers under his jurisdiction and assess that no child marriage has taken place. In case any child marriage is noticed, he will take action as provided in the Act against the persons responsible for the same. During scrutiny of records of CMPOs, posted at district headquarters, in all

Rajasthan's Record on the Missing Girls: India's one-eyed king in the land of the blind? report is being published as a part of the ACHR's "National Campaign for elimination of female foeticide in India", a project funded by the European Commission under the European Instrument for Human Rights and Democracy – the European Union's programme that aims to promote and support human rights and democracy worldwide. The views expressed are of the Asian Centre for Human Rights, and not of the European Commission

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