



**Report of the
Comptroller and Auditor General of India
for the year ended March 2011**



**Union Government (Civil)
Autonomous Bodies
Performance Audit
No. 14 of 2012-13**

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PREFACE

This Report of the Comptroller and Auditor General of India containing results of performance audit on the following topics has been prepared for submission to the President of India under Article 151 of the Constitution:

1.	Bureau of Indian Standards	Ministry of Consumer Affairs, Food and Public Distribution
2.	Academic Activities of Maulana Abul Kalam Azad Institute of Asian Studies, Kolkata	Ministry of Culture
3.	Dental Council of India	Ministry of Health and Family Welfare

These performance audits incorporate the results of test check of records of the above mentioned units conducted during March 2011 to February 2012.

EXECUTIVE SUMMARY

This Report contains the results of performance audit of the Bureau of Indian Standards and the Dental Council of India as well as the academic activities of Maulana Abul Kalam Azad Institute of Asian Studies, Kolkata.

MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION

Bureau of Indian Standards

Considering the important role of standardisation for achieving competitive efficiency and quality production, the Government of India set up the Indian Standards Institution (ISI) in 1947 as a registered society. Later on, to bring the formulation of standards and other related work under legislation, the Government decided to restructure ISI and invest it with statutory authority for Indian Standards (ISs) by passing the Bureau of Indian Standards Act in November 1986. As a result, the Bureau of Indian Standards (BIS) came into being on 1 April 1987, after taking over the staff, assets, liabilities and functions of the erstwhile ISI.

BIS had formulated a total of 18222 standards, out of which 1627 were formulated during the audit period. Audit test-checked 214 standards and noticed delays in formulation of standards from one month to 18 years in 137 cases. Printing of standards also took considerable time against the prescribed norms with delays ranging from four to 55 months in 153 cases. There was poor adoption of standards under the product certification scheme. Significant delays in grant of licences, ranging between 121 days and more than two years, were noticed. BIS was unable to perform its monitoring and inspection roles adequately. Shortfalls in collection of factory samples ranging from 52 to 68 *per cent* and market samples ranging from 26 to 72 *per cent* as well as infrequent surveillance visits ranging from 39 to 62 *per cent* were observed. Testing facilities in the laboratories were not adequate. There were shortfalls in testing of samples (17 *per cent*), persistent accumulation of samples and non-availability of testing facilities in respect of certain products in BIS and outside laboratories.

Awareness of standardisation and certification activities among consumers is vital for the success of these activities. Achievements against the targets fixed for programmes of 'consumer awareness', 'industry awareness' and 'educational

utilization of standards' were 51 *per cent*, 43 *per cent* and 34 *per cent* respectively. Consumers were exposed to the risk of buying impure gold jewellery due to inadequate coverage of Indian jewellers and goldsmiths under BIS's voluntary hallmarking scheme as the hallmarking of gold jewellery was not made mandatory. Shortage of manpower continued to persist, although the activities of BIS were predominantly manpower-based.

(Chapter I)

MINISTRY OF CULTURE

Academic Activities of Maulana Abul Kalam Azad Institute of Asian Studies, Kolkata

The Maulana Abul Kalam Azad Institute of Asian Studies (Institute), Kolkata was set up in January 1993 as a Society under the West Bengal Societies Registration Act, 1961 at the joint initiative of the Government of India and the Government of West Bengal, to act as a centre for research and learning, focusing on various issues related to developments in Asia with special emphasis on their links with India, on secularism and universal brotherhood and on the life and works of Maulana Abul Kalam Azad. The Ministry of Culture provided separate grants to the Institute, for conducting research activities relating to the North-East Region. The Institute was also maintaining a museum at the residence of Maulana Abul Kalam Azad since 2006.

A performance audit of the academic activities of the Institute disclosed that the Institute had not framed any policy specifying the criteria for selection of research topics keeping in view of its objectives. Resultantly, many of the selected research topics were unrelated to the objectives of the Institute. The process of selection of Fellows was not documented and lacked transparency. The Institute had an inadequate monitoring and review system to ensure timely completion of research projects, as a result of which, out of 58 completed projects, only 19 projects (33 *per cent*) were completed within the scheduled time and the rest of the projects were delayed for periods upto over seven years. The publication of research project reports was also inordinately delayed. Only 23 out of 58 completed project reports had been published till July 2011. The Institute had not ensured optimal utilization of information technology for its library and also had not made the library accessible to the public, which was against the stated objective of the Institute of making papers and library sources available to them. However, following the audit

observation, the Institute opened (2012) the library to the public. The Institute failed to make any addition to the museum's original collection of 22 objects relating to Maulana Abul Kalam Azad.

(Chapter II)

MINISTRY OF HEALTH AND FAMILY WELFARE

Dental Council of India

The Dental Council of India (Council), a statutory body, was constituted on 12 April 1949, under an Act of Parliament, viz. the Dentists Act, 1948, to regulate dental education, dental profession and dental ethics in the country. The Council is a recommendatory body to the Ministry of Health & Family Welfare (Ministry) and acts as its technical arm for regulation of dental education, dental profession and dental ethics.

The performance audit of the Council covering the period from 2006-2011 revealed that there was a concentration of dental colleges in five States and there was only one college in the North-East, indicating skewed distribution of dental colleges across the country, which both the Council and the Ministry failed to prevent. Audit also found non-adherence to the prescribed standards for (i) establishment of new dental colleges; (ii) increasing the number of seats in existing dental colleges and (iii) renewal of permissions for yearly admissions. There were several instances of substantial variations between the reports following inspections of dental colleges by the Council and those of Special Inspection Teams (SITs) constituted by the Ministry, the latter failing to analyze the reasons for such wide variations. There were instances where negative recommendations of the Council were ignored on the basis of unverified compliance reports received from the colleges. Delays of three to five years by the Ministry were noticed in cases of derecognition of colleges on the recommendation of the Council. The Council did not adhere to its own norms of periodical inspections of recognized dental colleges once in a block of five years. The Ministry allowed the dental colleges to function despite shortages of faculty and deficient infrastructure. The database of faculty members also exposed the possibility of the same people working in multiple colleges. The Council had no complaint redressal mechanism. The Council was not maintaining the Indian Dentists Register, in violation of the requirement prescribed in the Dentists Act. Inspection fees amounting to ₹ 7.07 crore were outstanding against various dental colleges.

(Chapter III)

CHAPTER I : MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION

Bureau of Indian Standards

Highlights

- As of March 2011, the Bureau of Indian Standards (BIS) had formulated 18222 standards. A test check of 214 standards revealed delays in formulation of standards ranging from one month to 18 years in 137 cases. Printing of standards also took considerable time against the prescribed norms, with delays ranging from four to 55 months in 153 cases.

(Paragraphs 1.13.3 and 1.13.4)

- BIS did not formulate standards in some of the new and emerging areas affecting the health and safety of consumers.

(Paragraph 1.13.8)

- There was poor adoption of standards under certification, due to lack of awareness among the stakeholders.

(Paragraph 1.14.2)

- Despite being a quality assurance body, BIS was unable to perform its monitoring and inspection roles adequately. There were significant delays in grant of licences, ranging between 121 days and over two years. Besides, there were significant shortfalls in surveillance visits ranging from 39 to 62 per cent, collection of factory samples ranging between 52 to 68 per cent and market samples ranging from 26 to 72 per cent.

(Paragraphs 1.14.3, 1.14.6 and 1.14.7)

- The laboratory modernization programme initiated in 2005 could not be completed even after a period of seven years as BIS failed to procure 198 out of the proposed 403 pieces of test equipment.

(Paragraph 1.15.2)

- **Testing facilities in the laboratories were inadequate. There were shortfalls in testing of samples (17 per cent), accumulation of 1103 samples for testing, for more than a year as well as non-availability of testing facilities in respect of some of the products in the BIS laboratories and outside laboratories. Audit also noted inadequate surveillance of outside laboratories.**

(Paragraphs 1.16.1, 1.16.2, 1.17 and 1.18)

- **Achievements against the targets fixed for the programmes of ‘Consumer Awareness’, ‘Industry Awareness’ and ‘Educational Utilization of Standards’ were 51, 43 and 34 per cent respectively.**

(Paragraph 1.19.1)

- **There were shortfalls in achievement of targets under the Management System Certification scheme operated by BIS.**

(Paragraph 1.20)

Recommendations

- ❖ *BIS may make the monitoring mechanism stronger for all stages of standard formulation to avoid delays.*
- ❖ *There is a need for timely formulation and review of standards in all areas, particularly those affecting the health and safety of consumers.*
- ❖ *BIS may focus on formulation of standards in new and emerging fields.*
- ❖ *There is a large untapped market for product certification activities. BIS should make sincere efforts to increase the base of its Product Certification Scheme.*
- ❖ *BIS may ensure adherence to the prescribed provisions for surveillance visits and collection of factory and market samples.*
- ❖ *BIS may ascertain the reasons for the large number of cases of dropping of licences and take appropriate action.*
- ❖ *BIS may consider reiterating its various norms to its officers so that these can be observed scrupulously.*
- ❖ *BIS may ensure regular supervisory visits to the licencees for effective control.*
- ❖ *BIS laboratories need to be well-equipped in terms of manpower and infrastructure to avoid delays in testing of samples.*

- ❖ *BIS needs to provide complete testing facilities for all items under certification, either in-house or through recognised laboratories.*
- ❖ *The promotion of Indian standards and product certification being important functions, BIS needs to make all out efforts to achieve the targets fixed for its awareness programmes.*
- ❖ *Ministry of Consumer Affairs, Food and Public Distribution and BIS may consider bringing the hallmarking of gold jewellery under mandatory certification so as to safeguard the interest of the consumers.*
- ❖ *BIS needs to increase the number of licencees under the management system certification scheme by increasing its competitiveness as well as by conducting awareness programmes and review meetings with the licencees.*
- ❖ *BIS should carry out its enforcement activities effectively by deploying requisite manpower.*
- ❖ *BIS should have a formal web policy and a well-structured website.*
- ❖ *BIS should make sincere efforts to fill up the vacancies in all cadres to carry out its mandated activities effectively.*
- ❖ *BIS may consider setting up its own internal audit wing.*

1 Introduction

1.1 Background

Prior to independence, standardization¹ activities in India were sporadic and confined mainly to a few Government purchasing organizations. Subsequently, the important role of standardization in industry for achieving competitive efficiency and quality production was recognized by the Government following which the Indian Standards Institution (ISI) was set up in 1947 as a registered society, under a Government of India resolution.



In the above scenario, while product certification had been given statutory status with the enactment of the Indian Standards Institution (Certification Marks) Act 1952, the formulation of standards and other related works were

¹ Standardization is an activity of establishing, with regard to actual or potential, provisions for common and repeated use, aimed at the achievement of optimum degree of order in a given context. (ISO/IEC)

not governed by any legislation. Therefore, the Government decided to restructure ISI and invest it with statutory authority for Indian standards (ISs) by passing the Bureau of Indian Standards Act in November 1986. As a result, on 1 April 1987, the Bureau of Indian Standards (BIS) came into being, after taking over the staff, assets, liabilities and functions of the erstwhile ISI. Through this change, the Government envisaged building up of the climate of quality culture as well as consciousness and greater participation of consumers, Central and State Governments, research organizations and regulatory agencies in formulation and implementation of national standards.

Before ISI was restructured into BIS on 1 April 1987, there were 13533 standards in force, against which 9350 licences were operative. As of March 2011, 18222 standards were in force, against which 32510 licences were operative.

1.2 Functions

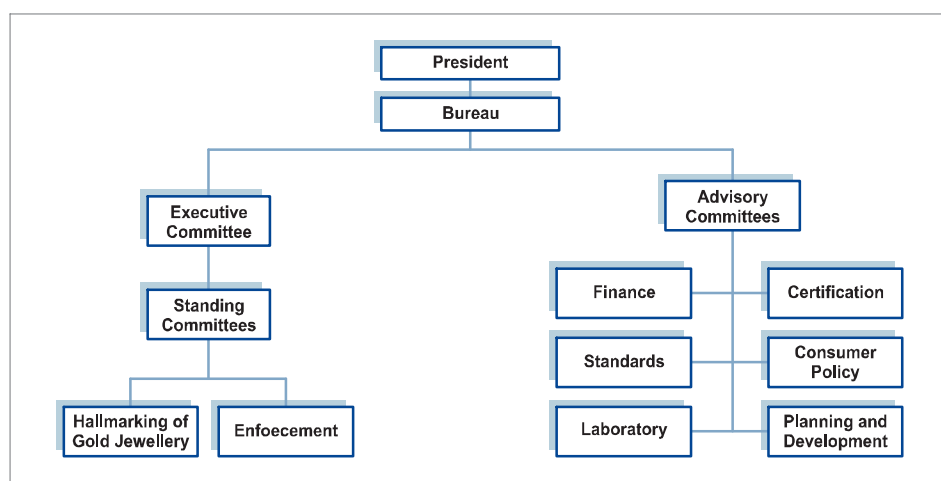
The Bureau of Indian Standards is responsible for the following functions:

- (i) Formulation and updating of standards;
- (ii) Harmonization with international standards;
- (iii) Certification of products (including hallmarking) and management system certification;
- (iv) Consumer promotion activities and information services and
- (v) Laboratory services for standardization and quality control.

1.3 Organizational structure

BIS is the national standards body of India, functioning under the aegis of the Ministry of Consumer Affairs, Food and Public Distribution (MoCAF&PD), Government of India. The organizational structure of BIS is as depicted below:

Figure-1: Organisational Structure



The Bureau is a body corporate consisting of 25 members, representing the Central and the State Governments, Members of Parliament, research and consumer organizations etc. The Minister in-charge of MoCAF&PD acts as the President while the Secretary of MoCAF&PD is an ex-officio member. The Director-General (DG) of the Bureau is its Chief Executive Authority.

The Executive Committee, which makes rules and regulations and performs administrative and other functions, consists of the Director-General as *ex-officio* Chairman and nine other members, as appointed by BIS, with the prior approval of the Central Government representing MoCAF&PD, other Ministries, public sector enterprises, recognized consumer organizations, industry, trade and their associations and scientific and research institutions.

Six Advisory Committees have been constituted by BIS for advising on policy matters and efficient discharge of its functions relating to finance, standard formulation and certification, laboratory activities, consumer policy and planning.

For standards formulation work, an apex level Standards Advisory Committee (SAC) with 14 Division Councils (DC) and 312 Sectional Committees (SC) has been constituted. The main function of the DCs is to advise BIS on subject matters to be taken up for formulation of standards in their respective areas. **Annex-I** gives details regarding the various Division Councils. SCs are primarily responsible for formulation and maintenance of standards.

1.4 Financial position

BIS generates its resources mainly from certification and has not been receiving any grant from the Government for the last 20 years, except for specific projects. As on March 2011, BIS had a corpus fund of ₹ 245 crore, which comprised fixed assets, working capital, fixed deposits and Government securities. Income and expenditure figures of BIS from 2006-07 to 2010-11 are given in Table-1:

Table-1 : Year-wise income and expenditure figures

(₹ in crore)					
Head	2006-07	2007-08	2008-09	2009-10	2010-11
Income	149.84	172.83	195.91	223.50	236.57
Expenditure					
Establishment Expenditure	53.10	55.37	87.20	111.44	101.99
Other administrative expenditure	33.24	35.65	36.74	41.95	52.03
Contribution towards shortfall in Pension/Gratuity Liability Fund Account	34.90	--	--	70.11	82.55
Surplus carried to Capital Fund	28.60	81.81	71.97	--	--
Total	149.84	172.83	195.91	223.50	236.57

As per Accounting Standard 15, the organisation should provide accrued pension and gratuity liability of its employees as per actuarial valuation. However, BIS did not fully provide for contribution towards pension and gratuity liability on actuarial basis during the years 2009-10 and 2010-11, and there was a shortfall of ₹ 154.38 crore and ₹ 59.70 crore in the years 2009-10 and 2010-11 respectively, for the same². Had BIS fully provided for the above liability, the 'nil' surplus during 2009-10 and 2010-11 would have been converted into loss of ₹ 154.38 crore and ₹ 59.70 crore respectively.

1.5 Scope of audit

The Bureau of Indian Standards is audited under Section 19(2) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Services) Act 1971. The last review of BIS was conducted by the C&AG during 1991, covering the period from 1985-86 to 1990-91. The current performance audit covered the period 2006-07 to 2010-11 and was conducted between July 2011 and February 2012.

1.6 Audit sampling

BIS had formulated a total of 18222 standards, out of which 1627 were formulated during the audit period. Audit selected 214 standard formulation cases for detailed scrutiny on the basis of proportional representation using the stratified sampling method. The Bureau had issued 32510 licences under the

² Annual accounts for the year 2009-10 and 2010-11

certification marks scheme for 924 standards, out of which 200 licences were selected for audit. DC-wise sample sizes are given in **Annex-I**.

BIS has five regional and 34 branch offices, apart from eight laboratories, located at various places in the country. The performance audit was based on test check of BIS's records at its headquarters in New Delhi and selected regional/branch offices³ and laboratories.⁴

1.7 Audit objectives

Performance audit of BIS was taken up to see whether:

- the laid down procedures for formulation of standards were adhered to;
- regular reviews of standards were carried out to keep them up-to-date;
- it was able to increase the product certification adequately;
- procedures for certification of products including surveillance of licencees' premises, drawal and testing of samples from factories and markets, were effective and transparent;
- the capacities of laboratories owned by BIS were adequate and optimally utilized;
- activities to promote concepts of standardization, certification and quality among consumers were adequate and effective; and
- it had adequate manpower to carry out its activities.

1.8 Audit methodology

An entry conference was held on 27 July 2011 with the DG and other officers of BIS, in which the audit scope and objectives were discussed. As stated earlier, field audit was conducted during the period July 2011 to February 2012 through examination of records, interaction with concerned officers, issue of questionnaires, collection of evidence etc.

The draft performance audit report was issued to MoCAF&PD and BIS in April 2012. MoCAF&PD requested BIS to send its replies to Audit directly, under intimation to it. The replies of BIS were received in May 2012 have been suitably incorporated in the report. An exit conference with the DG and

³ Central Region Office (CRO) at New Delhi; Southern Region Office at Chennai; Branch Office, Ghaziabad under CRO, Branch Office, Faridabad under the Northern Region Office.

⁴ Central Laboratory, Sahibabad; and the Southern Region Office Laboratory, Chennai.

other officers of the BIS was held on 15 June 2012, wherein the main findings of Audit and related recommendations were discussed.

1.9 Sources of audit criteria

The sources of audit criteria for performance audit were derived from the following:

- BIS Act 1986;
- Manual for Standards Formulation;
- BIS Certification Regulations, 1988;
- BIS Operating Manual for Certification, 2004;
- BIS Guidelines on Assaying and Hallmarking of Gold and Silver Jewellery;
- Laboratory Testing and Inspection Guidelines of BIS;
- Enforcement Guidelines; and
- Other circulars, Rules & Regulations issued by BIS and MoCAF&PD.

1.10 Previous audit findings

A performance audit report on BIS had appeared in CAG's Report No. 11 of 1992, in which Audit had observed the following major deficiencies:

- There were considerable delays in formulation of standards, ranging from two years to more than 10 years.
- Only 30 to 56 *per cent* applications could be processed for grant of licences.
- The dropout rate of licences ranged between six and 11 *per cent*.
- The shortfalls in conducting periodic inspections ranged between eight and 33 *per cent*.
- The number of samples drawn, both from the factories and the markets was lower than that prescribed under the Certification Marks Manual.
- There were inordinate delays in testing of samples at BIS laboratories.
- Thirteen pieces of laboratory equipment worth ₹ 75.69 lakhs had not been put to optimum use.

However, as detailed in this Performance Audit Report, most of the deficiencies pointed out in the earlier Audit Report continue to persist, which is a matter of concern.

1.11 Structure of the Audit Report

The findings in the Performance Audit Report have been arranged in the following paragraphs:

- ✓ Standard Formulation;
- ✓ Product certification;
- ✓ Laboratories;
- ✓ Other activities (promotional and consumer related activities, hallmarking scheme, management system certification, enforcement mechanism and website of BIS);
- ✓ Manpower management; and
- ✓ Internal audit.

1.12 Audit acknowledgement

Audit acknowledges the cooperation and assistance extended by BIS at various stages during the conduct of this performance audit.

1.13 Formulation of standards

As per the Manual for Standards Formulation, the objectives of standardization are promotion of economy in human efforts, materials and energy in the production and exchange of goods as well as protection of consumer interests through adequate and consistent quality of goods and services. Under the Bureau of Indian Standards Act 1986, BIS establishes Indian Standards in relation to any article or process and amends, revises or cancels the standards so established, as may be necessary, by a process of consultation with consumers, manufacturers, technologists, scientists and officials through duly constituted committees. Standards are formulated in respect of products, methods of test, codes of practice, terminology, dimensions, symbols etc. All the standards are required to be notified in the Gazette of India for their formulation, revision and withdrawal.

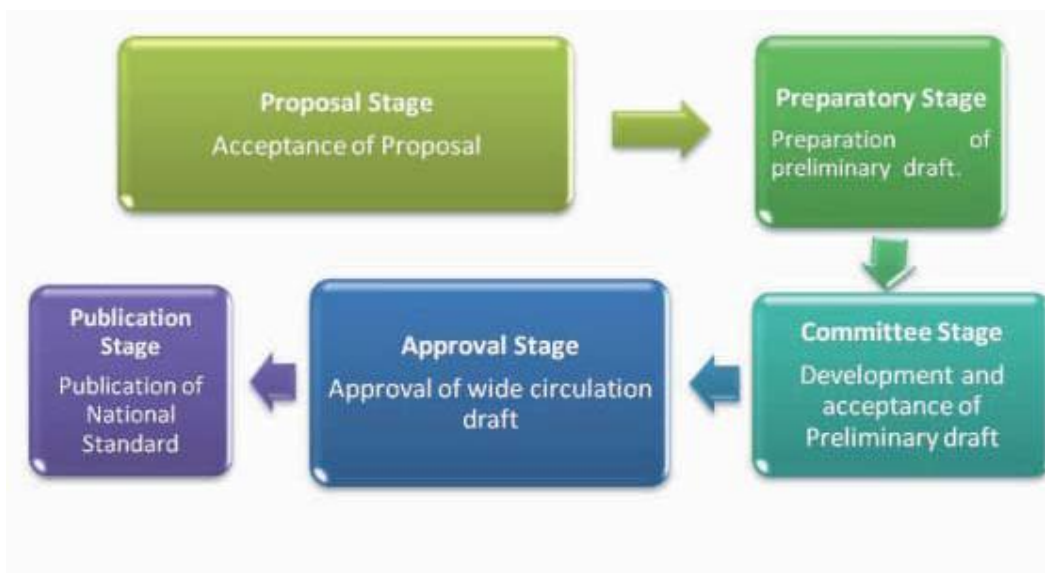
As stated earlier, BIS had formulated a total of 18222 standards by March 2011, out of which, 1627 standards were formulated during the audit period. Test check of 214 standard formulation cases revealed significant gaps in the

various stages of standard formulation, as discussed in the succeeding paragraphs.

1.13.1 Process of standard formulation

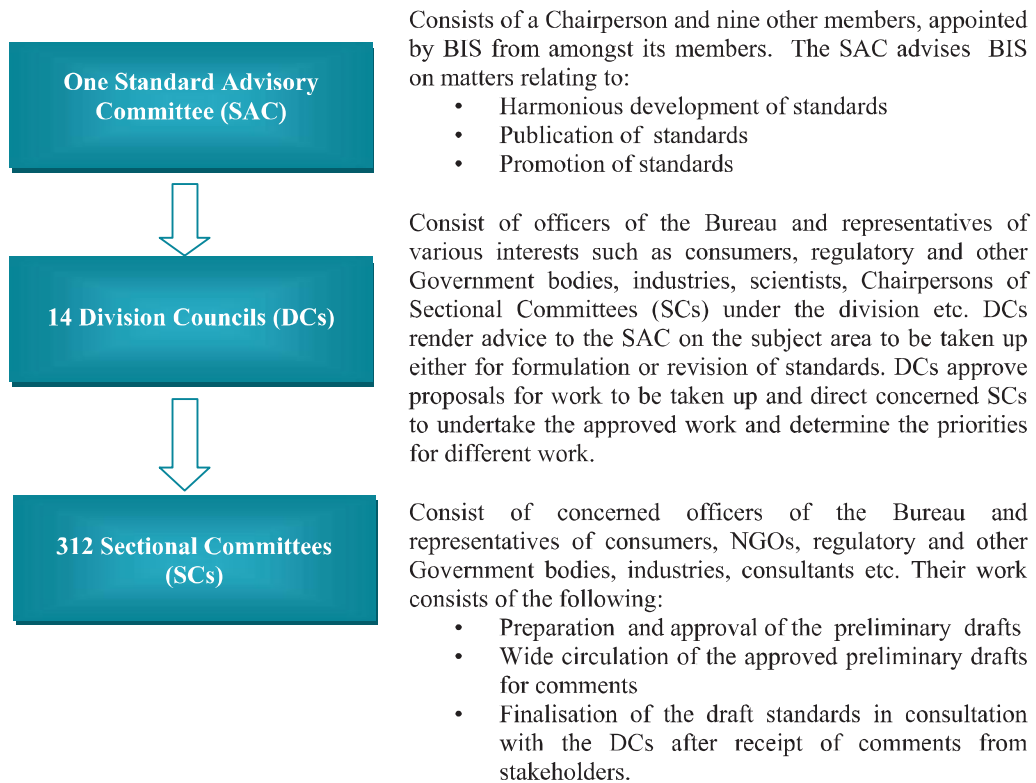
Proposals for formulation of new ISs or for their revisions or amendments may come from any Ministry of the Central Government, State Government, Union Territory Administration, consumer organization, industrial unit, industry association, professional body or from BIS itself. The process of standard formulation consists of five stages i.e. the proposal stage, the preparatory stage, the committee stage, the approval stage and the publication stage, as shown in Figure 2.

Figure-2: Stages of standard formulation



As mentioned earlier, a three-tier committee structure i.e. one Standard Advisory Committee (SAC), 14 Division Councils (DCs) and 312 Sectional Committees (SCs), handles the task of standard formulation as illustrated in Figure-3.

Figure-3: Three-tier committees



1.13.2 Meetings of the committees

As per the BIS (Advisory Committees) Regulations, 1987 and the Manual for Standards Formulation, the Advisory Committees, DCs and SCs should each meet at least once in a year to discuss various issues like processing of draft IS from stage to stage, reviewing and prioritizing the various items of work in hand, resolving controversies by consensus etc. Audit found that during the period 2006-07 to 2010-11, the SAC had held only four meetings against the requirement of five. The DCs also did not hold regular meetings and there was a shortfall of 24 *per cent* in holding the required number of meetings. As far as the meetings of the 312 SCs were concerned, the shortfalls ranged from 14 to 68 *per cent*. Details are given in **Annex-II**.

Test check of records also revealed that the intervening period between two meetings in many instances was much more than 12 months. In fact, certain DCs and SCs operated for as long as 27, 34, 35 and 53 months, without even a single meeting taking place (**Annex-III**). Infrequent and irregular meetings could lead to delays in preparation, review, revision and harmonization of standards and affect their quality as well.

Audit observed that the participation of members in the meetings was very poor. Test check of 214 cases pertaining to standard formulation revealed that 54 *per cent* of members did not attend SC meetings. Further, it was observed that 39 standards were formulated without receiving any comments from the concerned SC members.

In its reply, BIS stated (May 2012) that the shortfall in conducting SAC meetings was due to changes in the composition of the SAC. It further stated that there was no mandatory requirement for conducting of such meetings every year. However, all efforts were made by BIS to increase the participation of members in the committee meetings, like sending meeting notices as well as agenda well in advance and requesting them to attend the meetings.

The reply is not acceptable since the meetings are mandatory as per clause 3(7) of the BIS Advisory Committee Regulations, 1987. Secondly, the meetings are necessary for discussing various issues like processing of draft IS from one stage to another, reviewing and prioritizing various items of work in hand, resolving controversies by consensus etc.

1.13.3 Formulation of standards

As per clause 5.3.7 of the Manual for Standards Formulation, a standard should be formulated within a time-frame of 12 to 28 months⁵ from the availability of the preliminary draft. Further, as soon as the finalized draft standard is adopted, the same should be notified in the Gazette within a period of 30 days. Monitoring of progress of formulation of standards against the agreed dates should be done by the Secretariats of the respective SCs as per clause 5.1.4 of the Manual for Standards Formulation.

It was noted that during the audit period, out of 1627 standards formulated, the time taken in formulation ranged between three to four years in 236 cases and five to 10 years in 39 cases (excluding the time taken in printing the standards). Delays ranging from one month to 18 years in standard formulation were noticed in 137 out of 214 test-checked cases (64 *per cent*). Delays in formulation of standards were indicative of inadequate monitoring by BIS.

⁵ The time schedule for formulation of standards on 'top priority' subjects is 12 months. For other subjects, the time schedule can vary from 20 to 28 months, depending upon the nature of the subject and the priority assigned to it.

BIS stated (May 2012) that there were a number of reasons which could cause delays in finalization of IS, which were attributable in some cases to BIS but in the majority of the cases, to agencies outside the purview of BIS.

The reply is not acceptable since sufficient time of 12 to 28 months was allowed for formulation of standards and although outside agencies or members are involved in the process of standard formulation, the final responsibility for the same is that of BIS.

1.13.4 Printing of standards

The normative time schedule of 12 to 28 months prescribed by BIS for standard formulation/revision includes a period of three months for printing of the standards. It was, however, observed during audit that BIS did not adhere to this time schedule. In 153 out of 214 test-checked cases (71 *per cent*), printing of standards took considerable time, ranging between four and 55 months.

BIS stated (May 2012) that a decision had been taken with effect from April 2011 to publish all ISs in soft copies, dispensing with the conventional printing of ISs through the Government of India Press, which caused delays in printing.

1.13.5 Review of standards

As per clause 5.11.1 of the Manual for Standards Formulation, every standard is to be reviewed by the Sectional Committee concerned in not more than five years after publication, reaffirmation, revision or declaration of obsolescence, to establish whether the standard is still relevant and, if it is not, to identify and initiate appropriate action. Audit scrutiny revealed that the number of cases in which BIS did not adhere to the time schedule in respect of review of standards during the period 2006-07 to 2010-11 were 444 out of the 17887 standards due for revision. The delays ranged between seven and 34 months as detailed in **Annex-IV**. The reasons for the delays in review of standards were attributed by BIS to shortage of manpower (227 cases), delays in conducting of meetings (140 cases) and oversight (77 cases).

In its reply, BIS stated (May 2012) that 97.6 *per cent* of ISs were reviewed in time. However, review of the remaining 2.4 *per cent* standards had taken little longer time than stipulated.

1.13.6 Revision of standards

According to clause 5.11.2 of the Manual for Standards Formulation, while reviewing a standard, a SC has five options available:

- a) Reaffirmation, indicating continuation of the current standard without change in the old IS;
- b) Amendment, indicating the continuation of the current standard after necessary changes to bring it up to date;
- c) Revision, involving the procedure for a new standard and reaffirmation for the time being;
- d) Declaration of obsolescence, indicating by an amendment that the standard is not recommended for use in new equipment but needs to be retained to provide for the servicing of the existing equipment that is expected to have a long working life and
- e) Withdrawal, indicating that the standard is no longer needed.

On reviewing a standard, if the concerned committee feels that it is required to be revised to bring it in line with the present national and international practices in the field, the same is done by adopting the procedure used for a new standard. The revision of a standard is expected to be completed within a time schedule of 12 to 28 months.

During the performance audit, it was observed that in the five cases detailed in Table-2, the process of revision of standards took excess time. As a result, updated technical specifications for safety and other purposes reached the beneficiaries belatedly.

Table-2: Delay in revision of standards

IS - 4151:1993, Protective headgear for motorcycle/scooter riders
Audit findings : BIS provided certification of protective helmets for motorcycle/scooter riders under a standard, IS 4151:1982 formulated in 1982. The standard was revised in 1993 and considered for revision in March 2005. Meanwhile, the Ministry of Shipping, Road Transport & Highways issued (March 2007) directions to BIS for upgradation of the national standard on helmets in line with the latest European standard (EC 22.05) and implementation of a mandatory ISI marking scheme for helmets. At the instance of the Ministry, BIS again started revising the standard and issued the draft for wide circulation in March 2009. It was, however, noticed that the standard had not been upgraded to align with the latest EC 22.05 regulations to include an allowance for ventilation of the head, tests for chin guards

and side impact tests. The revision process is yet to be completed.(July 2012)

BIS's reply : BIS stated (May 2012) that even if the standard was revised in line with the European standard (EC 22.05), there would be no testing facilities for the new standard which would result in cancellation of all licences. As such, its implementation would not be feasible.

The reply is not acceptable since revision of testing facilities is also the responsibility of BIS and the same could be done simultaneously with the preparation of the standard.

Impact : Helmets are for human safety. Due to non-implementation of the updated standard, human safety would remain compromised to that extent.

IS - 2825:1969, Code for unfired pressure vessels

Audit findings : The standard was formulated in 1969. BIS decided to revise it in 1995-96 but the draft was circulated only in December 2001. In August 2004, the SC finalized the document subject to certain conditions. No further progress was made by the committee thereafter and the issue was referred to the Mechanical Engineering Division Council in April 2009 for necessary guidance in the matter.

The standard had not been revised despite the lapse of more than 10 years.

BIS's reply: BIS stated (May 2012) that a preliminary draft was approved for wide circulation during February 1995 by the Heavy Mechanical Division. Subsequently, in July 1999, this division was split into the Mechanical Engineering Division (MED) and the Production and General Engineering Division. The work was assigned to MED and the document was sent for wide circulation during December 2001. MED finalized the document in August 2004, subject to incorporation of allowable stress for material. The matter of allowable stress had not been finalized till March 2012. BIS concluded that the standard was not finalized due to technical limitations beyond its control.

Audit, however, observed that no progress had been made from February 1995 when the draft was approved for wide circulation, till 1999 when the division was split. The new division took two years (July 1999 to December 2001) for issuing the draft standard for wide circulation and a further three years (December 2001 to August 2004) for finalization. However, the matter of allowable stress could be decided only in March 2012. It is therefore, obvious from the above, that although the work was of a technical nature, it was not carried out in a timely manner.

Impact: This standard is for the safety of pressure vessels. A pressure vessel is a closed container designed to hold gases or liquids at a pressure substantially different from the ambient pressure. In the absence of the standard, the quality assurance of pressure vessels is likely to be compromised.

IS - 3231:1986, Electrical relays for power system protection

Audit findings : BIS felt (May 2004) that the current form of IS 3231:1986 series was not easily understood by the common person as there were lots of

cross-references. It was, thus, decided (December 2005) to combine the complete IS 3231:1986 series in one or two parts only. Accordingly, a small group was constituted to align the standard with the available standard of the International Electro technical Commission on the subject. However, only preliminary drafts had been prepared till date (June 2012).

BIS's reply : BIS stated (May 2012) that the SC, in its seventh meeting, informed (February 2008) that even after issuing of reminders during 2007, the recommendations had not been received from the working group and the issue had been reconsidered (February 2012) to upgrade the standard with the latest IEC 60255 standard. BIS also stated that the time taken for formulation of the standard should be reckoned from February 2012.

The reply of BIS is not acceptable since it could not finalise the preliminary draft even after the lapse of over six years.

Impact : Electrical relays are used for power systems protection and in the absence of the revised standard, advancements in power systems protection were not available to the consumers.

IS -3499 (Part 2) : 1985, Specification for metal chairs for office purpose

Audit findings : In November 2007, the concerned Sectional Committee of BIS entrusted the work of revision of the standard to M/s Godrej & Boyce Mfg. Co. Ltd, one of the members of the SC. As of May 2012, the standard had not been revised.

BIS's reply : In its reply, BIS stated (May 2012) that the work of preparation of the draft standard and its revision is done on a voluntary basis and BIS does not make any payment to the members. It further stated that during November 2011, the committee had once again requested M/s Godrej to prepare the draft for revision of the standard.

However, the fact still remains that the standard could not be revised till date (May 2012).

IS - 8328:2007, Free cutting copper bars, rods and sections – Specifications

Audit findings : A draft for revision was issued initially in September 1998 to the concerned SC. However, it was sent for wide circulation, belatedly, in November 2000. Although the first revision of the standard was finalized in March 2002, the matter was kept pending for three years and BIS again sent a draft for wide circulation in September 2005. The standard was finally printed in January 2007. Thus, BIS took nearly nine years to get the standard finalized and printed.

BIS's reply : BIS stated (May 2012) that the standard had been finalized in 30 months but there was a delay in sending the draft for printing due to frequent changes of Member Secretaries.

The reply is not acceptable in audit as the total time taken for revision of the standard was more than eight years.

1.13.7 Gazette notification for formulation and withdrawal of standards

In terms of clause 5.17 of the Manual for Standards Formulation, all ISs including tentative and recognized standards, their revisions, amendments, cancellations and withdrawals are notified in the Official Gazette. As per clause 5.6.6 of the Manual, as soon as a finalized draft standard has been adopted by the Chairman and the IS number is made available from the Printing Division, the concerned head of the department and Member Secretary of the technical committee has to get the same notified in the gazette within 30 days.

Audit found that in 79 out of 214 cases of standard formulation as detailed in **Annex-V-A**, BIS took two to 29 months for gazette notification. Similarly, in 127 out of 298 (as detailed in **Annex-V-B**) cases of withdrawal of standards, BIS took three to 44 months for the same.

In its reply, BIS stated (May 2012) that gazette notifications of withdrawn ISs were not required as per BIS Rules, 1987 and further stated that it decided the withdrawal of ISs in consultation with their licencees and till that time, the old ISs continued to be implemented.

The reply is not acceptable in audit as although the BIS Rules, 1987 are silent in this regard, the Manual for Standards Formulation (clause 5.17) envisages that all ISs, including tentative and recognized standards, their revisions, amendments, cancellations and withdrawals should be established by notification in the official gazette.

1.13.8 Formulation of standards in new and emerging fields

Audit observed that in the following cases included in Table-3, insufficient efforts were made by BIS to formulate ISs in new and emerging fields:-

Table-3: Insufficient efforts for formulation of standards in new and emerging fields

S. No.	Topic	Status/BIS Reply
1.	Hospital Bio-medical Waste Management and Infection Control including equipment/instruments used	<p>There are various areas in Hospital Biomedical Waste Management where standardization work is required to be carried out, e.g. instruments for sterilization of equipment i.e. autoclaves. Besides, there are waste management systems, wafer process systems for critical cleaning and sterilization of bio-medical components, implant devices, equipment/containers required under Biomedical Waste Management and handling etc. However, Audit observed that no standard was formulated by BIS in this field.</p> <p>BIS, in its reply, stated (May 2012) that it had already prepared a working draft on 'autoclaves' and two SC meetings had been held. In the second meeting held in March 2012, it was noticed that the working draft was not sufficient and therefore, the committee assigned the work for providing more details to one committee member.</p>
2.	Safe magnetic fields level for pregnant ladies and cardiac pacemaker users	<p>A proposal was received from the Ministry of Health & Family Welfare in December 2009 in this regard but work for formulation of the standard had not been started so far (May 2012).</p> <p>BIS, in its reply, (May 2012) stated that it had never identified this subject as a thrust area.</p> <p>The reply is not acceptable since the proposal had been received from the Ministry of Health & Family Welfare, for formulation of a standard. Since it concerned the health of women and heart patients, the standard should have been formulated.</p>
3.	Halogen free flame retardant cables	<p>There was no available standard on this aspect. Standardization work was pending since May 2008.</p> <p>BIS, in its reply, stated (May 2012) that the draft of 2008 was discussed in May 2010 and the working panel was strengthened. The new panel had approved the revised draft and had sent it for wide circulation.</p> <p>However, the fact remains that no standard had been formulated on the subject as of June 2012.</p>
4.	Handbook for water resources management	<p>There was no available standard on this aspect.</p> <p>BIS, in its reply, stated (May 2012) that an SC for the subject matter was constituted in 2008. The committee had 14 panels and each panel (except one) had met once and their work allocation had also been decided but the preliminary draft had not been prepared.</p> <p>Audit observed that work in this field was very slow as even after a period of four years, the preliminary draft had not been prepared.</p>

5.	Industrial engineering such as value engineering, reverse engineering, method study, time & motion study and material management, process planning and control	<p>There were no available standards on these aspects. The SC had not started the work on this aspect.</p> <p>BIS, in its reply, stated (May 2012) that the subject was initially taken up by the Production & General Engineering Division but later on, it was found that a similar subject was being dealt with by the Management System Division and therefore, the matter was transferred to the Management System Division.</p> <p>However, the fact remains that no progress had been made so far (June 2012).</p>
6.	Standardization in the field of Ayurveda, in terms of terminology and quality standards of ingredients	<p>There were no available standards on this aspect. The SC had not yet been constituted.</p> <p>BIS, in its reply, stated (May 2012) that efforts were on for nomination of a chairperson and for constitution of a SC.</p>
7.	Mobile phones	<p>(The details are discussed in the case study below).</p> <p>A proposal for formulation of a standard was received in November 2010.</p> <p>However, even the draft standard had not been finalized as of June 2012.</p>
8.	Limiting and measuring radiation from mobile phone towers, mainly being installed in residential complexes and also for other radiation from mobile phones	<p>The proposal for formulation of a standard was received in December 2009 but work was still to be started.</p> <p>BIS, in its reply, stated (May 2012) that the work of standard formulation under the subject had been assigned to Telecommunication Engineering Centre (TEC)⁶ in July 2010 as TEC was already taking care of the standardization work in that area.</p> <p>However, the fact remains that standard in this field is not formulated so far (June 2012).</p>
9.	Radio emissions for protection of common consumers - Certification/ registration of mobile phones for safety requirements, particularly in the cases of lithium batteries and radio emissions for protection of consumers	<p>A proposal was received from MoCAF&PD in December 2009 but work was yet to start.</p> <p>BIS, in its reply, stated (May 2012) that the work of standard formulation under the subject had been assigned to the TEC in July 2010 as the TEC was already taking care of the standardization work in that area.</p> <p>However, the fact remains that the standard in this field has not been formulated so far (June 2012).</p>
10.	Environment and other radio frequency related safety standards – Human exposure in radio frequency electromagnetic fields for the Indian region	<p>There was no available standard on this.</p> <p>BIS, in its reply, stated (May 2012) that the work of standard formulation for the subject had been assigned to TEC in July 2010 as TEC was already taking care of the standardization work in that area. However, the fact remains that the standard in this field has not been formulated so far (June 2012).</p>

⁶ Telecommunication Engineering Centre, a technical wing of Ministry of Communications and Information Technology, is also one of the standard making bodies.

Given the huge advancements in technology and opening of new fields of study and research, leading to development of new products viz. Hospital Biomedical Waste Management, infection control, nanotechnology etc, BIS did not initiate action quickly to meet emerging needs of standardization in these areas.

Case study on Mobile phones

Issue On 31 May 2011, the World Health Organization confirmed that mobile phone use might represent a long-term health risk, classifying mobile phone radiation as a ‘carcinogenic hazard’.

Importance of the issue for customers - India represents over 11 *per cent* of the world mobile phone market and the same is expected to increase to 13.4 *per cent* by the year 2013. At present

(March 11), there are about 85 crore mobile users in India, constituting 70 *per cent* of the total population (TRAI Annual Report). As a result, there would be a demand for approximately 200 million handsets in the year 2013 alone. With such a high demand, not only is the Indian market increasing but the import



of substandard mobile phones is also rising. There have also been reports of mobile phones malfunctioning and even exploding, causing injuries to people. The Indian Cellular Association (ICA) had stressed (2010) the need to develop an IS for mobile phone handsets to ensure that only quality and safe products are offered to the Indian consumer.

International comparison – Standards formulated by the European Telecommunications Standards Institute are in force in Europe for a number of years on subjects related to mobile phone handsets, usage and disposal.

Audit observation - There was no IS in any of the following areas:

- Mobile phone handsets;
- Radiation from mobile phones and
- Batteries for mobile phones.

BIS, in its reply, stated (May 2012) that the Indian Cellular Association (ICA) had been requested (September 2011) to prepare a draft on mobile phones, which was still awaited from them. BIS, further stated that ISs on mobile batteries had already been finalized and were under printing.

The fact remains that standards on important aspects i.e. mobile handsets, radiation from mobile phones etc. had not been formulated so far.

1.13.9 Formulation of important standards identified in annual action plans

Every year, BIS identifies some areas as thrust areas for standard formulation and includes them in their annual action plan. BIS identified 124 cases as thrust areas on the basis of some new and emerging technologies in the respective fields in its action plans during the period 2006-07 to 2008-09, where standards were to be formulated. In 101 out of these 124 identified cases, standards were formulated and implemented in only 40 cases; standards were in the printing stage in 25 cases and they were under different stages of formulation in respect of 36 cases as of March 2011.

Thus, BIS failed to achieve the targets of standard formulation, even in the thrust areas identified in their action plans.

Recommendations

- *BIS may make the monitoring mechanism stronger for all stages of standard formulation to avoid delays.*
- *There is a need for timely formulation and review of standards in all areas, particularly those affecting the health and safety of consumers.*
- *BIS may focus on formulation of standards in new and emerging fields.*

1.14 Product certification

The Bureau operates a Product Certification Scheme, which is governed by the BIS Act, 1986 and the rules and regulations framed thereunder. Under the scheme, BIS grants licences to such manufacturers who are capable of producing goods of consistent quality on continuous basis as per the relevant ISs. The presence of the Standard Mark (popularly known as the ISI Mark) on a product indicates conformity to the relevant IS. The BIS product certification scheme is essentially voluntary in nature and aims at providing third party assurance on quality, safety and reliability to the consumer. However, there are a number of areas related to health, safety, consumer protection, export etc. where BIS product certification is mandatory. As of March 2011, there were 32510 operative licences under certification, under 924 standards. Certification was the main source of revenue for BIS.

BIS follows two procedures, i.e. normal and simplified, for grant of licences to the manufacturers. Under the normal procedure, the licence is required to be granted within 120 days. Under the simplified procedure introduced in 2007-08 the time taken for grant of licences was reduced to 30 days. For this the applicants have to furnish test reports of the samples from BIS approved

laboratories, along with their applications. After the preliminary evaluations are found to be satisfactory and the samples have passed independent testing, licences are granted if the applicants agree to operate the defined Scheme of Testing & Inspection (STI)⁷ and pay the prescribed marking fees in advance. Applicants have the option to apply under any of the procedures.

1.14.1 Certification Advisory Committee

The Certification Advisory Committee (CAC) advises on policy matters relating to development of certification activities of BIS, coordination of certification activity with other organizations using ISs, collaboration with organizations abroad which deal with certification, formulation of guidelines for assessment of quality assurance etc. As per the BIS Advisory Committee Regulations, 1987, one meeting of the CAC is to be held in a year. However, it was noticed, that during the period 2006-07 to 2010-11, only three meetings of the CAC were held which, inter-alia, affected the development of certification activities.

In its reply, BIS stated (June 2012) that in future, the specified frequency of the meeting would be ensured.

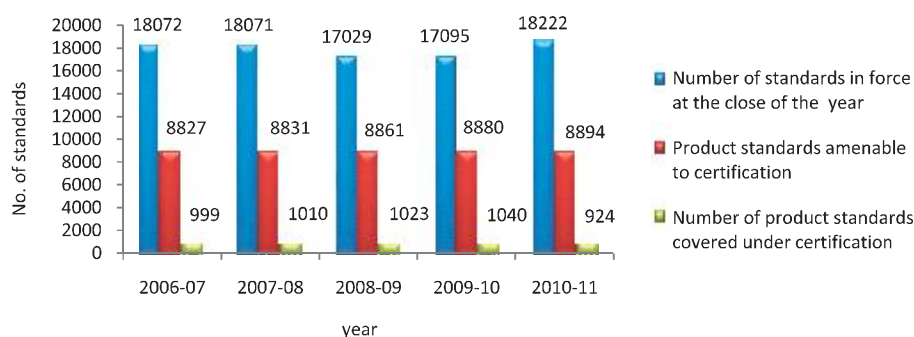
1.14.2 Adoption of product standards

Out of 18222 standards in force as on March 2011, 8894 were amenable to product certification i.e. different products could be certified as per the relevant ISs. The remaining standards were meant for test methods, codes of practice⁸, dimensions, terminology, symbols etc. The year-wise information for the period 2006-07 to 2010-11 in respect of the total number of standards formulated, the number of standards amenable to certification vis-a-vis the number of standards actually covered under the product certification scheme by BIS is shown in Chart-1:

⁷ An agreement entered between BIS and a firm, which lays down the system for checks and controls to be exercised by the firm in ensuring quality of a product during various stages of its production. The STI contains details for testing the product for quality parameters defined in the relevant IS.

⁸ Sets of standards outlining the codes of proper practices for individuals or organizations

Chart-1: Low adoption of standards



It may be seen from the chart that although BIS had formulated a large number of standards which were amenable to certification, the actual adoption of standards was quite low and it ranged between 10.39 and 11.71 *per cent* of the amenable standards.

It was observed that only 924 product standards were used to grant 32510 product certification licences (March 2012). Out of 924 standards, 313 standards resulted in 30548 licences, whereas for the remaining 611 standards, only 1962 licences were issued. In other words, 34 *per cent* of the standards covered under certification resulted in 94 *per cent* of the product certification licences.

Further out of 32510 licences, 7484 licences (23 *per cent*) were under mandatory certification against 83 standards and 25026 licences (77 *per cent*) pertained to voluntary certification against 841 standards.

There were 83 standards under mandatory certification but there were no licences in 11 standards for areas such as high alumina cement, oil pressure stoves, valve fittings for use with liquefied petroleum gas cylinders and rapid hardening portland cement, leading to the risk of uncertified manufacturing in these areas. **(Annex-VI).**

Thus, there was a large untapped market for product certification and the base of the certification scheme could be enlarged. It was observed by Audit that poor utilization of the standards was partly on account of lack of efforts on the part of BIS in organizing publicity and awareness programmes.

BIS stated (May 2012) that though there were 924 product standards for which BIS product certification licences had been granted, those product standards referred to a number of other ISs on test methods, definitions, raw materials

etc. which were an integral part of the product standards. As such, the number of ISs actually implemented was much more.

The contention of BIS regarding the total number of standards is not relevant as the audit observation is about lack of licences issued, for standards amenable to certification which apart from being an important mechanism of quality assurance of products in India, was also the main source of revenue for BIS.

1.14.3 Grant of licences

Clause 2.2.3 of the Operating Manual for Product Certification 2004 envisages that all applications for licences should be scrutinized with respect to availability of adequate manufacturing machinery, testing facilities and qualified testing personnel. In case any deficiency is observed, it should be brought to the attention of the applicant through a letter within 10 days of receipt of his application and the applicant should be given 30 days time to remove the deficiency. In case no response from the applicant is received within 30 days, the application should be returned. The maximum time prescribed for grant of licences under the normal procedure and the simplified procedure was 120 and 30 days respectively. Licences are granted initially for a period of one year and are renewed for a further period of one or two years.

Scrutiny of records revealed that during the period 2006-07 to 2010-11, a total of 25140 applications were received for grant of licences, out of which 2627 applications were closed due to various reasons such as non-receipt of fees, lack of responses from applicants etc., 157 applications were under different stages of process (March 2011) and 22356 applications had resulted in grant of licences. The analysis of the time taken for grant of licences in respect of these 22356 licences is given in Table-4:

Table-4: Time taken in grant of licences

Total number of applications matured into grant of licence	Within 120 days	More than 120 days less but than one year	More than one year but less than two years	More than two years
22356	17886	4204	181	85

The table shows that 20 *per cent* of the licences could not be given within the prescribed time.

BIS stated (May 2012) that 100 *per cent* compliance to the specified time norms could not be achieved due to unavoidable circumstances such as

dealing with cases of applications of foreign manufactures, unforeseen complications in handling all-India first products in certification⁹ etc.

The reply is not acceptable, as the norm of 120 days for grant of a licence had been fixed by BIS after considering all such aspects.

1.14.4 Monitoring of 'stop marking'

BIS may direct a licensee for 'stop marking'¹⁰ when sufficient evidence is available that a product carrying the standard mark is not conforming to the requirements of the relevant IS, failing quality tests, receiving complaints from genuine consumer fora, receiving unsatisfactory surveillance inspection reports etc.

As per the Operating Manual for Product Certification 2004, in case 'stop marking' instructions are issued, BIS authorities are required to conduct a visit to the licensee's factory/premises/godown within 30 days of the issue of such instructions to ensure compliance and physically take stock of the last batch of manufacture as well as the stock of the marked products available with the firm.

In the audit sample of 200 product certification cases, it was observed that 'stop marking' instructions were issued in 92 cases. It was, however, noted that compliance visits had not been carried out in 46 cases (50 per cent). Compliance visits were carried out in the other 46 cases, but were undertaken after delays ranging from one to 12 months. Thus in no cases were compliance visits undertaken within the stipulated 30 days. In three cases, firms continued the production of ISI marked articles (packaged drinking water, thermostatic electric irons and rubber for welding usage) during the stop-marked period, in contravention of orders. Possibility of continued production and sale of sub-standard articles using ISI marks with consequent health and safety risks could not, therefore, be ruled out.

BIS attributed (May 2012) the above deficiencies to shortage of manpower, manifold increase in other activities such as enforcement, management system certifications, complaint handling, court cases, awareness programmes etc.

The fact remains that BIS did not follow its 'stop-marking' instructions in respect of compliance visits.

⁹ First application of a new product covered under certification by BIS

¹⁰ 'Stop marking' is an instruction to a manufacturer to stop marking of 'ISI' on its products

1.14.5 Cancelled/ dropped licences

The BIS (Certification) Regulations stipulate that unless a licence is renewed or its renewal is deferred, it will expire automatically at the end of the period (one or two years) for which it was granted. The position of operative licences, grant of new licences and licences cancelled/dropped during the period 2006-07 to 2010-11 is given in Table-5:

Table-5: Details of cancelled/ dropped licences

S. No.	Particulars	2006-07	2007-08	2008-09	2009-10	2010-11
1.	Number of operative licences at the beginning of the year [#]	18090	19286	20025	20972	22526
2.	Annual increase of number of licences (<i>per cent</i>)	-	7	4	5	7
3.	Number of new licences granted during the year	2463	2102	2595	2898	3151
4.	Number of licences cancelled	135	354	238	253	220
5.	Number of licences dropped	1145	1350	1325	1197	1291
6.	Percentage of dropped licences with reference to operative licences	6	7	7	6	6
7.	Percentage of dropped licences with reference to the number of licences granted during the year	46	64	51	41	41

[#] Figures of operative licences are exclusive of licences under hallmarking

It may be seen from the above table that the annual increase in the number of licences was between four and seven *per cent*. Further, the percentage of dropped licences in comparison to the operative licences at the beginning of the year, ranged between six and seven *per cent*. However, the percentage of dropped licences, with reference to new licences granted during a year, was high and ranged between 41 and 64 *per cent*, which was a matter of concern. The main reasons given by BIS for the large number of licences being dropped were non-receipt of renewal applications and advance marking fees; firms not being interested in further renewal of licences; voluntary surrender of licences etc. It was observed that BIS had not conducted any in-depth analysis to ascertain the reasons for the large-scale dropping of licences.

BIS stated (May 2012) that there had always been a increase in the number of operative licences every year and it may not be responsible for the large-scale cases of dropping licences. There may be other reasons like financial non-viability of industry, economic recession, etc. BIS was regularly making

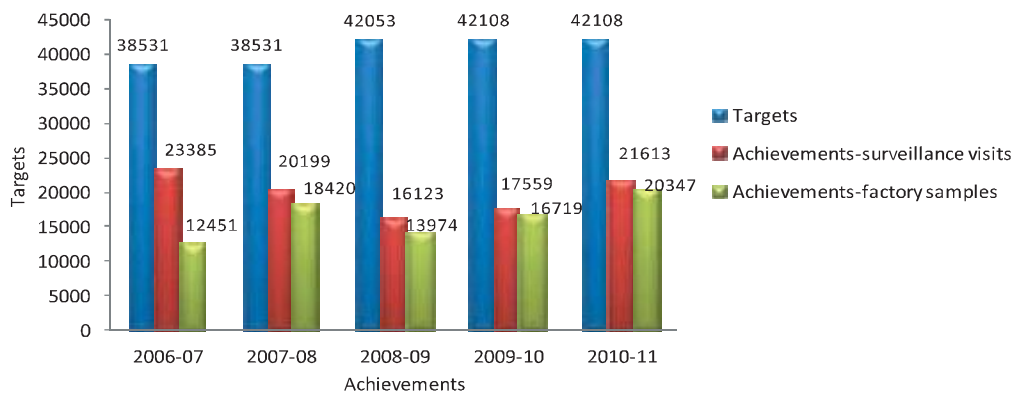
efforts through awareness programmes, advertisements, State level meetings, inter-ministerial meetings etc.

The reply is not acceptable as the annual growth in the number of licences was very low. Audit had also observed as described later in the report (para number 1.19.1), that there were shortfalls even in conducting of awareness programmes to popularize the Product Certification Scheme.

1.14.6 Surveillance visits to licencees' premises and collection of factory samples

Surveillance visits involve drawal of samples for independent testing and ensuring compliance with relevant standards. As per clause 3.3 of the Operating Manual for Product Certification, 2004, BIS is required to conduct a minimum of two such visits to the licencees' premises in a year and collect one factory sample per visit for independent testing. Records revealed that during 2006-07 to 2010-11, there were shortfalls in conducting surveillance visits, ranging between 39 per cent (2006-07) and 62 per cent (2008-09). As regards the collection of factory samples, the shortfall ranged between 52 per cent (2010-11) and 68 per cent (2006-07) as shown in Chart-2:

Chart -2 : Targets and achievements for surveillance visits and factory samples



Examination of 200 test-checked cases of product certification further revealed that:

- in 75 cases (which included 25 cases pertaining to mandatory items), the requirement of two surveillance visits per operative year per licencee was not adhered to. As against the 656 requisite surveillance visits for these cases, only 357 (54 per cent) visits were made.

- as per the Operating Manual for Product Certification 2004, the gap between two surveillance visits was not to exceed six months and all the licencees were required to intimate their production schedule etc. to BIS well in advance. Out of the test-checked cases, in 43 cases, the gaps between the two surveillance visits exceeded six months and in 56 cases, the surveillance visits were rendered infructuous and samples could not be taken due to the absence of production/stock and technical persons from the licensee units. Thus, it was apparent that BIS was slack in monitoring of licencees regarding maintenance of minimum prescribed norms.
- in 83 cases, against the requirement of collection of 716 samples (two factory samples per year per licensee), only 305 (43 *per cent*) samples were collected for testing.
- as per the Operating Manual for Product Certification 2004, in case a test report is not received within 60 days of receipt of a sample, a reminder has to be issued to the laboratory concerned. Audit noticed that in 73 cases, where test reports had not been received within 60 days, reminders were not issued to the laboratories concerned.

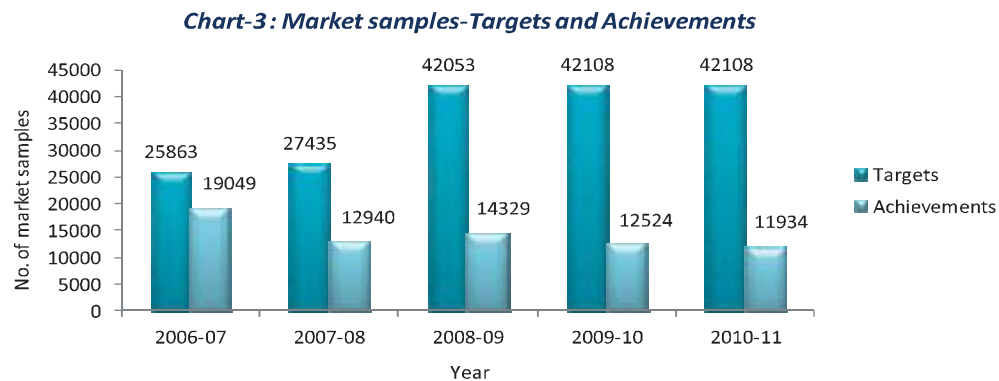
Although the ISI certification mark is an assurance of quality and is intended to provide third party assurance to consumers, the failure of BIS to draw the required number of factory samples for independent testing reduced the effectiveness of the marking scheme.

BIS attributed (May 2012) the shortfall in surveillance visits to shortage of manpower. As regards collection of factory samples, BIS stated (May 2012) that there was no such requirement. Majority of the licences were of a voluntary nature. Many licences were Government tender-based and some were seasonal. With such a distribution of licences, it was not possible to get factory samples or certified material stock during each surveillance. Hence, the logic of sampling during every surveillance visit could not be applied in such circumstances. Regarding delays in sending test report reminders or reminders not being sent, the main reason was acute shortage of manpower.

While BIS accepted the shortfall, the reply on the absence of requirement for collection of factory samples is not acceptable as Clauses 2.5.2 (b) and 3.3.1 of the Operating Manual for Certification, 2004 mandate the collection of two factory samples per licensee every year.

1.14.7 Collection of market samples

As per the STI, apart from samples from factories, two market samples of each certified product produced by licensee are required to be purchased from the market or procured from organized consumers for testing every year. Testing such market samples gives additional evidence as to whether the Product Certification Scheme is operating satisfactorily or not. Audit noticed that the shortfall of 26 *per cent* in the collection of market samples in 2006-07 gradually increased to 72 *per cent* in 2010-11. Details are given in Chart-3.



Audit observed that out of 200 test-checked cases, in 117 cases, the requirement of two market samples per year per licensee was not being adhered to. As against the 999 requisite market samples, only 201 (20 *per cent*) samples were collected. The failure of BIS to draw the required number of market samples for independent testing reduced the effectiveness of the Product Certification Scheme.

BIS, in its reply, stated (May 2012) that as such, there was no defined frequency of collecting market samples. In order to monitor the quality of products effectively, efforts were made to purchase as many market samples as possible with the available manpower, which was acutely deficient. The other factors for reduction in the numbers of market samples could be non-availability of products on regular basis, captive consumption by parent companies or their ancillary concerns, supplies against tenders of Government sectors/public sectors which were not found in the open market, seasonal production based on seasonal demands, etc.

The reply is not acceptable as Clause 2.5.2 (a) of the Operating Manual for Product Certification 2004 envisages that two market samples of certified products should be purchased and tested each year.

1.14.8 Supervisory visits

As per Clause 3.4.1 of the Operating Manual for Product Certification 2004, the head of the certification departments in the Branch Offices (BO) were required to pay at least two supervisory visits in a month to the licencees by rotation, especially for products under mandatory certification, new products brought under certification in the BOs and licencees whose performances were inconsistent, to ensure that the stipulated procedures were strictly followed, both by the licencees and the technical auditors. An appraisal of supervisory inspections conducted by the test-checked BOs (Bhopal, Dehradun, Ghaziabad, Jaipur and New Delhi) during the period 2006 to 2011 indicated that the number of such visits was grossly inadequate. The percentage of shortfall ranged from 76 to 98 *per cent* as shown in Table-6:

Table-6: Yearwise shortfall in number of supervisory visits

S. No.	Year	Target of visits	Number of visits carried out	Percentage of shortfall of visits
1.	2006	168	27	84
2.	2007	168	40	76
3.	2008	168	5	97
4.	2009	168	4	98
5.	2010	168	8	95
6.	2011	168	7	96

Recommendations

- *There is a large untapped market for product certification activities. BIS should make sincere efforts to increase the base of its Product Certification Scheme.*
- *BIS may ensure adherence to the prescribed provisions for surveillance visits and collection of factory and market samples.*
- *BIS may ascertain the reasons for the large number of cases of dropping of licences and take appropriate action.*
- *BIS may consider reiterating its various norms to its officers so that these can be observed scrupulously.*
- *BIS may ensure regular supervisory visits to the licencees for effective control.*

1.15 Laboratories

The Bureau has eight laboratories¹¹ to cater to the needs of testing for standard formulation and the Product Certification Scheme. In-house testing of samples under this scheme was started in 1963 when the Central Laboratory (CL) was established at Sahibabad in U.P. Subsequently, with the number and variety of samples going up progressively, systematic expansion of laboratory activities led to establishment of four more regional laboratories and three branch laboratories. In addition to its own laboratories, BIS recognized outside laboratories for testing of samples.

1.15.1 Laboratory Advisory Committee

A Laboratory Advisory Committee (LAC) was constituted by BIS to give advice on various issues relating to laboratories. Audit observed that the LAC held only one meeting during the period 2006-07 to 2010-11, against the norm of one meeting per year, as envisaged in the Advisory Committee Regulations of 1987. Meetings of the LAC could have helped in proper execution of the laboratory modernization programme mentioned below, as well as in the overall performance of laboratories.

1.15.2 BIS laboratories-Modernization programme


In order to modernize its laboratory facilities, BIS finalized (March 2005), the purchase of 403 pieces of testing equipment for all its eight laboratories at a cost of ₹ 11.47 crore. Audit observed that BIS had not determined any time-frame for completion of the procurement. Consequently, even after the lapse of seven years, it had failed to procure 198 pieces of equipment worth ₹ 7.17 crore.

In its reply, BIS stated (May 2012) that the manpower requirement under the laboratory modernization programme was calculated at various stages but had not been provided and there had been a steady decline in the number of testing personnel.

The reply is not acceptable as BIS should have taken corrective steps for deploying the requisite manpower. Moreover, even in respect of the procured equipment, Audit found that some pieces of equipment were under-utilized for long periods of time. These cases are illustrated in Table-7.

¹¹ Central Laboratory-Sahibabad, Northern Region Laboratory -Mohali , Eastern Region Laboratory -Kolkata , Western Region Laboratory -Mumbai , Southern Region Laboratory -Chennai, and three branch office laboratories at Patna, Bengaluru and Guwahati

Table-7: Details of under-utilised equipment

S. No.	Name of Equipment	Cost	Audit comment	BIS Reply
1.	Weather-o-Meter	₹ 30.22 lakh	<p>The Weather-o-Meter, meant for testing the requirement of fastness to light in paint samples was purchased in October 2008 even though:</p> <p>(a) the existing BIS standard did not require conformity to the parameters tested by this equipment;</p> <p>(b) for cement paint, the size of panels prescribed for conducting the test was not suitable for use in the Weather-O-Meter.</p> <p>As a result, the device remained under-utilized. Only 10 samples of enamel interior finishing paints had been tested on the Weather-o-Meter till date, while 44 licences were granted based on existing standards.</p> <p>The Central Laboratory also made an avoidable payment of ₹ 3.28 lakh towards Customs duty in spite of BIS being exempted from Customs duty for purchase of the equipment.</p>	<p>BIS stated (May 2012) that it was not in a position to fully utilize the Weather-o-Meter till the time the relevant standards were suitably amended. The amendment was in process.</p> <p>As regards the payment of Customs duty, BIS stated that it had already taken up the matter of refund of Customs duty with the Customs authorities and assured that corrective action in this aspect would be suitably incorporated in the internal procedures, particularly for purchase of equipment from foreign suppliers.</p>
				
2.	Fourier Transform Infrared Spectrophotometer (FTIR)	₹ 15.30 lakh	<p>The FTIR is used for testing the presence of mineral oil in packaged drinking water as required under IS 14543:2004. The method of testing specifically mentions that 'Hexane' is to be used as the solvent for the test. After purchase of the FTIR in March 2008, it was found while testing, that the device could not perform the test using 'Hexane' as the solvent. The FTIR has been lying idle since then. Incidentally, despite this test not being carried out, licences were allowed to continue usage of the ISI mark (IS 14543:2004).</p>	<p>BIS stated (May 2012) that only when the equipment was put to use, the non-suitability of the solvent was identified and the matter was immediately taken up with the concerned technical committee. As and when the matter was finalized by the technical committee, the equipment would be optimally utilized.</p>

1.16 Performance of BIS laboratories

1.16.1 Testing of samples in laboratories

Year-wise targets were fixed by BIS for testing of samples in its eight laboratories during the period 2006-07 to 2010-11. Achievements against these targets were as per Table-8:

Table-8: Year-wise targets and achievements of testing of samples

Year	Target of testing of sample (BIS laboratories)	Achievement (BIS laboratories)	Shortfall (BIS laboratories)	Percentage of shortfall (BIS laboratories)	Number of samples tested in outside laboratories
2006-07	30465	26945	3520	12	15624
2007-08	34345	25321	9024	26	18512
2008-09	27624	20802	6822	25	17947
2009-10	22600	19388	3212	14	16105
2010-11	19800	19282	518	3	18069
Total	134834	111738	23096	17	86257

It is evident from the above table that the targets set for testing of samples could not be achieved and there were shortfalls in testing of samples ranging between three and 26 *per cent* during the period 2006-07 to 2010-11. Despite the targets being reduced by 42 *per cent* from 2007-08 to 2010-11, shortfalls in achievement continued. Interestingly, against the decreasing trend in fixing of targets for BIS laboratories, the outflow of samples to outside laboratories registered an increasing trend (16 *per cent*) from 15624 samples in 2006-07 to 18069 samples in 2010-11.

In its reply, BIS attributed (May 2012) the above deficiencies to shortage of manpower. Further, outside laboratories were recognized in such sectors where BIS laboratories did not have testing facilities. The outside laboratories were utilized not at the cost of working of the BIS laboratories but with the aim of supplementing the facilities to meet the requirement under the product certification scheme. It also stated that the Branch Offices took decisions to send the samples to BIS laboratories or outside laboratories based on urgencies depending upon the type of samples pertaining to resumption of marking, investigation of complaints etc. which were treated as priority samples.

The reply of BIS is not acceptable as Audit found that some samples were being sent to outside laboratories by BIS even though testing facilities were available in its own laboratories.

1.16.2 Persistent accumulation of samples in BIS laboratories

For testing of samples in the laboratories, a maximum period of 60 days is prescribed. However, it was observed that during 2006-07 to 2010-11, the actual time taken in testing of samples was as detailed in Table-9:

Table-9: Age-wise analysis of time taken for testing of samples

Actual time taken (from drawal to testing of samples)	Number of samples
Less than three months	48676
3-12 months	31335
Over 1 year	1103

From the data given above, it can be seen that a significant proportion of samples could not be tested within the prescribed schedule. Further in respect of 1103 samples, the actual time taken was more than a year, raising the possibility that the samples may have deteriorated in the meantime, rendering them unfit for testing. (The CL did not furnish the age-wise data of testing of samples for the years 2006-07 to 2009-10).

The main reasons stated by BIS for the undue delays in testing were decreasing strength of personnel engaged in testing, delays in procurement of laboratory consumables, participation in technical meetings etc.

Laboratories also expressed their inability to accept samples in cases of sample accumulation. Audit scrutinized 17 groups of products¹² involving 245 ISs in detail and found accumulation of samples for periods ranging between 30 and 860 days.

Thus, it was evident that non-achievement of targets of testing of samples in laboratories and under-utilization of laboratory infrastructure resulted in persistent accumulation of samples which subsequently led to increased outsourcing of testing to outside laboratories directly by various branch offices of the BIS.

¹² Scrutiny of 245 standards involving 17 groups of products was conducted at the Central Laboratory, Sahibabad.

In its reply, BIS attributed (May 2012) the above to long duration tests, sudden break-downs of testing equipment, repeat tests etc. It also mentioned the shortage of manpower as well as deployment of testing personnel in many other activities such as quality assurance etc. as the basic reasons for accumulation of samples.

In the opinion of audit, the sudden break-downs of testing equipment, repeat tests as well as shortage of technical manpower etc., could have been avoided if BIS had taken effective steps for rectification of the problems.

1.17 Testing facilities

1.17.1 Absence of testing facilities for certification

As stated earlier, the Government of India has been notifying items which have to be mandatorily certified by BIS prior to production and sale in the market as of March 2011, there were 83 such items. In order to ensure consistency in the evaluation of product conformity to specifications, the licensee has to follow an agreed STI and maintain records of the test results while exercising his self-marking rights. The Operating Manual for Product Certification 2004 provides that in case a licence is being operated exclusively on factory testing basis, complete testing of the samples during surveillance visits at least once in a year should be done to ensure conformity of products to the relevant standard. Scrutiny of records pertaining to testing facilities for various items, including 83 mandatory items under product certification revealed the following irregularities:

(a) No testing facility with BIS or outside laboratories - No testing facilities were available in the cases of four mandatory items (covering 37 licences) and three non-mandatory items (covering 77 licences) under product certification, either with BIS or with the outside laboratories (**Annex-VII-A**). These items included essential medical items *e.g.* diagnostic medical X-ray equipment, pathological microscopes, anaesthetic medicines for use with human and sensitive devices *viz.* 'valve fittings for gas cylinder valves for use with breathing apparatus' and 'multifunction valve assembly for permanently fixed liquefied petroleum gas (LPG) containers for automotive use'. It was evident that in the absence of testing facilities, strict compliance to the standards could not be ensured and sub-standard items could possibly be in circulation, which could put the lives and safety of the general public at risk.

(b) Partial testing facility with BIS and no testing facility with outside laboratories - In respect of five mandatory items covering 45 licences and

four non-mandatory items covering 140 licences, partial testing facilities existed with BIS laboratories and no testing facility was present in any of the outside laboratories (**Annex-VII-B**). Some of the items included in the list were indispensable for consumers, both by law as well as for protecting life and limb, viz. protective helmets for motorcycle riders, disposable surgical rubber gloves and cylinders for on-board storage of Compressed Natural Gas (CNG) as a fuel for automotive vehicles.

Thus, lack of testing facilities posed safety risks and health hazards to consumers.

In its reply, BIS stated (May 2012) that upgradation of testing facilities was a dynamic process directly linked to the existing provisions of the ISs and their revisions and issuance of amendments from time to time. If testing facilities were created through procurement of new equipment for a particular product for which the number of licences was less, it might lead to under- utilization of that equipment. BIS also stated that BIS laboratories were under no obligation to create testing facilities for every product under mandatory certification.

However, the reply of BIS is not acceptable as complete testing facilities, whether in house or through recognized laboratories, is necessary for independent testing of samples taken by BIS under its product certification scheme.

1.17.2 Partial testing facility not converted into full testing facility

Partial testing facilities were available in respect of 267 ISs in Central Laboratory (CL), Sahibabad. Every year, BIS included completion of these partial facilities as one of its targets in its annual action plan. The CL had also decided that the testing sections should complete the testing facilities for products where only partial testing facilities were available. Audit observed that non-upgradation of partial testing facilities into full testing facilities had led to under-utilization of its existing infrastructure.

In its reply, BIS stated (May 2012) that CL had upgraded the facilities from partial to complete in 33 out of the 267 cases pointed out in audit.

However, the reply of BIS is not acceptable as it was found that out of the 267 cases of partial testing facilities, upgradation to full testing facilities has been done only in four cases.

1.17.3 Non-setting up of complete testing facilities for Solar Flat Plate Collectors as per IS 12933: 2003

In 2006, BIS initiated the process of setting up of a complete testing facility for Solar Flat Plate Collectors as per IS 12933: 2003 in two of its laboratories at Bengaluru and Mohali.



However, even after the lapse of more than six years, the said facilities could not be created. Out of the grants-in-aid of ₹ 33 lakh sanctioned (March 2006) by the Ministry of Non-Conventional Energy Sources for this purpose, only ₹ 16.50 lakh (first instalment) released by the Ministry could be utilized upto March 2011. BIS stated that the facility at the Bengaluru laboratory was incomplete due to lack of expertise to complete the work. The

facility at the Mohali laboratory could not be created due to delay in clearance of its building by the State Government, lack of expertise as well as non-receipt of feedback from the Bengaluru laboratory.

Thus in spite of grants by the Government of India, BIS could not create testing facilities for solar flat plate collectors.

In its reply, BIS stated (May 2012) that since there was no dedicated cadre of officers for BIS laboratories, transfers/promotions/superannuation affected such projects. However, it was expected that testing facilities would be operationalised at the Bengaluru laboratory by June 2012. As regards the laboratory at Mohali, the same was in a dilapidated building which required major repairs, for which the State PWD had been assigned the work.

1.17.4 Creation of testing facilities for certification of fire extinguishers

BIS was engaged in formulation of ISs for firefighting equipment/extinguishers using water, carbon dioxide, foam, dry powder and halon as extinguishing agents. The standards IS 940, 2171, 6234, 10204, 13849 and 2878 were formulated for certification of fire extinguishers with the total number of licences issued thereagainst¹³ being 253. These standards were revised and replaced by a single standard viz. IS 15683 in 2006, which was to be implemented w.e.f. the year of revision of the standards i.e. 2006. To this end, the CL was required to create testing facilities. It was revealed during audit



that the process of obtaining administrative approval for purchase of equipment for the purpose was initiated belatedly in March 2008 and the approval finally came through only in April 2009.

Audit observed that the CL had not been able to create the testing facilities till May 2012, even after the lapse of six years since the revision of the standards. Not only was an undue long time taken for administrative approval, but the process of purchase of equipment for creation of the facilities had also not been completed till May 2012. Since no testing facilities existed at outside laboratories also for the revised standard, consumer safety was compromised.

Audit observed that the CL had not been able to create the testing facilities till May 2012, even after the lapse of six years since the revision of the standards. Not only was an undue long time taken for administrative approval, but the process of purchase of equipment for creation of the facilities had also not been completed till May 2012. Since no testing facilities existed at outside laboratories also for the revised standard, consumer safety was compromised.

¹³ IS 2171 : 54 licences; IS 6234 : 4 licences; IS 10204 : 41 licences; IS 13849 : 59 licences; IS 15397 : 2 licences; IS 2878 : 44 licences; IS 940 : 49 licences.

BIS stated (May 2012) that efforts were on by manufacturers and laboratories to update testing facilities as per the latest IS. Despite repeated efforts (tendering/retendering as per the GFR), BIS could not get the requisite testing facilities from Indian suppliers which led to this situation. An outside laboratory had already been recognized for the latest standard.

However, the fact remains that BIS failed to create testing facilities even after a period of more than six years from the revision of the standard in 2006.

1.18 Surveillance of outside laboratories

BIS has been operating a Laboratory Recognition Scheme for outside laboratories which are technically competent to perform tests as per the procedures stipulated in the relevant ISs. As of March 2011, 115 laboratories had been recognized under the scheme.

As per the guidelines of the scheme, recognition granted to outside laboratories expired automatically at the end of three years after recognition unless renewed, for which laboratories were required to submit their renewal applications three months in advance. It was, however, noticed that in 20 out of 74 test-checked cases (**Annex-VIII-A**) the laboratories continued testing of samples for periods ranging between one and 28 months, even after the expiry of the recognition periods.

BIS was also required to conduct two surveillance visits every three years to verify the effective implementation and maintenance of the quality system established by the respective laboratories. Test check of records of 18 laboratories revealed that only 18 surveillance visits were carried out against the target of 70 requisite visits since inception (**Annex-VIII-B**).

BIS admitted (May 2012) the shortfalls in surveillance of outside laboratories and further informed that the amendments in the relevant guidelines of the Laboratory Recognition Scheme had been recommended by the Laboratory Advisory Committee in March 2012 for approval by the Executive Committee. As per the provisions stated in the draft, the laboratories would not be permitted to test samples during the deferment period or the expiry period in cases of recognition from fresh dates. The shortfalls in surveillance visits were mainly because of non-availability of dedicated manpower.

Recommendations

- *BIS laboratories need to be well-equipped in terms of manpower and infrastructure to avoid delays in testing of samples.*
- *BIS needs to provide complete testing facilities for all items under certification, either in-house or through recognised laboratories.*

1.19 Other activities

1.19.1 Promotional and consumer-related activities

A Consumer Advisory Committee advises on policy and other matters relating to consumer interests and welfare. As per the Advisory Committee Regulations of BIS, meetings of the Consumer Advisory Committee are to be held once in a year.

It was, however, noticed that only three meetings were held during the period of five years from 2006-07 to 2010-11. Adherence to the prescribed norms for conducting Consumer Advisory Committee meetings was required to ensure that consumer interests were safeguarded.

Promotional and consumer-related activities were also carried out by BIS through consumer awareness programmes, programmes on industry awareness and programmes on educational utilization of standards.

The position of targets set for holding the above programmes as per the annual action plans and achievements thereagainst for the years 2006-07 to 2010-11 were as per Table-10:

Table-10: Awareness Programmes

Year	Consumer Awareness Programmes			Industry Awareness Programmes			Programmes on Educational utilization of standards		
	Target	Achievement	Percentage of achievement	Target	Achievement	Percentage of achievement	Target	Achievement	Percentage of achievement
2006-07	360	238	66	39	42	108	44	26	59
2007-08	360	125	35	39	12	31	44	09	20
2008-09	200	116	58	30	13	43	30	11	37
2009-10	200	76	38	30	04	13	30	09	30
2010-11	226	129	57	30	02	07	30	05	17
Total	1346	684	51	168	73	43	178	60	34

As is evident from the above table, the achievements against the reduced targets of programmes fixed for consumer awareness, industry awareness and educational utilization of standards, were only 51, 43 and 34 *per cent* respectively for the period from 2006-07 to 2010-11. The shortfalls in achievement of targets for awareness programmes could be one of the reasons for low adoption of the standards under the Product Certification Scheme.

In its reply, BIS attributed (May 2012) the shortfalls in the awareness programmes to shortage of manpower.

Recommendation

The promotion of ISs and product certification being important functions, BIS needs to make all out efforts to achieve the targets fixed for its awareness programmes.

1.19.2 Hallmarking scheme

Hallmarking is the accurate determination and official recording of the



proportionate content of precious metal in precious metal articles. Government of India took cognizance of the need for protecting public interest in their purchase of gold jewellery, especially with regard to standards of fineness and prevention of adulteration. As a consequence, BIS was identified as the sole body

to operate the Hallmarking Scheme in India.

Hallmarking of gold jewellery was launched by BIS in April 2000 with the objective of providing third party assurance to consumers regarding the purity of gold. Under the scheme, hallmarking centres were recognized by BIS, after ensuring that the centres had the required infrastructure for assaying and marking of gold jewellery.

On the advice of MoCAF&PD, BIS conducted a market survey on non-hallmarked gold jewellery in 2006 through an agency, to ascertain the quality of gold jewellery being sold in the country. The findings of the survey revealed that 146 out of the 162 samples (90 *per cent*) drawn from 16 cities were not of the declared purity. The average shortage in purity was observed to be 13.51 *per cent* and the highest purity shortage was 44.66 *per cent*. In Chandigarh, Delhi, Jaipur, Kanpur, Madurai and Pune, all the 10 samples failed the purity test. Consequently, MoCAF&PD approved (2006) bringing of gold jewellery under mandatory certification w.e.f. 1.1.2008 and accordingly, directed BIS to chalk out a strategy for successful implementation of the scheme. The BIS Act, 1986 was also required to be amended for implementation of mandatory hallmarking. BIS proposed (September 2006),

the following phase-wise programme to the MoCAF&PD for making the hallmarking scheme mandatory, under which, 53 hallmarking centres were proposed to be set up and a requirement of 105 officers as well as infrastructure like building space etc. was anticipated for Phase I. Details for the subsequent phases were to be worked out on the basis of experience of implementation of Phase I. The proposed phase-wise implementation was as given in Table-11.

Table-11: Phase-wise programme of implementation of hallmarking scheme

Sl. No.	Places	Implementation date	Number of assaying and hallmarking centres proposed to be set up
1.	Phase-I In four metro cities viz Chennai, Delhi, Kolkata and Mumbai	01.01.2008	53
2.	Phase-II In all State capitals and towns having Municipal Corporations	01.01.2010	NA
3.	Phase-III In all remaining district headquarters	01.01.2012	NA
4.	Phase-IV In all other locations	01.01.2016	NA

Covering hallmarking under mandatory certification was kept in abeyance by MoCAF&PD in March 2008, stating that it would be premature to proceed with the draft notification for mandatory hallmarking of gold jewellery in the four metros till the BIS Act was amended. Thus, the proposal for covering hallmarking under mandatory certification, which was initiated in 2006, had not materialized even after the lapse of six years. Meanwhile, the buyers of jewellery continued to suffer. The BIS Act had not been amended (June 2012) to cover hallmarking under mandatory certification. MoCAF&PD had also approved a Plan outlay of ₹ 10.50 crore for setting up of hallmarking centres, out of which only ₹ 2.62 crore had been provided to 27 such centres.

Data from the World Gold Council revealed that India imported about 800 tonnes of gold every year, of which 80 *per cent* (640 tonnes) was used for jewellery making. Since the average shortage in purity as per the market survey got conducted by BIS in 2006 was 13.51 *per cent*, it seemed that consumers in India were being cheated to that extent in the absence of a mandatory hallmarking scheme.

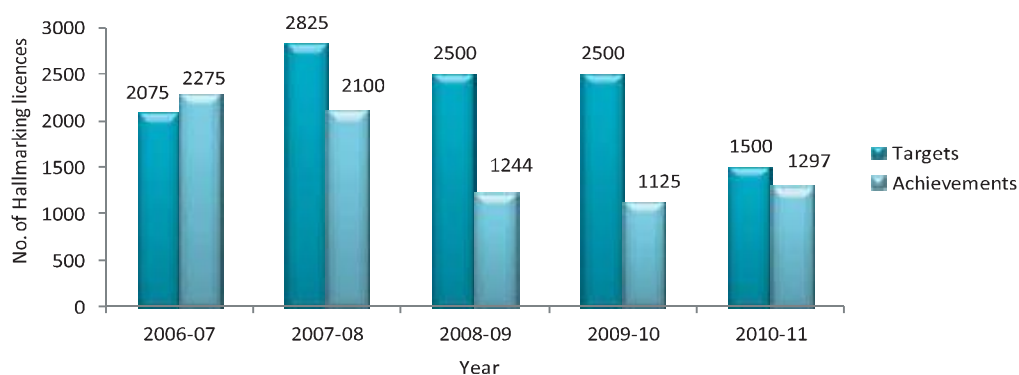
In its reply, BIS stated (May 2012) that it did not set up any centre of its own but granted recognition to assaying and hallmarking centres set up by entrepreneurs. The jurisdiction to amend the BIS Act, 1986 for making

hallmarking mandatory rested with MoCAF&PD and the regulations could be amended after amending the principal Act.

The reply of BIS is not acceptable, since it is the national standard body of the country and is mandated to provide quality assurance to the consumers, whether the concerned standard is made mandatory or not.

Further analysis of records revealed that BIS was also lagging behind in achievement of targets fixed for grant of licences to jewellers under the voluntary hallmarking scheme as given in Chart-4:

Chart-4: Hallmarking licences-Targets and achievements



It may be seen from the above chart that there was a shortfall in the achievement of targets, ranging between 14 and 55 *per cent*. The annual target for the year 2010-11 was also lowered by 40 *per cent* as compared to the earlier years. The shortfall in achievement of targets could also be attributed to the shortfall in conducting awareness programmes on hallmarking by BIS as the responses from jewellers were not encouraging.

1.19.2.1 Market surveillance

BIS was to carry out market surveillance of certified jewellers, covering at least 10 *per cent* of the total number of licencees at the end of the previous financial year on a rotational basis. Market surveillance involved collection of hallmarked gold jewellery from licencees' retail outlets or manufacturing premises and getting it tested for conformity at a BIS recognized hallmarking centre. The details of targets fixed and achievements thereagainst are given in Table-12:

Table 12: Year-wise targets and achievements in respect of market surveillance

Year	Targets	Achievements	Shortfalls	Percentage of shortfall
2006-07	143	88	55	38
2007-08	371	231	140	38
2008-09	581	282	299	51
2009-10	705	310	395	56
2010-11	789	412	377	48

The shortfalls in the achievement of targets ranged between 38 *per cent* (2006-07) and 56 *per cent* (2009-10). Surveillance visits indicated a number of lapses on the part of jewellers like licence documents not being displayed, magnifying glasses not being available, details of hallmarking not being displayed on cash memos etc. Inadequate surveillance visits could lead to such discrepancies going un-noticed.

Apart from periodic surveillance of certified jewellers, one surprise surveillance assessment every quarter was required to be conducted by BIS on the assaying and hallmarking centres. Audit scrutiny revealed that yearly shortfalls in assessment visits showed an increasing trend during this period, ranging between 51 *per cent* (2007-08) and 70 *per cent* (2010-11) as detailed in Table-13:

Table 13: Year-wise targets and achievements in respect of Surveillance of Hallmarking Centres

Year	Target	Achievement	Shortfall	Percentage of Shortfall
2006-07	NA	NA	NA	-
2007-08	196	97	99	51
2008-09	420	201	219	52
2009-10	548	221	327	60
2010-11	596	181	415	70

In the absence of the required surprise surveillance visits, the possibility of inadequate compliance can increase substantially.

In its reply, BIS attributed (May 2012) the shortfall to shortage of manpower and multiplicity of its activities.

1.19.2.2 Awareness programmes

Under the hallmarking scheme, BIS conducts awareness programmes all over the country, including rural and suburban areas, for spreading awareness among jewellers. Besides, consumer awareness is also increased through advertisements in the print and electronic media and artisan training programmes. The details of the targets fixed and achievements thereagainst during the period under review are given in Table-14:

Table-14: Awareness Programmes under Hallmarking Scheme

Year	Awareness programme			Advertisements			Artisan training programme		
	Target	Achievement	Percentage of shortfall	Target	Achievement	Percentage of shortfall	Target	Achievement	Percentage of shortfall
2006-07	128	136	-	208	290	-	NA	NA	-
2007-08	58	57	-	216	170	21	15	10	33
2008-09	50	37	26	200	148	26	15	07	53
2009-10	50	43	14	200	210	-	15	12	20
2010-11	50	27	46	200	179	11	15	13	13

It may be seen from the above table that there were shortfalls ranging between 14 and 46 *per cent* in conducting awareness programmes; 11 and 26 *per cent* in release of advertisements and 13 and 53 *per cent* in conducting artisan training programmes. Targets were also significantly reduced in respect of awareness programmes.

BIS attributed (May 2012) the shortfalls to shortage of manpower and stated that conducting of awareness programmes depended upon the availability of various factors viz. faculty to deliver lectures, willing participants etc.

Recommendation

MoCAF&PD and BIS may consider bringing the hallmarking of gold jewellery under mandatory certification so as to safeguard the interest of the consumers.

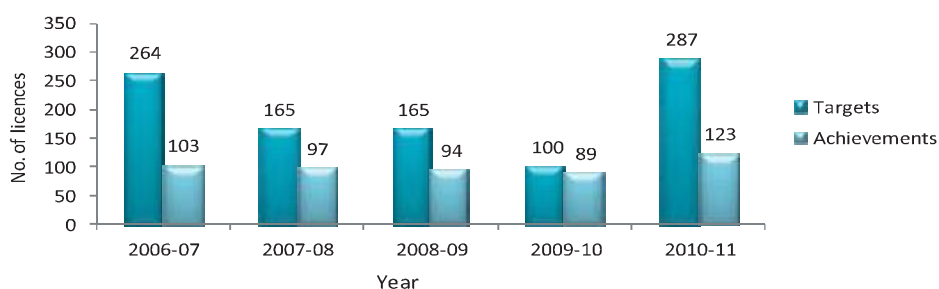
1.20 Management system certification

The management systems certification function of BIS consists of a series of activities aimed at assessing the ability of an organization's management systems. BIS launched the scheme of management system certification in 1991. It operates various management system certification schemes viz. IS/ISO 9001 (Quality Management System), IS/ISO 14001 (Environment Management System), IS 18001 (Occupation Health and Safety Management

System), IS 22000 (Food Safety Management System) and IS 15700 (Service Quality Management System) certification.

Audit analysis of the records relating to the Management System Certification Scheme revealed that in respect of targets for grant of licences for the period 2006-07 to 2010-11 under the scheme, the shortfalls in achievement ranged from 11 to 61 per cent as shown in Chart-5.

Chart-5: Year-wise targets and achievements for grant of licences



BIS attributed (May 2012) the shortfalls to shortage of manpower.

It was observed that the total number of operative licences under the Management System Certification Schemes also reflected a downward trend. From a total of 1431 licences in 2006-07, the number reduced to 1093 licences in 2010-11. This indicated that BIS had failed to adequately popularize its management system certification schemes.

Further, for the purpose of creating awareness among licencees about changes in the requirements of certification standards and for obtaining first-hand feedback from the licencees, BIS was supposed to conduct review meetings with the licencees. Audit observed that BIS had conducted only 11 review meetings against the target of 25, during the period 2006-07 to 2010-11. During the year 2008-09, only one review meeting was held. Thus due to shortfalls in conducting review meetings, the purpose of creating awareness among licencees, regarding the requirements of certification standards and of obtaining first-hand feedback from them could not be fully achieved.

BIS also organizes awareness programmes on management systems. Audit scrutiny revealed that there were shortfalls in conducting these awareness programmes during the period from 2006-07 to 2009-10 (figures for 2010-11

were not available). BIS had conducted only 42 programmes against a target of 216 programmes, resulting in a shortfall of 81 per cent.

BIS stated (May 2012) that many foreign certification bodies had opened their offices or franchises in India and BIS could not compete with their aggressive way of working in the area of management system certification. It further stated that the Ministry of Medium, Small and Micro Enterprises (MSME) was operating a subsidy scheme under which entrepreneurs preferred to go to private certification bodies rather than BIS, for getting certification, in order to obtain subsidies from MSME.

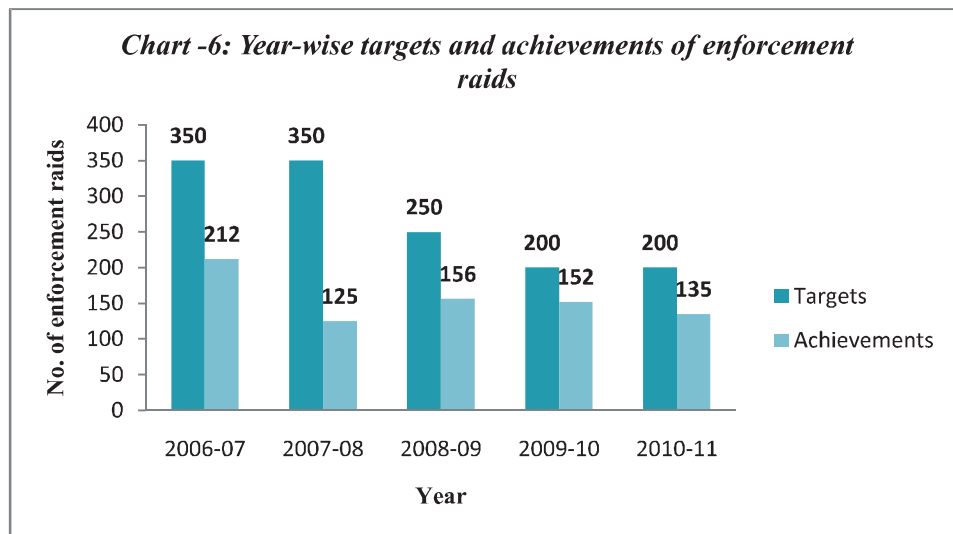
Thus BIS accepted its weakness in an important area of its operation. It should have tried to improve its procedures to compete with the foreign certification bodies as well as private competitors instead of tamely accepting their superiority.

Recommendation

BIS needs to increase the number of licencees under the management system certification scheme by increasing its competitiveness as well as by conducting awareness programmes and review meetings with the licencees.

1.21 Enforcement mechanism of BIS

During the operation of the product certification scheme over the last four decades, there had been instances of misuse of the standard marks. During the last five years, the particulars of targets of enforcement raids vis-a-vis the actual numbers of raids conducted by BIS on firms misusing the BIS standard marks are given in Chart-6:



It is evident from the data depicted above that BIS had not achieved the targets for conducting enforcement raids. Both the targets set and corresponding achievements reflected a downward trend with only 135 raids being conducted as against a low target of 200 raids in 2010-11. The average number of raids (150 per year) was inadequate in view of the fact that BIS had issued 32510 licences (including hallmarking) in respect of 924 standards and the number of licences was increasing. The fact that even the unusually low yearly targets had not been achieved was a cause for concern.

It was, however, observed that the enforcement system through raids had been reasonably effective. Following 780 raids conducted during 2006-07 to 2010-11, 629 court cases had been filed against defaulters and 51 court cases were decided (2010-11). In respect of 47 cases, the accused were penalized with imprisonment and fines and in two cases, appeals had been filed by BIS. The remaining two cases were decided against BIS.

BIS stated (May 2012) that there were many constraints for non-achievement of targets viz. shortage of manpower, engagement of inspecting officers in other works, difficulty in securing police protection in areas of Bihar and Jharkhand due to prevailing Maoist activities etc.

Recommendation

BIS should carry out its enforcement activities effectively by deploying requisite manpower.

1.22 Information technology

1.22.1 Website of BIS

The website of BIS, which can be accessed at <http://bis.org.in>, contains information regarding ISs. The site was developed in-house over a period of time, based on the inputs received from the various departments of BIS. Audit observed the following deficiencies in the web-related activities of BIS.

1.22.1.1 Lack of Web Policy

BIS did not have a web policy. No documentation was available with it on design, development, updation and maintenance of their website. Further, the lack of a web policy and the consequent absence of a content management policy resulted in several discrepancies in the contents of the website as stated further:

- ❖ Out of a total of 1186 links, only 70 *per cent* (831) of the links were functional, while 30 *per cent* of the links returned errors like ‘not found’ or ‘no such host’.
- ❖ Several links led to wrong pages. For example, the links ‘Past Vice President’, ‘Past Directors General’ and ‘History of Standardization’ led to the 'Annual Reports' page, which in turn, did not have a link to go back to the home page.
- ❖ Some pages like ‘Complaint related to BIS certified product/services of BIS’ etc. were giving system generated errors.
- ❖ Some forms viz. ‘register complaint relating to BIS certified product’ accepted invalid data.
- ❖ The Hindi and English versions of the site were not similar. The Hindi version did not contain the main links.

1.22.1.2 Security Issues

- ❖ **Cross Site Scripting** – The site was vulnerable to Cross Site Scripting (also referred to as XSS), a vulnerability that allows an attacker to send malicious codes (usually in the form of *JavaScript*) to another user.
- ❖ **ASP net Error message** – The website disclosed ASP.net error messages. These error messages might disclose sensitive information like the Web Server Version etc. This information could be used to launch further attacks.

BIS stated (May 2012) that though there was no web policy, the same was being attempted. Further, it was in the process of making necessary corrections and changes.

Recommendation

BIS should have a formal web policy and a well-structured website.

1.23 Manpower management

BIS had a sanctioned strength of 560 and 1576 posts in the scientific and non-scientific cadres respectively as of March 2011. The sanctioned strength, persons-in-position and the vacancy position during 2006-07 to 2010-11 were as per Table-15:

Table-15: Year-wise position of sanctioned strength, persons-in-position and vacancy position

Year	Scientific cadre				Non-scientific cadre			
	Sanctioned Strength	Persons-in-Position	Vacancies	Percentage of shortage of manpower	Sanctioned Strength	Persons-in-Position	Vacancies	Percentage of shortage of manpower
2006-07	486	444	42	9	1526	1395	131	9
2007-08	486	441	45	9	1526	1338	188	12
2008-09	486	419	67	14	1526	1286	240	16
2009-10	486	411	75	15	1526	1223	303	20
2010-11	560	436	124	22	1576	1200	376	24

In this connection, the following deficiencies were observed:

There was a shortage of manpower by nine to 22 *per cent* and nine to 24 *per cent* in the scientific and non-scientific cadres respectively. As the activities of BIS had increased manifold since 1987, it could not adequately carry out its requisite functions due to the shortage of manpower.

1.23.1 Assessment of manpower requirement

Due to the lack of timely action in filling up of vacancies by BIS, 93 and 172 posts in its scientific and non-scientific cadres respectively, had lapsed during 2003. In order to assess the proper requirement of personnel as well as make future projections, BIS conducted a comprehensive review through an agency¹⁴ in March 2005, which recommended increase in manpower by 20 to 25 *per cent*. BIS took up the matter with MoCAF&PD which resulted in the revival of 74 and 50 posts in the scientific and non-scientific cadres respectively (November 2010). MoCAF&PD directed (January 2009) BIS to conduct a work study of the organization to assess the manpower requirement for smooth functioning. After a year BIS decided (February 2010) to get the study conducted by a committee consisting of BIS officers and an officer from the Staff Inspection Unit (SIU) of the Ministry of Finance. The study was to be completed in three to four months, but could not be completed (May 2012) as the information sought by SIU was not furnished by BIS. Further, out of 124 vacant posts in the scientific cadre and 376 posts in the non-scientific cadre, BIS could issue (May 2012) appointment letters to only 80 candidates for its scientific cadre.

¹⁴ A. F. Ferguson & Co.

Thus though the workload of BIS had increased and it was attributing most of its deficiencies to the shortage of manpower, action to increase its sanctioned strength or fill up its vacant posts was grossly inadequate. BIS stated (May 2012) that further action for filling up the vacancies in other cadres besides the scientific cadre, had also been initiated.

Recommendation

BIS should make sincere efforts to fill up the vacancies in all cadres to carry out its mandated activities effectively.

1.24 Internal audit

Internal audit is an independent appraisal function established within an organization to examine and evaluate its activities. Audit observed that there was no internal audit wing in BIS and the internal audit was being conducted through an agency. BIS had conducted corporate audit of 25 branch offices during June to December 2008. No follow-up action on the findings of the reports had been taken so far. Audit reports of 10 of these branch offices had not been scrutinized by BIS as of May 2012.

BIS stated (May 2012) that although there was no stipulation for annual corporate audit of Branch Offices and Regional Offices under the BIS Act, it had on its own volition, initiated corporate audits to ensure uniform application of certification procedures and identify deficiencies with a view to make systematic improvements.

The contention of BIS is not acceptable as the process of corporate audit initiated by BIS had not been completed so far and no action had been taken on the finding of the reports.

Recommendation

- *BIS may consider setting up its own internal audit wing.*

1.25 Conclusion

The Bureau of Indian Standards is a national standardisation body for the harmonious development of the activities of standardisation, marking and quality certification of goods. The Bureau had formulated 18222 standards, out of which 8894 product standards were amenable to certification, against which 32510 licences had been issued as of March 2011. The meetings of various committees viz. Advisory Committees, Divisional Councils and

Sectional Committees were not held periodically. There were considerable delays in formulation of standards at all stages. There was poor adoption of standards under the Product Certification Scheme. Despite being a quality assurance body, BIS was unable to perform its monitoring and inspection roles adequately as there were shortfalls in conducting surveillance visits, collection of factory and market samples, compliance visits after 'stop marking' etc. BIS took considerable time between drawal and testing of samples. There were shortfalls in achievement of targets fixed for the testing laboratories. A laboratory modernisation programme initiated in 2005 could not be completed even after a period of seven years. There were shortfalls in various activities under BIS's hallmarking and management system certification scheme. There was no formal web policy in BIS. Shortage of manpower continued to persist, although the activities of BIS were predominantly manpower-based.

Annex –I

Details of Division Councils, their Standards and Certifications (as on 31.3.2011)

(Refers to paragraphs 1.3, 1.6)

Sl. No.	Name of Division Council	No of Standards published	Amenable standards (Products)	Sample selected from Standards	Number of standards under certification	Number of licences	Sample selected for certification
1.	Production and General Engineering (PGD)	2083	1439	22	30	147	1
2.	Civil Engineering (CED)	1801	600	23	181	6355	42
3.	Chemical (CHD)	1562	951	22	97	560	4
4.	Electrical (ETD)	1380	810	15	123	5629	37
5.	Food & Agriculture (FAD)	1885	1204	24	174	5299	30
6.	Electronics & Information Technology (LITD)	1433	467	16	1	8	0
7.	Mechanical Engineering (MED)	1161	558	13	89	2457	15
8.	Management and Systems (MSD)	171	3	3	5	1093	2
9.	Metallurgical Engineering (MTD)	1611	655	17	73	9601	60
10.	Petroleum, Coal and Related Products (PCD)	1383	768	17	52	552	4
11.	Transport Engineering (TED)	1085	425	18	16	294	1
12.	Textile (TXD)	1131	34	10	32	317	2
13.	Water Resources (WRD)	433	11	8	1	5	1
14.	Medical Equipment & Hospital Planning (MHD)	1103	969	6	50	193	1
Total		18222	8894	214	924	32510	200

Annex-II**Details of Meetings of Division Councils and Sectional Committees**

(Refers to paragraph 1.13.2)

(As on 31.3.2011)

	Total no. of Councils/ Committees	No of meetings required to be conducted during 2006-07 to 2010-11	Meetings actually held during 2006-07 to 2010-11	Shortfall	Percentage shortfall
Division Councils	14	70	53	17	24
Sectional Committees					
Civil Engineering (CED)	35	175	104	71	41
Chemical (CHD)	20	100	64	36	36
Electrical (ETD)	37	185	141	44	24
Food & Agriculture (FAD)	25	125	108	17	14
Electronics & Information Technology (LITD)	20	100	63	37	37
Mechanical Engineering (MED)	27	135	60	75	56
Medical Equipment & Hospital Planning (MHD)	22	110	57	53	48
Management and Systems (MSD)	8	40	25	15	38
Metallurgical Engineering (MTD)	24	120	92	28	23
Petroleum, Coal and Related Products (PCD)	10	50	38	12	24
Production and General Engineering (PGD)	28	140	52	88	63
Transport Engineering (TED)	15	75	63	12	16
Textile (TXD)	24	120	38	82	68
Water Resources (WRD)	17	85	72	13	15
Sectional Committees (Total)	312	1560	977	583	37

Annex-III

Details of gaps between Division Council/Sectional Committee meetings

(Refers to paragraph 1.13.2)

Division Council meetings

S. No.	Name of Division Council	Date of holding of last three meetings	Gap between two meetings (in months)
1.	CED	07.02.2007	--
		03.10.2007	8
		24.04.2009	19
		06.09.2010	16
2.	CHD	22.03.2005	--
		14.06.2006	15
		11.11.2008	29
		20.10.2010	24
3.	ETD	11.04.2008	--
		09.01.2009	9
		13.03.2009	8
		01.11.2010	8
4.	FAD	20.02.2006	--
		06.02.2007	12
		05.03.2008	12
		21.06.2010	25
5.	LITD	26.06.2006	-
		08.05.2009	35
		21.12.2010	19
6.	MED	27.11.2006	--
		14.03.2008	16
		24.4.2009	13
		09.06.2010	14
7.	MHD	03.02.2006	--
		13.09.2007	19
		15.01.2009	15
		11.02.2010	13
8.	MSD	16.09.2004	--
		08.02.2006	16
		24.07.2009	13
		26.08.2010	13

S. No.	Name of Division Council	Date of holding of last three meetings	Gap between two meetings (in months)
9.	MTD	14.03.2007	--
		28.04.2008	13
		26.06.2009	14
		16.07.2010	13
10.	PCD	10.03.2006	--
		19.04.2007	12
		10.04.2008	12
		02.08.2010	21
11.	PGD	01.02.2007	--
		07.12.2007	10
		12.03.2009	15
		29.10.2010	20
12.	TED	18.03.2009	--
		07.12.2009	9
		09.07.2010	7
13.	TXD	12.06.2007	--
		25.04.2008	10
		24.02.2010	22
14.	WRD	17.11.2006	--
		25.03.2008	16
		10.06.2010	26

Sectional Committee meetings

Name of Sectional Committee	Gap between holding of two meetings
CHD	05 to 27 Months
ETDC	04 to 53 Months
WRD	11 to 30 Months
MTD	05 to 34 Months

Annex-IV

Delays in review of standards

(Refers to paragraph 1.13.5)

Name of Division	No. of standards not reviewed	Review due in	Month of actual review	Period of pendency (in months)	Reasons furnished by BIS
FAD	4	2006-07	March 2010	34	Due to oversight
	3	2006-07	September 2009	29	Due to oversight
	45	2006-07	March 2009	23	Due to oversight
	24	2006-07	April 2009	24	Meeting could not be convened
	1	2006-07	April 2008	12	Meeting could not be convened
	25	2006-07	January 2008	9	Due to oversight
	56	2006-07	November 2007	7	Meeting could not be convened
CHD	1	2008-09	Not reviewed so far (June 2012)		In view of comments received on the standard, the same could not be reviewed
	1	2008-09	June 11	26	Reaffirmation was not done during 2008-09 however, reaffirmed in 13 meeting in June 2011.
	3	2009-10	June 11	13	Meeting could not be convened
	50	2010-11	June 11	13	Meeting could not be convened
	1	2010-11	Not reviewed so far (June 2012)		In view of comments received on the standard, the same could not be reviewed
	1	2010-11	Not reviewed so far (June 2012)		Meeting could not be convened
	1	2010-11	Not reviewed so far (June 2012)		In view of comments received on the standard, the same could not be reviewed
	1	2010-11	Not reviewed so far (June 2012)		Meeting could not be convened
PGD	227	2007-08	2008-09	12	Shortage of manpower, less number of meetings held etc.
Total	444				

Annex-V-A**Delays in gazette notification of formulation of ISs**

(Refers to paragraph 1.13.7)

Sl. No.	IS Number	Date of publication of standard	Date of gazette notification of standard	Time taken in gazette notification (months)
1.	2190:2010	November 2010	March 2011	4
2.	15682:2006	September 2006	November 2006	2
3.	15821:2008	October 2008	February 2009	4
4.	15877:2010	January 2010	August 2010	7
5.	15878:2010	January 2010	August 2010	7
6.	15833:2009	January 2009	March 2009	2
7.	15834:2008	December 2008	March 2009	3
8.	3370 (PART1):2009	June 2009	October 2009	16
9.	3370 (PART 2):2009	August 2008	October 2009	14
10.	15883(PART1):2009	July 2009	October 2009	3
11.	IS 4457:2007	June 2007	January 2008	7
12.	IS 4971:2007	June 2007	January 2008	7
13.	IS 710:2010	January 2010	March 2011	14
14.	11951:2009	November 2009	February 2010	3
15.	14480:2006	May 2006	October 2006	5
16.	9804 (PART 1):2009	May 2009	March 2010	10
17.	15841:2009/ISO 11634:1996	March 2009	March 2010	12
18.	15842:2009/ISO 14573:2002	May 2009	March 2010	10
19.	15843 (PART 1):2009/ISO 10958	June 2009	March 2010	9
20.	15726:2006/13715:2000	October 2006	February 2007	4
21.	IS 15705:2006/ISO 23429:2009	October 2006	January 2007	3
22.	IS 15744:2007	June 2007	December 2007	6
23.	IS 15745:2007	June 2007	December 2007	6
24.	IS 15746:2007	June 2007	December 2007	6
25.	IS 15747:2007	June 2007	December 2007	6

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Sl. No.	IS Number	Date of publication of standard	Date of gazette notification of standard	Time taken in gazette notification (months)
26.	IS 3082:2008	April 2008	June 2008	2
27.	IS 15777:2008	June 2008	August 2008	2
28.	IS 15854:2009	February 2009	September 2009	7
29.	IS 15837:2009	November 2009	January 2010	2
30.	IS 15864:2009	September 2009	November 2009	2
31.	IS 15809:2008	October 2008	January 2009	3
32.	IS 15447:2008	January 2009	November 2009	10
33.	IS 15810:2008	October 2008	January 2009	3
34.	IS 15073:2008	October 2008	January 2009	3
35.	IS 15779:2007	November 2007	January 2008	2
36.	IS 5182 PART 23: 2006	March 2006	May 2006	2
37.	IS 15656:2006	May 2006	September 2006	4
38.	IS 14025:2006	September 2009	January 2010	4
39.	15827:2009	January 2009	November 2009	10
40.	15831:2009	July 2008	November 2009	16
41.	15828:2009	May 2009	September 2011	28
42.	15829:2009	January 2009	November 2009	10
43.	15830:2009	January 2009	November 2009	10
44.	15857:2009	June 2009	September 2011	27
45.	15863:2009	June 2009	September 2011	27
46.	15795:2008/ ISO 2971:1998	May 2008	September 2008	4
47.	15805(Part 1):2008	April 2008	November 2009	19
48.	15743:2007	June 2007	December 2007	6
49.	10221:2008	November 2008	February 2009	3
50.	15893:2010/ISO 10713	October 2010	April 2011	6
51.	12573:2010	February 2010	August 2010	6
52.	15280:2009	January 2009	April 2009	3
53.	3600(Part3):2009 Part3	April 2009	September 2011	29
54.	15865:2009	February 2009	Feb. 2010	12
55.	15765:2008	April 2008	June 2008	2

Sl. No.	IS Number	Date of publication of standard	Date of gazette notification of standard	Time taken in gazette notification (months)
56.	15756:2007/10275:1993	January 2007	March 2007	2
57.	1528(Part 16):2007/ISO 8894-2:1990 Part 16	September 2007	July 2008	10
58.	1528 (Part 21):2007/ISO 8894-1:1987 Part21	September 2007	July 2008	10
59.	7512:2006	June 2006	August 2006	2
60.	8910:2010/ISO 504:1992	February 2010	September 2010	7
61.	8328:2007	January 2007	March 2007	2
62.	15876:2009	April 2009	September 2009	5
63.	12832:2010	September 2010	February 2011	5
64.	15846:2010	March 2010	August 2010	5
65.	3573:2010	January 2010	August 2010	7
66.	13749:2009	August 2009	December 2009	4
67.	10694(part 8):2009	July 2009	Mar. 2010	8
68.	14363:2009/ ISO 11243:1994	March 2009	October 2009	7
69.	8450:2009/ ISO 9519:1990	April 2009	September 2009	5
70.	4602:2009	August 2009	May 2010	9
71.	6685:2009	March 2009	September 2009	6
72.	14553:2008	July 2008	September 2008	2
73.	6218:2008	December 2008	April 2009	4
74.	7451(Part1):2007/ISO 2710-1:2000	September 2006	February 2007	5
75.	10478:2007/ISO 6519:1993	August 2007	October 2007	2
76.	12978:2006/ISO 8667:1992	January 2006	March 2006	2
77.	4731:2009	April 2009	October 2009	6
78.	9401 (PART 1): 2009	May 2010	July 2010	2
79.	4453:2009	August 2009	November 2009	3

Annex-V-B

Delays in gazette notifications of withdrawal of standards

(Refers to paragraph 1.13.7)

Sl. No.	Year/Name of Division	Particulars of standard withdrawn	Date of withdrawal	Date of gazette notification published	Time taken in publication of gazette notification (in months)
1.	2008-09/LITD	IS 5608(Pt 5):2002	01-07-2008	21-02-2011	32
2.		IS 5608(Pt 6):2002	01-07-2008	21-02-2011	32
3.		IS 12598:1989	01-07-2008	21-02-2011	32
4.		IS 13176:1991	01-07-2008	21-02-2011	32
5.	2010-11/LITD	IS 15114:2002	20-05-2010	21-02-2011	9
6.		IS 15115:2002	20-05-2010	21-02-2011	9
7.		IS 5000(OD 01) :1969	20-05-2010	21-02-2011	9
8.		IS 5000(OD 04) :1969	20-05-2010	21-02-2011	9
9.		IS 5000(OD 05) :1969	20-05-2010	21-02-2011	9
10.		IS 5000(OD 06):1969	20-05-2010	21-02-2011	9
11.		IS 5000(OD 07):1969	20-05-2010	21-02-2011	9
12.		IS 5000(OD 08):1979	20-05-2010	21-02-2011	9
13.		IS 5000(OD 09):1986	20-05-2010	21-02-2011	9
14.		IS 5000(OD 10):1971	20-05-2010	21-02-2011	9
15.		IS 5000(OD 11):1971	20-05-2010	21-02-2011	9
16.		IS 5000(OD 12):1971	20-05-2010	21-02-2011	9
17.		IS 5000(OD 13):1971	20-05-2010	21-02-2011	9
18.		IS 5000(OD 14):1971	20-05-2010	21-02-2011	9
19.		IS 5000(OD 15):1973	20-05-2010	21-02-2011	9
20.		IS 5000(OD 16):1973	20-05-2010	21-02-2011	9
21.		IS 5000(OD 17):1974	20-05-2010	21-02-2011	9
22.		IS 5000(OD 18):1974	20-05-2010	21-02-2011	9
23.		IS 5000(OD 19):1978	20-05-2010	21-02-2011	9
24.		IS 5000(OD 20):1978	20-05-2010	21-02-2011	9
25.		IS 5000(OD 21):1979	20-05-2010	21-02-2011	9
26.		IS 5000(OD 23):1978	20-05-2010	21-02-2011	9
27.		IS 5000(OD 25):1978	20-05-2010	21-02-2011	9
28.		IS 5000(OD 26):1971	20-05-2010	21-02-2011	9
29.		IS 5000(OD 27):1978	20-05-2010	21-02-2011	9
30.		IS 5000(OD 28):1978	20-05-2010	21-02-2011	9
31.		IS 5000(OD 29):1979	20-05-2010	21-02-2011	9

Sl. No.	Year/Name of Division	Particulars of standard withdrawn	Date of withdrawal	Date of gazette notification published	Time taken in publication of gazette notification (in months)
32.		IS 5000(OD 31):1981	20-05-2010	21-02-2011	9
33.		IS 5000(OD 32):1981	20-05-2010	21-02-2011	9
34.		IS 5000(OD 33):1981	20-05-2010	21-02-2011	9
35.		IS 5000(OD 34):1981	20-05-2010	21-02-2011	9
36.		IS 5000(OD 35):1981	20-05-2010	21-02-2011	9
37.		IS 5000(OD 36):1981	20-05-2010	21-02-2011	9
38.		IS 5000(OD 37):1982	20-05-2010	21-02-2011	9
39.		IS 5000(OD 38):1984	20-05-2010	21-02-2011	9
40.		IS 5000(OD 39):1986	20-05-2010	21-02-2011	9
41.		IS 5000(OD 40):1986	20-05-2010	21-02-2011	9
42.		IS 5000(OD 41):1986	20-05-2010	21-02-2011	9
43.		IS 5000(OD 42):1986	20-05-2010	21-02-2011	9
44.		IS 5000(OD 43):1986	20-05-2010	21-02-2011	9
45.		IS 5000(OD 44):1986	20-05-2010	21-02-2011	9
46.		IS 5000(OD 45):1986	20-05-2010	21-02-2011	9
47.		IS 5000(OD 46):1986	20-05-2010	21-02-2011	9
48.		IS 5000(OD 47):1986	20-05-2010	21-02-2011	9
49.	2009-10/MHD	IS 4089: 1967	29-09-2009	02-02-2010	4
50.		IS 6986: 1973	-DO-	-DO-	4
51.		IS 5588: 1970	-DO-	-DO-	4
52.		IS 13069: 1991	-DO-	-DO-	4
53.	2010-11/MHD	IS 5110: 1969	10-11-2009	25-06-2010	7
54.		IS 5226: 1989	-DO-	-DO-	7
55.		IS 5231: 1990	-DO-	-DO-	7
56.		IS 5233: 1990	-DO-	-DO-	7
57.		IS 7757:1975	-DO-	-DO-	7
58.		IS 7783: 1981	-DO-	-DO-	7
59.		IS 8158: 1976	-DO-	-DO-	7
60.		IS 8163: 1976	-DO-	-DO-	7
61.		IS 8774: 1985	-DO-	-DO-	7
62.		IS 9173: 1979	-DO-	-DO-	7
63.		IS 9318: 1987	-DO-	-DO-	7
64.		IS 9982: 1981	-DO-	-DO-	7
65.		IS 10395: 1983	-DO-	-DO-	7

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Sl. No.	Year/Name of Division	Particulars of standard withdrawn	Date of withdrawal	Date of gazette notification published	Time taken in publication of gazette notification (in months)
66.	2010-11	IS 10849:1984	-DO-	-DO-	7
67.	2009-10/TED	IS 10289:1982	04-06-2009	15-07-2009 (Sent date)	22 (upto 31.3.2011)
68.		IS 10841:1984	04-06-2009	- DO -	22 (upto 31.3.2011)
69.		IS 13493:1992	04-06-2009	- DO -	22 (upto 31.3.2011)
70.		IS 2646:1986	09-06-2009	- DO -	22 (upto 31.3.2011)
71.		IS 5977:1981	09-06-2009	- DO -	22 (upto 31.3.2011)
72.		IS 7528:1974	09-06-2009	- DO -	22 (upto 31.3.2011)
73.		IS 3404:1979	04-06-2009	- DO -	22 (upto 31.3.2011)
74.		IS 4384:1967	09-06-2009	- DO -	22 (upto 31.3.2011)
75.		IS 10548:1983	09-06-2009	- DO -	22 (upto 31.3.2011)
76.		IS 13915:1994	09-06-2009	- DO -	22 (upto 31.3.2011)
77.		IS 9212:1979	22-01-2009	14-20 March 2010	26 (upto 31.3.2011)
78.		IS 13507:1992	22-01-2009	- DO -	26 (upto 31.3.2011)
79.		IS 7699:1975	22-01-2009	- DO -	26 (upto 31.3.2011)
80.		IS 1133:1985	22-01-2009	- DO -	26 (upto 31.3.2011)
81.		IS 11734:1986	22-01-2009	- DO -	26 (upto 31.3.2011)
82.		IS 11735:1986	22-01-2009	- DO -	26 (upto 31.3.2011)
83.		2009-10/MTD	IS 1137:1990	26-06-2009	20.02.2010
84.	IS 1528(Pt 8):1974		-DO-	-DO-	8
85.	2010-11/MTD	IS 6331:1987	16-07-2010	23.10.2010	3
86.	2008-09/CHD	IS 3025:1964	11.11.2008	18.01.2010	14
87.	2009-10/CHD	IS/ISO 14041:1998	20 08 2010	22 11 2010	3
88.		IS/ISO 14042:2000	20 08 2010	22 11 2010	3
89.		IS/ISO 14043:2000	20 08 2010	22 11 2010	3
90.	2010-11/CHD	IS 9401 (Part 15/Sec 1) :1993	31.03.2010	20.08.2010	5
91.	2006-07/PGD	IS 8692:1978	31.05.2006	29.08.2006	3
92.	2009-10/PGD	IS 14439(Part 3):1998	10.11.2009	17.03.2010	4

Sl. No.	Year/Name of Division	Particulars of standard withdrawn	Date of withdrawal	Date of gazette notification published	Time taken in publication of gazette notification (in months)
93.		IS 11065(Part 1):1984	09.07.2010	18.04.2011	9
94.		IS 11065(Part 2):1985	09.07.2010	18.04.2011	9
95.		IS 15057:2001	09.07.2010	18.04.2011	9
96.	PCD 2007-08/PCD	IS 15439:2004/ ISO 1994:1976	19 April 2007	December 2007	8
97.		IS 15440:2004 /ISO 9931:1991 Coal	-DO-	-DO-	8
98.	2010-11/PCD	IS 5188:1985	2.08.2010	March 2011	8
99.	2006-07/FAD	IS 1667: 1981	28.07.2006	25.03.2010	44
100.		IS 7464: 1988	28.07.2006	25.03.2010	44
101.		IS 7999: 1998 /ISO 5494: 1978	28.07.2006	25.03.2010	44
102.		IS 8574: 1977	28.07.2006	25.03.2010	44
103.		IS 8806: 1978	28.07.2006	25.03.2010	44
104.		IS 9194: 1979	28.07.2006	25.03.2010	44
105.		IS 10524: 1982 /ISO 3983: 1977	28.07.2006	25.03.2010	44
106.		IS 10834: 1984	28.07.2006	25.03.2010	44
107.	2007-08/FAD	IS 1613: 1960	December 2007	27.11.2008	12
108.		IS 6387: 1987	December 2007	27.11.2008	12
109.	2010-11/FAD	IS 1509: 1972	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
110.		IS 1705: 1972	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
111.		IS 2144:1962	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
112.		IS 2145: 1962	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
113.		IS 2146:1962	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
114.		IS 3162:1965	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)

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Sl. No.	Year/Name of Division	Particulars of standard withdrawn	Date of withdrawal	Date of gazette notification published	Time taken in publication of gazette notification (in months)
115.		IS 5064:1980	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
116.		IS 7061:1973	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
117.		IS 7247 (part-2):1974	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
118.		IS 9599:1980	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
119.		IS 9967:1997/ISO 4099:1994	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
120.		IS 10670:1983	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
121.		IS 11063:1984	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
122.		IS 11135:1984	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
123.		IS 13399:1992	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
124.		IS 13574:1992	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
125.		IS 14443 (part-1):1997	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
126.		IS 14825:2000/ISO 5983:1997	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)
127.		IS 14830:2000/ISO 6496:1983	21.06.2010	29.03.2011 (sent for gazetting)	9 (as of 31.03.2011)

Annex-VI**Mandatory product certification with 'nil' licences****(Refers to paragraph 1.14.2)**

Sl. No.	IS Number	Subject	No. of licensee
1.	IS 6452	High alumina cement for structural use	0
2.	IS 6909	Super sulphated cement	0
3.	IS 8043	Hydrophobic Portland Cement	0
4.	IS 12600	Low heat Portland Cement	0
5.	IS 1342	Oil pressure stoves	0
6.	IS 2787	Multi-burner oil pressure stoves	0
7.	IS 10109	Oil pressure stove, offset burner type	0
8.	IS 7142	Welded low carbon steel gas cylinder for low pressure liquefiable gases not exceeding 5 litre water capacity	0
9.	IS 7302	Valve fittings for gas cylinder valves for use with breathing apparatus	0
10.	IS 8776	Valve fittings for use with liquefied petroleum gas cylinder up to and including 5 litre water capacity	0
11.	IS 13620	Specification for fusion bonded epoxy coated reinforcing bars	0

Annex –VII-A

Testing facilities with BIS or outside laboratories

(Refers to paragraph 1.17.1 (a))

Sl. No.	IS Number	IS Subject (Mandatory Products)	Testing facilities in BIS/Outside laboratories	No. of licensee
1.	7302	Valve fittings for gas cylinder valves for use with breathing apparatus	Nil	Nil
2.	7620	Diagnostic Medical X-Ray Equipment	Nil	28
3.	13620	Specification for fusion bonded epoxy coated reinforcing bars	Nil	Nil
4.	15100	Multifunction Valve Assembly for Permanently Fixed Liquefied Petroleum Gas (LPG) Containers for Automotive Use	Nil	9
Sub Total				37
IS Subject (Other than Mandatory products)				
1.	IS 4381 : 1967	Specification for Pathological Microscope	Nil	15
2.	11378-2002	Anaesthetic Machines for Use with Humans	Nil	8
3.	IS 9020 : 2002	Power Threshers - Safety Requirements	Nil	54
Sub Total				77

Annex –VII-B**Partial testing facilities with BIS and no testing facility with outside laboratories**

(Refers to paragraph 1.17.1 (b))

S.No.	IS Number	IS Subject	No. of licencees
1.	3224	Valve fittings for compressed gas cylinder excluding liquefied petroleum gas cylinder	12
2.	IS 3745 - 0 : 1978	Yoke type valve connections for small medical gas cylinders	3
3.	IS 7285 - 0 : 1988-Pt.1&2	Refillable Seamless steel gas cylinders – Specification – Part 1: Normalized Steel Cylinder	20
4.	IS 8776 : 1988	Valve fittings for use with liquefied petroleum gas cylinder up to and including 5 liter water capacity	No licencee
5.	14899-2000	Liquefied Petroleum Gas (LPG) Containers for Automotive Use – Specification	10
6.	14300 - 0 : 1995	Neem Based EC Containing Azadirachtin	8
7.	IS 13422 : 1992	Disposable Surgical Rubber Gloves	16
8.	15490 - 0 : 2004	Cylinders for On-Board Storage of Compressed Natural Gas As a Fuel for Automotive Vehicles	13
9.	4151-1993	Protective Helmets For Motorcycle Riders.	103

Annex –VIII-A

Testing of samples by laboratories even after the expiry of recognition period

(Refers to paragraph 1.18)

S. No.	Name of the recognized laboratories	Date of expiry of the recognition	Date of renewal of recognition	Period during which laboratories continue to test samples without any renewal by the BIS (in months)
1.	Yadav Measurements Pvt. Ltd. Udaipur	01.06.2007	04.07.2007	1
2.	Yadav Measurements Pvt. Ltd. Udaipur	01.06.2010	11.09.2010	3
3.	Fluid control research institute Palakkad	01.12.2006	20.06.2007	7
4.	Fluid control research institute Palakkad	01.12.2009	07.01.2011	13
5.	Electronics Regional Test laboratories (E) Kolkata	01.04.2006	5.12.2006	8
6.	Electronics Regional Test laboratories (E) Kolkata	01.04.2009	20.08.2009	5
7.	Geo chem. Laboratories	01.06.2005	23.1.2007	20
8.	CEPC laboratory & technical division	15.12.2007	8.12.2008	12
9.	Bangalore test house	01.11.2007	10.03.2008	4
10.	Monarch Bio tech Pvt. Ltd	04.10.2010	15.02.2011	4
11.	Footwear design and development institute	01.06.2007	27.12.2007	6
12.	SGS India Chennai	15.02.2007	25.11.2007	10
13.	Sipra laboratories ltd	01.04.2009	20.07.2011	28
14.	Bhagavathi Ana Labs Ltd	01.04.2009	20.08.2009	5
15.	ATTIRA Ahmedabad	14.10.2010	19.10.2011	12
16.	MSME Coimbatore	06.12.2009	15.07.2011	19
17.	Gujrat Test House	19.05.2006	19.09.2008	28
18.	Gujrat Test House	19.05.2009	29.10.2009	5
19.	NCCBM ballabgarh	04.05.2006	02.02.2007	9
20.	NCCBM ballabgarh	04.05.2009	09.04.2010	11

Annex –VIII-B

Shortfalls in surveillance visits of recognized laboratories

(Refers to paragraph 1.18)

S. No.	Name of the recognized laboratories	Period of recognition	No. of surveillance visits required to be conducted by BIS	Actual no. of surveillance visits conducted by BIS	Shortfall in carrying out the surveillance visits
1.	Yadav Measurements Pvt. Ltd. Udaipur	01.06.2004 to 01.06.2007	2	Nil	2
2.	Fluid control research institute Palakkad	01.12.2000 to 01.12.2003	2	1	1
		01.12.2003 to 01.12.2006	2	Nil	2
		01.12.2006 to 01.12.2009	2	Nil	2
3.	Electronics Regional Test laboratories (E) Kolkata	01.04.2003 to 01.04.2006	2	1	1
		01.04.2006 to 01.04.2009	2	1	1
4.	NSIC Rajkot	08.06.2001 to 08.06.2004	2	Nil	2
		08.06.2007 to 08.06.2010	2	Nil	2
5.	MSME Coimbatore	06.12.2006 to 06.12.2009	2	Nil	2
6.	Regional Solar Energy Testing Centre	01.07.2003 to 01.07.2006	2	1	1
		01.07.2006 to 01.07.2009	2	1	1
7.	Gujrat Test House	19.05.2003 to 19.05.2006	2	1	1
		12.09.2008 to 12.09.2011	2	Nil	2

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S. No.	Name of the recognized laboratories	Period of recognition	No. of surveillance visits required to be conducted by BIS	Actual no. of surveillance visits conducted by BIS	Shortfall in carrying out the surveillance visits
8.	NCCBM Ballabgarh	04.05.2000 to 04.05.2003	2	Nil	2
		11.12.2003 to 11.12.2006	2	Nil	2
		08.01.2007 to 08.01.2010	2	Nil	2
9.	Geo chem. Laboratories Pvt. Ltd	22.05.2002 to 22.05.2005	2	Nil	2
		23.01.2007 to 23.05.2010	2	1	1
10.	CEPC laboratories and Technical Division	01.12.2004 to 01.12.2007	2	Nil	2
		08.12.2008 to 08.12.2011	2	1	1
11.	Bangalore test house	01.11.1998 to 01.11.2001	2	Nil	2
12.	Monarch bio tech Pvt. Ltd	04.10.2007 to 04.10.1010	2	1	1
13.	Footwear design and development institute	22.05.1998 to 22.05.2001	2	Nil	2
		27.06.2002 to 27.06.2005	2	1	1
		27.12.2007 to 27.12.2010	2	1	1
14.	International testing centre	01.8.2001 to 01.8.2004	2	1	1
		01.07.2005 to 01.07.2008	2	1	1
		07.05.2008 to	2	Nil	2

S. No.	Name of the recognized laboratories	Period of recognition	No. of surveillance visits required to be conducted by BIS	Actual no. of surveillance visits conducted by BIS	Shortfall in carrying out the surveillance visits
		07.05.2011			
15.	SGS India Ltd Chennai	17.01.2001 to 17.01.2004	2	1	1
		08.02.2005 to 08.02.2008	2	Nil	2
		25.11.2008 to 25.11.2011	2	Nil	2
16.	FICCI Research and Analysis Centre	11.06.1999 to 11.06.2002	2	1	1
		11.06.2002 to 24.03.2005	2	1	1
17.	Sipra laboratories Ltd	14.03.2006 to 14.03.2009	2	1	1
18.	Bhagavati Ana laboratories Ltd	01.04.2006 to 01.04.2009	2	1	1
Total			70	18	52

MINISTRY OF CULTURE

**ACADEMIC ACTIVITIES OF MAULANA
ABUL KALAM AZAD INSTITUTE OF
ASIAN STUDIES, KOLKATA**

CHAPTER II : MINISTRY OF CULTURE

Academic Activities of Maulana Abul Kalam Azad Institute of Asian Studies, Kolkata

Highlights

- The Institute had not laid down any policy for selection of research topics and documenting the basis for their selection, keeping in view the objectives laid down in its Memorandum of Association (MoA). A number of selected research topics were unrelated to these objectives.

(Paragraph 2.9.3.1)

- The Institute had not framed any bye-laws specifying the criteria, methodology and documentation process to be adopted by Selection Committees for selection of research Fellows.

(Paragraph 2.9.3.2)

- The Institute had an inadequate monitoring and review system because of which, it could not ensure that the research Fellows complied with the terms of their agreements with the Institute and completed their projects on time.

(Paragraph 2.9.3.3)

- The publication of research projects reports was inordinately delayed. Only 23 out of 58 completed reports had been published till July 2011.

(Paragraph 2.9.3.4)

- The Institute had no policy, laying down the criteria for selection of issues for discussion at seminars and symposia organised by it as well as those organised in collaboration with other institutions.

(Paragraph 2.9.4.1)

- The Institute had not ensured optimal utilization of information technology for its library and had not made the library accessible to the public, as envisaged in its objectives. Following the audit objection, the Institute announced the availability of its library sources to the general public through its website.

(Paragraph 2.9.5)

- **The Institute failed to make any addition to the museum's original collection of 22 objects since its establishment in 2006.**

(Paragraph 2.9.6)

Recommendations

- ❖ *The Institute may frame bye-laws in terms of the provisions of the Memorandum of Association and correlate their annual action plans with the budget estimates.*
- ❖ *The Institute may frame guidelines for selection of projects based on its objectives. The process of selection of projects may be documented to ensure transparency.*
- ❖ *The Institute may formulate bye-laws specifying the criteria, methodology and documentation process for transparent selection of research Fellows.*
- ❖ *The Institute may put in place an effective system for monitoring and reviewing the research projects to ensure that the research Fellows comply with the terms of the agreements with the Institute and complete their projects on time,*
- ❖ *The Institute may consider taking assistance of outside expert for reviewing the quarterly progress reports in case it is not feasible for the Director to review all the progress reports in addition to his/her administrative duties.*
- ❖ *The Institute may frame guidelines for timely publication of research outputs and dissemination of its publications.*
- ❖ *The Institute may widen the circle for distribution of its publications so that its research outputs are utilized by more people and purchased publications do not lie idle.*
- ❖ *The Institute may evolve a system for selection of issues for discussion at seminars and symposia and identifying the objectives to be achieved through the same. Proceedings of the seminars and symposia may be well documented and disseminated to the concerned persons, institutes and organisations*
- ❖ *The Institute should follow Government rules and regulations regarding payment of allowances to its Fellows and avoid incurring expenditure on items disallowed by them.*
- ❖ *The Institute may take steps to ensure optimum utilization of*

information technology to make its library user-friendly.

- ❖ *The Institute should take effective action to collect more writings, photographs, audio and video materials etc. that throw light on the life, ideas and activities of Maulana Abul Kalam Azad.*

2.1 Introduction

The Maulana Abul Kalam Azad Institute of Asian Studies (Institute), Kolkata is an autonomous institution under the Ministry of Culture, Government of India (Ministry). The Institute was set up in January 1993, as a Society



under the West Bengal Societies Registration Act, 1961 at the joint initiative of the Government of India and the Government of West Bengal. The Institute was to act as a centre for research and learning, focusing on various issues related to developments in Asia, with special emphasis on their links with India, on secularism and universal brotherhood and on the life and works of Maulana Abul Kalam Azad.

2.2 Objectives of the Institute

The main objectives of the Institute as defined in its Memorandum of Association are:

- to be a centre for research and learning with focus on (i) social, cultural, economic and political/administrative developments in Asia, from the middle of the nineteenth century onwards, with special emphasis on their links with India (ii) the life and works of Maulana Abul Kalam Azad;
- to organize, undertake, conduct, encourage and promote study and research in the field of secularism and universal brotherhood;
- to foster academic contacts within India as well as in other countries through exchange of personnel and research material;
- to establish and maintain a library of books, periodicals and other materials having a bearing on the secular tradition of Modern India

with special reference to social, cultural and political movements and events from the middle of the nineteenth century onwards; to make available to the public in a suitable place, the collection of papers and library sources for study and research; and

- to establish and maintain a museum at the former residence of Maulana Abul Kalam Azad in Kolkata.

Besides, the Institute is also entrusted with the responsibility of promoting activities relating to the North-Eastern Region (NER) of India for which the Ministry provides separate grants.

2.3 Organizational set-up

The Institute is run by a Society, as stated earlier and is headed by the Governor of West Bengal who is its President. The Society runs the Institute through an Executive Council (EC), headed by a Chairman who is nominated by the Ministry. The EC has full powers and authority to do all acts, matters, things and deeds which may be necessary or expedient for the Society. The Director of the Institute, who is the Member Secretary of the Society as well as the EC, is responsible for the administration of the affairs of the Society and the Institute, under the overall guidance of the Chairman.

2.4 Scope of Audit

The Institute is audited under Section 14(1) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971. Performance audit of the academic activities of the Institute, covering the period from 2005-06 to 2010-11 was conducted from March to July 2011.

2.5 Audit objectives

Performance audit of the academic activities of the Institute was carried out to ascertain whether:

- the Institute had an effective planning mechanism to attain its objectives;
- the Institute had a sound financial management system;
- the Institute carried out its academic activities efficiently and effectively in an economic manner; and
- an effective internal control and monitoring mechanism existed in the Institute.

2.6 Audit criteria

The audit criteria were derived from the following:

- Memorandum of Association (MoA) of the Institute;
- Rules and Regulations of the Institute;
- Rules as given in the General Financial Rules (GFR) 2005 and orders issued by the Government of India from time to time and
- Minutes of meetings of the Society, the EC and other committees of the Institute.

2.7 Audit methodology

The performance audit commenced with an entry conference with the Director and other officials of the Institute in February 2011, wherein the audit scope, objectives, criteria and methodology were discussed. The audit methodology consisted of detailed scrutiny of research projects, publications and seminars, selected through simple random sampling. The sample consisted of all the 41 internal research projects (100 *per cent*), 24 out of 79 external research projects (30 *per cent*), 17 out of 66 publications (25 *per cent*) and five out of 21 seminars (24 *per cent*). Audit observations were discussed with the Director at an exit conference held in August 2011. Detailed replies of the Institute were received in December 2011 and have been suitably incorporated in the report. The draft report was referred to the Ministry in December 2011; their reply has not been received (July 2012).

2.8 Acknowledgement

We acknowledge the cooperation and assistance extended by the Institute during the course of this performance audit.

2.9 Audit findings

2.9.1 Planning for academic activities

Planning is essential for optimal utilization of resources towards attainment of the Institute's objectives. The Institute had not been preparing annual plans since its inception. It was found that the Institute had prepared its first annual action plan only for the year 2010-11. The plan included details about organisation of seminars/workshops, expansion of the museum, publication of books etc. The plan also included details regarding field trips by Fellows, related to existing research projects. However, the action plan did not dwell on the number and specific areas of new research projects to be undertaken

during the year. Moreover, the annual action plan was prepared in May 2010 while the budget for the year 2010-11 had been prepared and sent to the Ministry in September 2009. This shows that the plan was not correlated with the budget.

2.9.2 Financial management

The Institute is fully funded by the Government of India. The year-wise grants-in-aid received and expenditure incurred during the period 2005-11 is shown in Table-1.

Table-1

Year	Grants received				Expenditure			
	Plan	Non-Plan	NER	Total	Plan	Non-Plan	NER	Total
2005-06	250.00	40.00	9.00	299.00	222.72	49.04	10.04	281.80
2006-07	260.00	55.00	20.00	335.00	260.01	55.00	20.00	335.01
2007-08	400.00	45.50	46.56	492.06	400.00	65.00	46.56	511.56
2008-09	450.00	88.00	55.00	593.00	450.00	88.00	55.00	593.00
2009-10	560.00	105.60	18.00	683.60	530.00	105.65	38.00	673.65
2010-11	465.01	80.18	60.00	605.19	442.84	81.19	61.44	585.47
Total	2385.01	414.28	208.56	3007.85	2305.57	443.88	231.04	2980.49

(₹ in lakh)

- As per Rule 32(ii) (a) of the Rules and Regulations of the Institute, the EC has the power to make and frame bye-laws for the preparation and sanction of budget estimates, the sanctioning of expenditure, making and execution of contracts, the investment of the funds of the Institute and the sale or alteration of such investment, and account and audit. The Institute, however, had not framed such bye-laws. Thus, the procedures for budgetary control were inadequate as would be evident from the subsequent paragraphs.
- In terms of Rule 48(a) (iii) of the Rules and Regulations of the Institute, the Finance Committee has the duty to scrutinise the budget estimates of the Institute and to make recommendations to the EC for its approval. The Institute prepared budgets during 2005-11 with the approval of the Director but these were neither scrutinized by the Finance Committee nor approved by the EC.
- Rule 26 (ii) of the GFR 2005 as well as conditions of sanction of grants released by the Ministry stipulate that expenditure is to be incurred for the purpose for which it is sanctioned. Audit observed that the Institute had diverted Plan expenditure of ₹ 52.08 lakh during 2005-11 to the heads 'Non-Plan' and 'North-East'. The Institute had neither obtained

approval from the Ministry for such diversions of funds nor had the Ministry ever pointed out such diversions.

- Rule 26 (i) of GFR 2005 stipulates that expenditure should not exceed budget allocations. Audit, however, observed that under 72 out of 238 expenditure sub-heads (30 *per cent*), the Institute incurred ₹ 349.63 lakh in excess of the budget (RE) provisions (148 *per cent* variation) during 2005-11. Out of these, under 13 sub-heads, the Institute incurred ₹ 37.33 lakh, although there were no budget provisions for the same.

The Institute stated (June 2012) that it had initiated the process of framing bye-laws for better functioning and management.

Recommendation

The Institute may frame bye-laws in terms of the provisions of the Memorandum of Association and correlate their annual action plans with the budget estimates.

2.9.3 Management of Research Activities

The Institute conducts research projects by appointing internal and external Fellows. Internal Fellows carry out the work in the Institute while external Fellows carry out the research projects outside. External Fellows are funded by the Institute and internal Fellows are paid



scholarships. The duration of the research projects is three years in the case of internal Fellows and six months to five years in the case of external Fellows. On completion of the research projects, the Fellows submit research reports for approval, after which the same are published as priced books. The Institute gets royalty from the publishers for the books sold.

The position of research projects conducted during 2005-11 is given in Table-2.

Table-2

Year	Ongoing projects (opening balance)	Additions of projects	Projects completed	Ongoing projects (closing balance)	Expenditure incurred on projects (₹ in lakh)	Average expenditure per project* (₹ in lakh)
2005-06	33	23	1	55	27.22	0.62
2006-07	55	4	8	51	37.46	0.71
2007-08	51	11	6	56	46.27	0.86
2008-09	56	21	17	60	89.94	1.55
2009-10	60	17	17	60	80.55	1.34
2010-11	60	11	3	68 [#]	103.00	1.61

[#] At the end of July 2011, 62 projects were ongoing

*Expenditure/average of opening and closing ongoing projects

The average expenditure on the projects increased from ₹ 0.62 lakh to ₹ 1.61 lakh during 2005-11.

2.9.3.1 Selection of research topics

As stated earlier, the Institute conducted research in the following areas:

- Social, cultural, economic and political administrative developments in Asia, from the middle of the nineteenth century onwards, with special emphasis on their links with India;
- Secularism and universal brotherhood;
- Life and works of Maulana Azad; and
- North Eastern Region (NER).

The number of research projects conducted during 2005-11 in different areas is shown in Table-3.

Table-3

Nature of project	Field-wise number of projects				Total number of projects
	Asian developments	Life and works of Maulana Azad	Secularism	NER	
External	20	4	11	44	79
Internal	25	2	8	6	41
Total	45	6	19	50	120

The Institute selected research topics on the basis of research proposals submitted by the applicants. Audit observed that it had not laid down any policy for selection of research topics and documenting the basis for selection of the topics, keeping in view the objectives of the Institute. In the absence of

the same, there was a risk of selecting research topics unrelated to the Institute's objectives.

Out of the 65 approved research project proposals selected for audit scrutiny, 16 project proposals, as detailed in the **Annex-I**, seemed to be unrelated to the Institute's objectives as described below:

- Out of 30 project proposals under 'Asian developments', 11 proposals seemed to have no links with India. For example, the project proposals on 'Zionism and the State of Israel: a critical study', 'From Siberia to Kazakh steppes: re-exploring regional histories of Eurasia' and 'Religion and politics in Bangladesh: 1971–2004', were sought to be taken up under 'Asian developments' but the impact of these issues on India was not visible in them;
- out of 11 project proposals taken up under 'Secularism and universal brotherhood', in two proposals, i.e. 'Contemporary scenario of Bihar politics: a political economy approach' and 'Politics of indebtedness of indigenous people: issues, policies, actions and consequences - study of Purulia district', no relation with secularism was found;
- in three out of four project proposals on the 'Life and works of Maulana Azad', no linkage was established with the life and works of Maulana Azad. For example, the project proposal on 'The culture of history' and 'Role of the Bengali press in the Bengal renaissance of the 19th century and in the national movement of the 20th century' seemed to have no links with the life and works of Maulana Azad.

In July 2006, the President of the Society had appointed a Review Committee on the functioning of the Institute. This committee, in its interim report, had also emphasised (December 2009) that the original objective of establishing the Institute was to understand the Indian perspective of Asia and South Asia. It had also pointed out that some of the Fellows were concentrating on the study of Asia on their own terms, without linking their studies to India. It recommended that the academic programmes might sharply focus on the concerns of India.

The Institute stated (August 2011) during the exit conference and in its reply in December 2011, that Audit had misinterpreted the objectives in the MoA. It explained that researches were carried out on various developments of Asian countries which might or might not be necessarily linked with India. The Institute further stated that it was adequate that the Selection Committee recognized the value of the subjects for India.

The Institute's reply was, however, against its own objectives.

2.9.3.2 Selection of research Fellows

The Institute selects internal Fellows on the basis of newspaper advertisements while the external Fellows are selected on the basis of research proposals along with the bio-data submitted by them. As per practice, a Selection Committee comprising all the EC members and two external experts select the Fellows. It was observed that:

- As per Rule 32 of the Rules and Regulations of the Institute, the EC has the power to make and frame bye-laws regarding the powers, functions and conduct of business by Advisory Boards or Committees. However, the Institute had not framed any bye-laws specifying the criteria, methodology and documentation process to be adopted by the Selection Committees for selection of research Fellows.
- Out of 41 Fellows for internal research projects, two were selected for three projects without any newspaper advertisement. In five cases, Fellows whose applications were received after 14 to 61 days from the last date for receipt were selected.
- To make the selection process transparent, the basis of selecting the Fellows should have been documented. Audit observed that the bases of selecting the Fellows were not being documented by the Selection Committees. Instead, only the names of the selected Fellows were mentioned. Thus the selection process of the Fellows lacked transparency.
- In one case, the Institute invited (May 2007) applications from candidates having Ph.D. in Economics or Management or having publications of equivalent standard for appointment as research Fellows but selected (February 2008) a candidate who had neither a doctoral degree nor any publication. Accepting the facts, the Institute clarified (April 2011) that the candidate was selected for his exceptionally distinguished record. However, the minutes of the Selection Committee did not contain any comment or justification relaxing the qualifying criteria based on the Fellow's 'distinguished' record.

The Institute stated (June 2012) that it was working towards initiating the process of framing the bye-laws, keeping in view the ambit of the areas as recommended by Audit.

2.9.3.3 Monitoring of research projects

The terms and conditions of appointment of Fellows provide for submission of quarterly progress reports, as well as the dates of completion of the projects and submission of final manuscripts. During the period 2005-11, the Institute had 58 completed projects, 34 incomplete projects and 28 (18 internal and 10 external) other projects, which were not due for completion as of July 2011. The following deficiencies regarding monitoring of research projects were noticed.

- Out of 58 completed projects (17 internal and 41 external), only 19 (16 internal and three external) projects (33 *per cent*) were completed within the scheduled time. Of the remaining 39 projects which were delayed, 23 projects were completed after delays ranging between approximately one to seven years (as of July 2011). The delays were mainly in respect of external projects (38 projects).
- Out of 34 incomplete projects (six internal and 28 external), eight (four internal and four external) projects involving expenditure of ₹ 20.25 lakh were lying incomplete as the research Fellows had left without submitting the final reports. Of the remaining incomplete projects, 11 projects were delayed by approximately one to nine years (as of July 2011).
- To ensure the quality and timely completion of projects, regular monitoring and review are essential. As per the terms and conditions for appointment, the Fellows were required to submit quarterly progress reports to the Institute. The Director reviewed the quarterly progress reports. Audit observed that in 14 out of 24 external research projects selected for scrutiny, the terms and conditions included a clause regarding discontinuance of Fellowships in case of non-submission of progress reports but the time frame for submission of the progress reports was not stipulated. In the absence of such stipulations, the Institute was not in a position to enforce the terms and conditions.
- In respect of 41 internal projects, 76 out of 329 quarterly progress reports were not submitted. Out of 253 such reports, 182 were submitted late. Out of these 182 reports, 151 were submitted within three months from the due date of submission of quarterly progress reports, while delays in the case of 31 reports ranged between three and 17 months. Audit observed that out of a total of 253 progress reports, the Director had reviewed only 37 reports while the rest of the reports (216) were not reviewed and were simply filed. Failure to

review the reports was fraught with the risks of the projects not progressing in the right direction and their delayed completion.

The Institute took no action such as sending reminders or warnings or holding up of funding and discontinuation of Fellowship against the defaulting Fellows for late submission and non-submission of their quarterly progress reports.

Thus the Institute had an inadequate mechanism for monitoring the progress of the projects, which adversely affected their timely completion. Consequently, the research projects taken up for fulfilment of the Institute's objectives were delayed and the academic fraternity was deprived of the output in respect of these areas.

The Institute stated (December 2011) that a mechanism for proper implementation and monitoring of projects was being devised.

2.9.3.4 Publication of research work

The Institute's MoA provides for undertaking publication of books, monographs, periodicals and papers incorporating the results of research. After receipt of final reports from the Fellows, the Institute sends the same to Reviewers. After their vetting,



these reports are sent to publishers as approved by the Publication Committee of the Institute. Publication can also be got done directly by Fellows through publishers of their choice, with due acknowledgement to the Institute in the published research reports. In the case of research reports published by itself, the Institute has to purchase a specified number of copies (100 to 175) which are to be distributed free of cost to reputed Universities, Institutes, Indian Missions etc.

Being a premier institution in the area of research, the Institute should have published its research outputs and studies in a transparent and time-bound manner. Audit observed that the Institute had been undertaking publication of its research outputs since 2000-01. A total of 66 research project reports had been published till July 2011. At the instance of Audit, the Institute prepared (June 2009) guidelines for publication which, included peer review of the final reports submitted by the Fellows, selection of publishers, terms and conditions for publications etc. Scrutiny of records, however, showed that there were

several deficiencies in the area of publication of research projects as described below:

- The Institute had not prescribed any time frame for publication of the completed research projects.
- Only 23 out of 58¹ completed project reports were published. The Institute took one to 28 months in entering into agreements with the publishers for publication of these 23 project reports.
- The remaining 34 completed project reports were not published even after time lags of one month to over five years from the dates of completion.
- The process of selection of publishers was not documented, thereby compromising transparency.
- In 14 out of 17 test-checked cases, no time schedule for publication was incorporated in the agreements with the publishers. The dates of receipt of published copies of books varied between 22 and 646 days from the dates of agreements with the publishers.
- In accordance with the objectives of fostering academic contacts through exchange of research materials, the Institute distributed copies of books purchased from the publisher free of cost to reputed Universities, Institutes, Indian Missions etc. A test check of 17 projects revealed that the Institute had purchased (June 2006 to March 2011) a total of 2264 copies of publications of research outputs of these projects, but 88 *per cent* of the total stock (2003 copies valuing ₹ 6.24 lakh) remained undistributed as of July 2011.

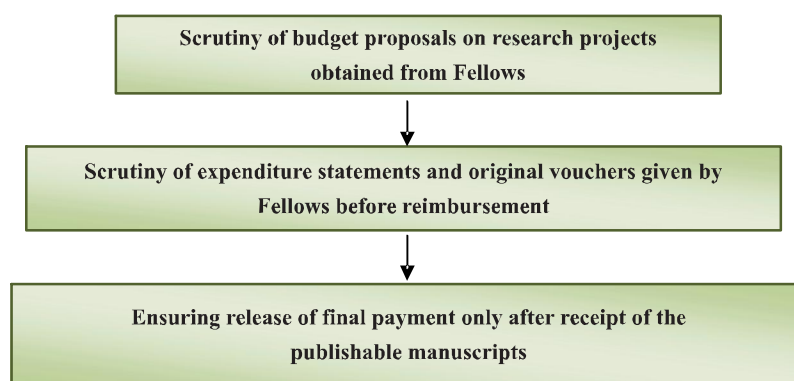
The Institute attributed (June 2011) the delay in publication of research projects mainly to: (i) research reports submitted by the Fellows not being traceable (ii) review processes by the Reviewers and modification processes by the Fellows remaining incomplete and (iii) Publication Committee meetings not being held regularly. The reasons given revealed that the Institute did not have a proper system for storage of research papers which was a serious failure which had led to papers not being traceable. The reasons further indicated lack of effective monitoring of the processes leading to the publication of research reports. The system of mandatorily purchasing a specified number of copies of books from publishers needed a relook as the Institute was unable to distribute most of the copies. The Institute, however,

¹ One project being a documentary film was not required to be published.

assured (December 2011) that guidelines for publication were being revised in the light of the audit observations.

2.9.3.5 Internal control on external research expenditure

The Institute exercised internal control on research expenditure, for which it had adopted the procedure shown below:



Test check of records of 24 out of 79 external projects selected randomly, brought out the following instances of violations of the above procedure:

- Project grants of ₹ 4.23 lakh were approved without obtaining budget proposals from research Fellows in three cases. In 10 cases, approved grants of ₹ 51.85 lakh were revised without recording any reasons and without altering the head-wise allocations.
- Expenditure of ₹ 3.26 lakh was reimbursed in excess of the approved grants in four cases.
- Interim payments of ₹ 31.82 lakh were released before receipt of progress reports in violation of project terms and conditions in seven cases.

Thus, the internal control mechanism of the Institute was inadequate for monitoring project expenditure. The Institute stated (December 2011) that the audit observations would be taken care of with the streamlining of the monitoring mechanism.

Recommendations

- *The Institute may frame guidelines for selection of projects based on its objectives. The process of selection of projects may be documented to ensure transparency.*
- *The Institute may formulate bye-laws specifying the criteria, methodology and documentation process for transparent selection of research Fellows.*
- *The Institute may put in place an effective system for monitoring and reviewing the research projects to ensure that the research Fellows comply with the terms of the agreements with the Institute and complete their projects on time.*
- *The Institute may consider taking assistance of outside expert for reviewing the quarterly progress reports in case it is not feasible for the Director to review all the progress reports in addition to his/her administrative duties.*
- *The Institute may frame guidelines for timely publication of research outputs and dissemination of its publications.*
- *The Institute may widen the circle for distribution of its publications so that its research outputs are utilized by more people and purchased publications do not lie idle.*

2.9.4 Fostering academic contacts

The Institute organizes seminars and symposia on its own as well as in collaboration with other Institutes with the objective of fostering academic contacts within India and abroad, as laid down in its MoA. These seminars and symposia provide opportunities for exchange of personnel and research materials.



The position of seminars organized during 2005-11 is given in Table-4.

Table-4

Year	Seminars organised by the Institute				Seminars organised in collaboration			
	NER		Other than NER		NER		Other than NER	
	Number	Amount (₹ in lakh)	Number	Amount (₹ in lakh)	Number	Amount (₹ in lakh)	Number	Amount (₹ in lakh)
2005-06	0	0	1	7.42	1	1.00	8	12.20
2006-07	0	0	1	19.38	1	2.00	0	0
2007-08	3	8.15	0	0	2	3.53	4	15.49
2008-09	2	6.90	3	22.22	0	0	5	13.38
2009-10	1	1.96	3	22.04	4	6.65	5	18.66
2010-11	2	23.68	5	22.62	4	9.50	14	54.56
Total	8	40.69	13	93.68	12	22.68	36	114.29

2.9.4.1 Selection of issues for seminars and publication of proceedings

The Institute selects the topics of the seminars on the basis of proposals submitted by the Fellows or collaborating Institutions. The seminar proceedings are normally published and circulated among the research Fellows and other participants. It was observed that the Institute had no criteria for selection of issues for discussion at seminars or symposia and the objectives sought to be achieved by holding these were not documented. The Institute did not publish the proceedings of nine out of 21 seminars organised by it. In respect of collaborative seminars, the Institute received only four published proceedings in respect of 48 seminars. This indicated that the Institute did not have a proper system for publishing seminar proceedings and following up with collaborative institutions for receipt of the same.

In its reply as well as during the exit conference, the Institute stated (August 2011, December 2011) that some of the seminar proceedings had no merit for publication but were useful in other ways. Regarding collaborative seminars, the Institute stated (June 2012) that the publications of proceedings of collaborative seminars were at the discretion of the organising institutions.

Audit is of view that even if the proceedings of some seminars were not published, they should have been documented for internal use of the Institute. Since the Institute released grants for the collaborative seminars, it should have insisted that the proceedings were forwarded to it even though the same may not have been published by the collaborating bodies.

2.9.4.2 Seminar expenditure

Grants released by the Ministry to the Institute have a condition that allowances should be so regulated as not to exceed the corresponding allowances sanctioned to Government employees. Further as per GFR 209(6) (iv) (a) all grantee institutions which receive more than 50 *per cent* of their recurring expenditure in the form of grant-in-aid, should ordinarily formulate terms and conditions of service of their employees which are, by and large, not higher than those applicable to similar categories of employees in Central Government. In exceptional cases, relaxation may be made in consultation with the Ministry of Finance.

In terms of the Ministry of Finance's order of October 2008, participation in conferences/seminars/study tours and presentation of papers etc. abroad in cases where invitations are directly received by the officers by name, by virtue of their expertise in a particular field, are to be treated as personal visits, for which the officers would have to proceed on leave. Visits of the above nature are to be allowed only if 100 *per cent* funding support is provided by the organisers. Scrutiny revealed that the Institute, in violation of the aforesaid order, provided financial assistance of ₹ 7.10 lakh to five Fellows, who attended seminars abroad, during the period from August 2009 to July 2010 on direct invitations from the organisers. No relaxation as required under the Rule mentioned above, had been obtained from the Ministry of Finance regarding this matter.

Recommendations

- *The Institute may evolve a system for selection of issues for discussion at seminars and symposia and identifying the objectives to be achieved through the same. Proceedings of the seminars and symposia may be well documented and disseminated to the concerned persons, institutes and organisations.*
- *The Institute should follow Government rules and regulations regarding payment of allowances to its Fellows and avoid incurring expenditure on items disallowed by them.*

2.9.5 Maintaining the library

The Institute's library had a collection of 13327 books as on 31 March 2011. During 2005-11, it procured 5498 books valuing



₹ 85.69 lakh and 533 journals valuing ₹ 73.39 lakh. Audit observed the following shortcomings in the maintenance of the library:

- Computerisation of library information is essential for proper maintenance of a library. Audit observed that the library information software (LSEase²), installed at a cost of ₹ 2.60 lakh had several constraints such as limitation of data entry, limitation of search field, link with other databases, single tasking, non-availability of year-wise reports etc. The software failed to generate information relating to issued and returned books. Besides, it did not provide subject-wise views of the library's collection, making it difficult for readers to search for books on specific subjects.
- The MoA envisages that the Institute should make its library sources available to the public for study and research purposes. However, the Institute took no initiative to make its library accessible to the public. Consequently, access to the library was limited to 33 to 58 Institute Fellows and officials during 2005-11. The Review Committee constituted by the Institute (as mentioned earlier in paragraph 2.9.3.1) also recommended making of the library's sources accessible to the public. Thus, the objective of the Institute to extend library facilities to the public was not fulfilled.
- General Financial Rules 2005 provide that for libraries having not more than 20,000 volumes, complete physical verification of books should be done every year. Audit observed that physical verification of library books had not been done since April 2006. Resultantly, the actual number of books present in the library could not be ascertained by Audit.

The Institute contended (December 2011) that access to the library was restricted as this was not a general public library. The Institute's reply was contradictory to its objective of making its library sources available to the public. Following the audit objection, the Institute announced (2012) the availability of its library sources to the general public through its website.

Recommendation

The Institute may take steps to ensure optimum utilization of information technology to make its library user-friendly.

² An indigenous library software developed by LIBSYS Corp.

2.9.6 Maintaining the museum

The Institute's MoA stipulated the establishing and maintaining of a museum at the former residence of Maulana Abul Kalam Azad in Kolkata with the objective of highlighting his life and works as a distinguished national leader and thinker. The



Institute took over (September 2005) possession of the said building and opened a museum there in November 2006. Audit noted the following:

- The Institute failed to make any addition to the museum's original collection of 22 personal belongings of Maulana Azad viz. the Bharat Ratna award, his reading glasses, caps, trousers, cigarette case etc., which were acquired in October 2004. Although the Review Committee appointed (July 2006) by the Institute (mentioned earlier in paragraph 2.9.3.1) had recommended that efforts should be made to procure valuable materials from different parts of India, no such efforts seemed to have been made. It had also recommended that the museum should have not only the items belonging to Maulana Azad but also writings, photographs, audio and video materials that throw light on the life, ideas and activities of Maulana Azad. No such additions had, however, been made by the Institute.
- The Institute took no initiative to increase public awareness about the museum. Audit observed that only 398 visitors had visited the museum during January 2007 to July 2011.

Thus, the objective of setting up the museum, as envisaged in the MoA, remained mostly unfulfilled due to lack of effective action on the part of the Institute.

The Institute informed (December 2011) that an initiative had been taken for publicity of the museum. The Institute also stated (June 2012) that it had formed an internal sub-committee for the museum, to look into its affairs.

Recommendation

The Institute should take effective action to collect more writings, photographs, audio and video materials etc. that throw light on the life, ideas and activities of Maulana Abul Kalam Azad.

Conclusion

The Maulana Abul Kalam Azad Institute of Asian Studies was created as a centre for research and learning on developments in Asia from the middle of the nineteenth century onwards, with special emphasis on their links with India and to promote study and research on secularism and universal brotherhood and on the life and works of Maulana Azad. Audit observed that a number of research project proposals on developments in Asia seemed to be unrelated to India. Similarly, some of the project proposals on secularism and the life of Maulana Azad were not related to these areas. The Institute did not have any policy to facilitate transparent selection of research Fellows. It had an inadequate monitoring and review system, because of which it could not ensure that the research Fellows complied with the terms of their agreements with the Institute and completed their projects on time. Publication of research reports was inordinately delayed. The library of the Institute was not initially accessible to the public. Following the audit observation, the Institute announced (2012) the availability of its library sources to the general public through its website. Annual physical verification of library books had not been carried out since April 2006. Proper efforts were not made to increase the collection of the museum since its establishment by the Institute.

Annex-I

(Refers to paragraph 2.9.3.1)

Statement showing details of 16 research project proposals not linked with the objectives of the MoA

Sl. No.	Title of the Project	Objective under which the project was taken up	Institute's justification	Audit comments
1.	Zionism and the state of Israel : a critical study	Asian developments	Zionism and its critics are the heart of Israeli position which required attention of India. Hence, linked with 3(i)(a) of MoA	Impact of Israeli position on India not brought out in the project proposal.
2.	Israel leadership and negotiations in context of Arab Israel conflict 1990 onwards	Asian developments	Israeli position was required attention of India. Hence, linked with 3(i)(a) of MoA	Impact of Israeli position on India not brought out in the project proposal.
3.	Contemporary scenario of Bihar politics: a political economy approach	Secularism	Project is on secularism at state level. Hence linked with 3(i)(e) of MoA	Project proposal is on politics of Bihar. No link with secularism.
4.	The heartland debate in central Asia	Asian developments	Study on the consequences of Soviet disintegration which were crucial to Indian foreign policy. Hence linked with 3(i)(a) of MoA	Impact of consequences of Soviet disintegration on India not brought out in the project proposal.
5.	Politics of indebtedness of indigenous people : issues, policies, actions and consequences - study of Purulia district	Secularism	Project is on secularism at regional level. Hence linked with 3(i)(e) of MoA	Project proposal is on socio-economic and geopolitical status of indigenous people of Purulia district and not on secularism.
6.	Evolution of Russian foreign policy, orientation towards the central Asia region (1992-2002) - the first decade	Asian developments	Study on the consequences of Soviet disintegration which were crucial to Indian foreign policy. Hence linked with 3(i)(a) of MoA	Impact of consequences of Soviet disintegration on India was not brought out in the project proposal.
7.	From Siberia to Kazakh steppes: re-exploring regional histories of Eurasia	Asian developments	Study on the consequences of Soviet disintegration which were crucial to Indian foreign policy. Hence, linked with 3(i)(a) of MoA	Impact of consequences of Soviet disintegration on India was not brought out in the project proposal.
8.	Addressing the challenges of human security in Afghanistan	Asian developments	Afghanistan's current status is a fundamental concern of India's foreign policy. Hence, linked with 3(i)(a) of MoA	Impact of Afghanistan's current status with respect to India was not brought out in the project proposal.
9.	West Bengal since partition 1947	Life and works of Maulana Azad	Maulana A.K. Azad was crucial to post partition politician linked with Bengal hence Project was on ideas of Maulana Azad. Hence, linked with 3(i)(a) of MoA	Project proposal is on the political position of Bengal since Partition but not on the life and works of Maulana Azad.

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Sl. No.	Title of the Project	Objective under which the project was taken up	Institute's justification	Audit comments
10.	The debates on the Israeli state and society in transition, setting new paradigms in the state and nation building processes	Asian developments	Project touches the Palestinian question, which is crucial to India's relations with West Asia. Hence, linked with 3(i)(a) of MoA	Impact of the Palestinian position on India not brought out in the project proposal.
11.	The Caucasus ulcer: changing dynamics of crime-terror interaction in the trans-Caucasus in post 9/11 era	Asian developments	Terrorism in the Caucasus is linked with terrorism in Kashmir. Hence, linked with 3(i)(a) of MoA	Impact of terrorism in the Caucasus on Kashmir/India not brought out in the project proposal.
12.	Reflection of political ideas on Chinese literature in post 1949 period	Asian developments	The change in China's relations with India was reflected in the attitude of writers and required study. Hence, linked with 3(i)(a) of MoA	Impact of changes in China's relationship with India was not brought out in the project proposal.
13.	Religion and politics in Bangladesh : 1971 - 2004	Asian developments	The importance of developments in Bangladesh for India is self evident. Hence, linked with 3(i)(a) of MoA	Impact of developments in Bangladesh on India was not brought out in the project proposal.
14.	Role of the Bengali press in the Bengal renaissance of the 19th century and in the national movement of the 20th century	Life and works of Maulana Azad	Maulana Azad was influenced by the intellectual traditions of Bengal in his youth, hence linked with Maulana Azad's life and works. Hence linked with 3(i)(a) of MoA	The project proposal was on the role of Bengali press in the Bengal renaissance and not on the life and works of Maulana Abul Kalam Azad.
15.	Central Asia: geopolitics, security and regional stability	Asian developments	Study on the consequences of Soviet disintegration which were crucial to Indian foreign policy. Hence linked with 3(i)(a) of MoA	Impact of the consequences of the Soviet disintegration on India was not brought out in the project proposal.
16.	The culture of history	Life and works of Maulana Azad	Study of the development of India's cultural policies - which was linked to the life and ideas of Maulana Azad, who was the India's first Minister of Culture. Hence linked with 3(i)(a) of MoA	The project proposal was for a study of the development of India's cultural policies and not on the life and works of Maulana Abul Kalam Azad.

CHAPTER III : MINISTRY OF HEALTH AND FAMILY WELFARE

Dental Council of India

Highlights

- **Out of 292 dental colleges, 75 per cent were established after an amendment to the Dentists Act (Act) in 1993 to prevent the mushrooming of such colleges. Of the 292 dental colleges, 152 colleges (52 per cent) were concentrated in five States. On the other hand, only one dental college existed in the North-Eastern region, indicating skewed distribution of dental colleges across the country, which both the Dental Council of India (Council) and the Ministry of Health and Family Welfare (Ministry) failed to prevent.**

(Paragraph 3.9.1.1)

- **The Ministry granted permission to establish 13 new dental colleges despite negative recommendations of the Council. In two cases, permission was given without adequate justification and in five cases, the Ministry granted permission despite deficiencies being noted during both the Council's inspections and those conducted by Special Investigation Teams (SITs) constituted by the Ministry itself. In four cases, there were wide variations between the reports of the Council and those of the SITs.**

(Paragraph 3.9.1.2)

- **Permissions for starting 128 post-graduate dental specialties in Master of Dental Surgery courses in dental colleges were granted despite negative recommendations of the Council. In 73 cases, the Ministry bypassed the normal mechanism of the Council conducting inspections as defined in the Act and its Regulations and constituted its own inspection teams, citing shortage of dental specialists.**

(Paragraph 3.10)

- **The Council was required to undertake periodical inspections of colleges to ensure continued maintenance of minimum standards of dental education. However, it did not put in place any system to identify the dental institutions which had become due for such periodical inspections and thus could not conduct them in time.**

(Paragraph 3.11.2)

- In 15 out of 50 dental colleges, the shortage of teaching faculty ranged from eight to 97 *per cent*. The shortage was far above the minimum staffing pattern prescribed by the Council but it did not seem to have taken any measures to address this pressing issue, as it could provide no records regarding the same.

(Paragraph 3.13.2)

- A total of 139 students in six dental colleges and 59 students in nine colleges were given admissions for Bachelor of Dental Surgery and Master of Dental Surgery courses respectively, in excess of the sanctioned number of seats.

(Paragraph 3.14)

- For the purpose of regulating the dental profession, the Council was required to maintain a register containing details of all practicing dentists in India, known as the Indian Dentists Register, as laid down in the Act. However, the Council was not maintaining such a register.

(Paragraph 3.15)

- The Council failed to implement its policy decision of monitoring faculty attendance through a biometric system. The entire expenditure incurred on the procurement of biometric machines for this purpose at a cost of ₹ 1.32 crore, was thus rendered unfruitful.

(Paragraph 3.17.1)

- Dental institutions inspected by the Council are required to pay inspection fees to the latter towards renewal/ recognition/ verification of compliance reports for various courses. As of March 2011, fees amounting to ₹ 7.07 crore were outstanding against such institutions.

(Paragraph 3.18)

Recommendations

- ❖ *The Ministry may consider formulating a policy to encourage the establishment of dental colleges in States having shortages of such colleges.*
- ❖ *In order to adhere to the minimum standards of dental education, the Ministry should ensure fulfilment of the norms laid down under the regulations of the Council while according permissions for establishment of new colleges or courses.*
- ❖ *In cases of serious deficiencies noticed in the Council's inspection reports, Enquiry Commissions, as provided under Section 54 of the Dentists Act, 1948, may be constituted and appropriate action may be taken to improve its functioning.*
- ❖ *The Council may lay down a schedule for inspections and scrupulously conduct them to ensure that recognized dental colleges continue to comply with the norms laid down for recognition.*
- ❖ *The Ministry should take action to derecognize dental colleges which do not conform to the prescribed standards of dental education.*
- ❖ *The Council should regularly monitor the adequacy of faculty in dental colleges and ensure compliance as per the norms.*
- ❖ *The Council should initiate appropriate action against colleges which admit excess students, to discourage the practice.*
- ❖ *The Council should maintain the Indian Dentists Register as required under the Dentists Act.*
- ❖ *A suitable mechanism should be set up by the Council for redressal of complaints.*
- ❖ *The Council should establish an effective mechanism for recovery of its dues. Suitable provisions should be incorporated in its Regulations, defining penal action against defaulters.*

3.1 Introduction

The Dental Council of India (Council), a statutory body, was constituted on 12 April 1949 under an Act of Parliament viz. the Dentists Act, 1948. The Council is a recommendatory body to the Ministry of Health & Family Welfare (Ministry) and acts as its technical arm for regulation of dental

education, the dental profession and dental ethics. The mandate of the Council as per the Act is as given in the box below:

Box 1: Mandate of the Council

- Maintenance of uniform standards of dental education, - both at undergraduate and postgraduate levels.
- Recommendations for starting new dental colleges, new courses including post-graduate courses or higher studies and increase in the number of seats.
- Recommendations for recognition and de-recognition of dental qualifications of dental institutions within and outside the country.
- Maintenance of the Indian Dentists Register.
- Prescribing standards of professional conduct and etiquette or the code of ethics for dentists.

Prior to the amendment to the Dentists Act 1948, the minimum requirements for opening of a new dental college or a post-graduate dental department were laid down by the Council and approved by the Ministry. However the final decision rested with the Governments of the States, where the proposed colleges / departments were to be located. In order to strengthen the role of the Council and the Ministry in regulating dental education in India, the Dentists Act was amended on 27 August 1992. With this amendment, prior permission of the Ministry became mandatory for establishing any dental college, increasing seats in existing colleges and introducing new courses in a college.

The primary input used in the regulatory process by the Council is the system of inspections. On the basis of these inspections, the Council recommends recognition of colleges, starting new courses, increasing the number of seats in courses, de-recognising courses or colleges etc. Based on these recommendations and after calling for such other particulars as it deems necessary, the Ministry may either approve or disapprove the proposals.

3.2 Organizational Structure

The Council functions under the administrative control of the Ministry. Section 3(1) of the Act provides for its constitution and composition. The Council has six constituents representing the Central Government, the State Governments, universities, dental colleges, the Medical Council of India and private practitioners of dentistry in the following composition: -

- (a) six members nominated by the Central Government;
- (b) one registered dentist from each State;
- (c) one member from each university which grants recognised dental qualifications;
- (d) not more than four members elected from dental colleges in the States, by Principals, Deans, Directors and Vice-Principals and Heads of dental wings of medical colleges in the States;
- (e) one member from the Medical Council of India; and
- (f) one member nominated by each State Government from among persons registered either in the medical register or the dental register of the State.

The above members constitute the General Body of the Council. The Council also has an Executive Committee, which acts as its governing body. This Committee deals with all procedural, financial and day-to-day activities and affairs of the Council. The President, Vice-President and the members of the Executive Committee are elected by the Council from amongst its members. The Director-General of Health Services is an ex-officio member, both of the General Body and the Executive Committee. The elected President and the Vice-President are the ex-officio Chairman and Vice-Chairman of the Executive Committee respectively.

3.3 Income and expenditure

During the years 2006-07 to 2010-11, the Council received grants amounting to ₹ 94 lakh from the Ministry. It also generated its own receipts, amounting to ₹ 74.50 crore by way of inspections and application fees from dental colleges and interest earned from fixed deposits. The total expenditure incurred by the Council during this period amounted to ₹ 30.13 crore. The details are given in the table below.

Table : Income and expenditure of the Council

(₹ in lakh)

Year	Grant (Non-Plan)	Own receipts	Total Receipts	Total Expenditure	Savings
2006-07	18.00	722.51	740.51	377.05	363.46
2007-08	19.00	1077.61	1096.61	570.15	526.46
2008-09	19.00	1474.74	1493.74	499.60	994.14
2009-10	19.00	1792.34	1811.34	622.84	1188.50
2010-11	19.00	2383.22	2402.22	943.09	1459.13
Total	94.00	7450.42	7544.42	3012.73	4531.69

3.4 Audit mandate

The audit of the Council is conducted by the Comptroller and Auditor General of India under Section 19(2) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 and Section 53A of the Dentists Act, 1948.

3.5 Audit objectives

The performance audit was conducted to verify whether:

- a) the Council was fulfilling its mandate in an efficient and effective manner; and
- b) the Ministry was fulfilling its role effectively in connection with the functioning of the Council .

3.6 Audit scope

The performance audit involved the examination of records related to the functioning of the Council and relevant records of the Ministry for the period 2006-07 to 2010-11.

3.7 Audit criteria

The audit criteria were derived from the following:

- The Dentists Act, 1948 along with the Dentists Amendment Act,1993;
- The Dental Council of India (Establishment of New Dental Colleges, Opening of New or Higher Courses of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006 (called Council Regulations, 2006 hereafter);
- Miscellaneous Regulations, 2007;
- Dentists (Code of Ethics) Regulations, 1976;
- Instructions issued by the Ministry and Council from time to time; and
- General Financial Rules and other established procedures.

3.8 Audit methodology

The performance audit of the Council commenced with an entry conference with the Secretary, Dental Council of India and other officials of the Council on 21 October 2011. During the entry conference, the audit objectives, audit criteria, scope of audit and methodology were discussed. The field work,

comprising examination of records and interviews with the officials of the Council and the Ministry, was conducted from 21 October 2011 to 24 January 2012.

The sample size and selection criteria for detailed audit were as given below:

- Hundred *per cent* cases (16) of establishing new dental colleges where approvals were granted despite negative recommendations of the Council (13) or where permissions were granted for establishment with admission capacities in excess of those recommended by the Council (3).
- Twenty *per cent* of cases i.e. 24 out of 128 cases where Master of Dental Surgery (MDS) courses were started despite negative recommendations of the Council.
- Hundred *per cent* cases (32) of increasing and restoring admission capacity in Bachelor of Dental Surgery (BDS) courses.
- Hundred *per cent* cases (5) of reopening of closed dental colleges.
- Hundred *per cent* cases (6) where approvals had been granted in 2002-03 or before, but recognitions were still pending.
- Ten *per cent* of 5044 inspections carried out by the Council, i.e., 504 inspections.

The audit findings were issued to the Council and the Ministry on 10 May 2012. The exit conference to discuss the audit findings was held on 26 June 2012 with the Joint Secretary, Ministry of Health and Family Welfare and the Secretary, Dental Council of India. The Ministry's response (June 2012) to the draft performance audit report has been duly incorporated in this report. The Council's response has not been received as of July 2012.

We acknowledge the cooperation and assistance rendered by the Council and the Ministry during the course of this performance audit.

3.9 Maintenance of standards of dental education

3.9.1 Establishment and recognition of new dental colleges

The Council is entrusted with the maintenance of uniform standards of dental education. As stated earlier, prior permission of the Ministry became mandatory for establishing new dental colleges as well as for increasing the number of seats and starting new courses, subsequent to the amendment carried out in the Dentists Act in 1992.

The Ministry forwards all proposals relating to the above matters, to the Council for its evaluation. As stated earlier, the Council, thereafter, conducts inspections and sends recommendations to the Ministry. The Ministry takes decisions on the proposals after considering these recommendations and gathering any other information it deems necessary.

The norms for establishing a new dental college are given in **Box 2**.

Box 2: Norms for establishing a dental college

As per Regulation 6 of the Council (Establishment of New Dental Colleges, Opening of New or Higher Courses of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006, the following important norms are required to be adhered to for establishing a new college:-

1. The dental college has to be constructed on a plot of land owned/leased by the applicant. The land should not be less than five acres. The college should increase the constructed area, in a phased manner, as per the following norms:-

Admissions	1 st year	3 rd year
50	30,000 sq ft	50,000 sq ft
100	60,000 sq ft	100,000 sq ft

2. Hostel accommodation in separate blocks for boys and girls and accommodation for staff, to the extent of 50 per cent of the strength, should be available in the same plot. This should be in addition to the built-up area for the college.
3. Affiliation to the concerned University, valid for the entire duration of course has to be obtained by the applicant requesting for establishment of a college.
4. The applicant should not have already admitted students to the proposed dental college.
5. The applicant should own and manage a General Hospital of not less than 100 beds in the campus of the proposed dental college or in proximity of a recognized Medical College. An undertaking that the Medical College would facilitate training to dental students should be provided. Alternatively, the proposed dental college should have tied up, at least for five years, with a Government General Hospital having 100 beds and located within a radius of 10 km from the proposed dental college.
6. The applicant should manage a dental clinic in the proposed dental college, with not less than 10 dental chairs with specifications as prescribed in the regulations.
7. The applicant should make provision for teaching faculty in a phased manner as shown below:-

Admissions	Ist year			IInd year			IIIrd year onwards		
	P	R	L	P	R	L	P	R	L
50	2	2	10	3	4	20	6	11	30
100	2	3	16	4	5	30	6	13	40

P»Professors R»Readers L»Lecturers

3.9.1.1 Spread of dental colleges in the country

Sections 10A, 10B and 10C were introduced in the Dentists Act, 1948 through amendments in 1993, mainly to check the mushrooming growth of dental colleges. The amendments made it mandatory for an applicant to obtain prior permission of the Central Government for starting dental colleges.

There were 292 dental colleges, comprising 40 Government and 252 private ones in the country, as of March 2012. Out of these, 218 dental colleges, (75 *per cent*) were established after 1993 i.e., after the amendment.

Audit noted that 52 *per cent* dental colleges were concentrated in five States¹, where 102 colleges were opened after the 1993 amendment, whereas for all the North-Eastern States, there was only one dental college and not a single college had been opened since the amendment. (The State-wise distribution of dental colleges is shown in **Annex-I**)

In its communication to the State Governments regarding dental health care services in rural areas, the President of the Council had observed (December 2011) that there had been an unprecedented explosion of dental colleges in India since Independence. About 25000 graduate and about 3500 post-graduate dental students were passing out of dental colleges with very bleak job opportunities.

The Ministry stated (January 2012) that no specific regulation had been enacted to establish dental colleges in disturbed areas or any other areas where the private sector might hesitate to enter. The Ministry also contended (June 2012) that the role of the Central Government was limited as far as setting up of new dental colleges in any particular region was concerned as the State Governments had to determine the desirability of setting up dental colleges in proportion to the existing population of particular regions.

It is clear from the facts mentioned earlier that despite the amendment carried out in 1993, there had been a mushrooming of colleges in some States besides skewed distribution of the same across the country, which both the Council and the Ministry failed to prevent.

¹ Andhra Pradesh, Karnataka, Kerala, Maharashtra and Tamil Nadu

Recommendation

The Ministry may consider formulating a policy to encourage the establishment of dental colleges in States having shortages of such colleges.

3.9.1.2 Establishment of dental colleges

As per Regulations 8 and 9 of the Council Regulations, 2006, the Council has to evaluate the proposals submitted by applicants to ascertain the desirability and feasibility of setting up dental colleges. After evaluation of the proposals and conducting physical inspections, it has to send its recommendations to the Ministry. The Council has to reconsider its recommendations, after taking into account, new or additional information as may be forwarded by the Ministry and re-submit its reports, if so required by the Ministry.

Further, as per Section 10A (4) of the Act, the Central Government may, after considering the proposals and the recommendations of the Council and after obtaining, where necessary, such other particulars as may be considered necessary, either approve (with such conditions, if any, as it may consider necessary) or disapprove the proposals and any such approvals would be a permission to establish dental colleges. Before disapproving any case, the Ministry has to give a reasonable opportunity to the applicant to make a written representation against the decision.

During the period under review, the Ministry accorded permission for the establishment of 82 dental colleges. However, it was noticed that out of these colleges, permission for 13 new colleges² was given by the Ministry, despite negative recommendations by the Council.

The major deficiencies on the basis of which the Council gave negative recommendations for these 13 new colleges included the following:

- Shortage of faculty as compared to the prescribed norms for medical, dental and para-dental staff.
- Deficiencies in infrastructure like college buildings, libraries, attached hospitals, hostels etc.

² (i) Aditya Dental College, Beed, Maharashtra (ii) Hindustan Institute of Dental Sciences, U.P. (iii) Institute of Dental Sciences, Bhubaneswar (iv) Maharashtra Institute of Dental Sciences & Research, Latur (v) NIMS Jaipur (vi) Nootan Dental College & Hospital, Gujarat (vii) Rishiraj Keer Dental College (viii) Singhad Dental College & Hospital, Pune (ix) Sofia Dental College, Trichy (x) PDM Dental College & Research Institute, Bahadurgarh (xi) Vallinayaki Dental College & Hospital, Pondicherry (xii) Vyas Dental College & Hospital (xiii) Yogita Dental College & Hospital

- Deficiencies in clinical material in terms of dental chairs, patients and other equipment.

The detailed college-wise position of approvals given by the Ministry despite negative recommendations by the Council, is given at **Annex-II**. Some of the cases are discussed below:

a. Permission by the Ministry without justifiable reasons

In the following two cases outlined in the table below, the Ministry overruled the recommendations of the Council without any further verification or justifiable reasons. The analysis of shortcomings pointed out by the Council and the views of the Ministry for overruling the same, along with the comments of Audit, are summarized below:

Sl. No.	Name of college	Council's objections	Ministry's reply to Audit (June 2012)
1.	Nootan Dental College and Hospital, Gujarat for the Session 2006-07 (details in S. No. 1 of Annex-II)	<ul style="list-style-type: none"> • Seven medical teaching staff did not possess qualifications as per MCI norms. • The Principal and two Readers had worked for less than one year in their respective previous institutes, which was less than the norms. • One Associate Professor was not present during the inspection. 	The Ministry stated that the reasons for the Council not accepting certain faculty members were not fully justified. Further, the Council itself had accepted medical faculty with MBBS degrees as lecturers in other colleges. After examination in the Ministry, the permission to start the dental college with reduced intake of 50 students was granted (22 September 2006).
<p>Audit comments: The Council had rejected the proposals as the faculty members did not possess the required educational qualifications as prescribed by the Medical Council of India. The Ministry gave an acceptance to the proposal on the ground that the Council itself had accepted medical faculty with MBBS degrees as lecturers in other colleges. The reason advanced by the Ministry, even if true, is a poor rationalization of an incorrect decision as a wrong acceptance in one case cannot be used to relax the provisions in another case without any other justification. Besides, the Ministry had earlier rejected the case on 31 August 2006 on the basis of the Council's recommendations, but reversed its decision within a month.</p>			

Sl. No.	Name of college	Council's objections	Ministry's reply to Audit (June 2012)
2.	Rishiraj Keer Dental College for the Session 2006-07 (details in Sl. No. 2 of Annex-II)	<ul style="list-style-type: none"> • Deficiencies in faculty • Shortage of dental chairs • Inadequate clinical material • Shortage of infrastructure • Shortage in attached hospital 	The Ministry stated that on the orders of Supreme Court, the applicant was directed to give its representation within two days and the Ministry was directed to give a personal hearing. After getting the compliance report of the applicant, a Special Investigative Team (SIT) was deputed to inspect the college. On the basis of the report of the SIT, permission was granted for a reduced intake of 50 instead of 100 BDS students
<p>Audit comments: The reply of the Ministry is factually incorrect as the records revealed that permission was granted by the Ministry on the basis of a compliance report by the college and not that of the SIT. As per the records, the Ministry gave permission stating that “based on the documents submitted by the college authorities along with compliance report, the deficiencies pointed out by the Council did not seem to exist”. Further, in respect of faculty and other additional deficiencies, the Ministry stated that “the Council have not substantiated these deficiencies and also earlier team had not found these deficiencies”. Further, the Council’s first inspection only reported deficiency in faculty whereas its subsequent inspection within one month, indicated deficiencies on account of faculty, dental chairs, clinical material, infrastructure and attached hospital. The Ministry did not ask the Council for the reasons for the divergent findings and no further inspection or compliance verification was carried out. Thus, both the Council’s inspections and the Ministry’s decision lacked transparency.</p>			

b. Permission by the Ministry despite deficiencies being pointed out both by the Council and SITs

Out of the remaining 11 new colleges, in nine cases³, the Ministry constituted SITs to inspect the colleges. These colleges approached the Supreme Court against rejection of their cases. The Court directed the Government to give a personal hearing to the colleges by specified dates, after which the Ministry could give its decisions. Out of these nine cases, in five cases⁴, the SIT inspection reports also pointed out deficiencies (details in serial numbers 3-7 of **Annex –II**). However, the Ministry ignored the deficiencies pointed out in

³ (i) Aditya Dental College, Beed, Maharashtra (ii) Hindustan Institute of Dental Sciences, U.P. (iii) Institute of Dental Sciences, Bhubneshwar (iv) Maharashtra Institute Of Dental Sciences & Research, Latur (v) NIMS Jaipur (vi)Singhad Dental College & hospital, Pune (vii) Sofia Dental College, Trichy (viii) PDM Dental College And Research Institute, Bahadurgarh (ix) Vyas Dental College& Hospital

⁴ (i) Institute of Dental Sciences, Bhubneshwar (ii) Maharashtra Institute Of Dental Sciences & Research, Latur (iii)Singhad Dental College & hospital, Pune (iv) Sofia Dental College, Trichy (v) Vyas Dental College& Hospital

the inspections done by the Council and the SITs and gave permissions for the establishment of the colleges.

c. Wide variations in inspection reports of the Council and SITs:

In the remaining four⁵ cases, Audit noticed wide variations between the findings of the Council and the SITs (**Annex-III**). The two sets of inspections were carried out within short gaps of one to two months and the SITs disagreed with the findings of the Council's inspection team on most issues, including those related to infrastructure. This brought into question the quality of inspections carried out by the Council and the SITs.

The Ministry stated (June 2012) that as per the provisions of the Dentists Act 1948 and the subsequent amendment in 1993, the Central Government was the final authority for granting permission for establishment of new dental colleges and even after receiving negative recommendations from the Council, which was a technical recommendatory body, the Central Government could gather further information from any person, authority or institution concerned, through any means which included sending special investigation teams to the concerned institutions before reaching the final decision on the matter. Hence, the Central Government had acted very well within the powers conferred by the provisions of the Dentists Act, 1948. The Ministry further stated that the investigation teams were deputed from reputed institutes of the Central Government under Section 10A (4) of the Act and it could not be concluded at one go that the reports submitted by SITs were not reliable as compared to the recommendations of the Council.

The Ministry's reply may be viewed in light of the fact that four out of nine reports of the SIT were at wide variance with those of the Council. The Ministry, in its reply has also stated that the reports of the SIT cannot be said to be unreliable. If this is taken to be correct, serious doubts can be raised about the inspection process of the Council. Section 54 of the Act provides for a Commission of Enquiry to be appointed by the Ministry when it appears that the Council is not complying with any of the provisions of the Act.

The Ministry should have appointed such a commission to enquire into these cases. The cases where the Ministry overruled the Council and gave

⁵ (i) Aditya Dental College, Beeds, Maharashtra, (ii) PDM Dental College and Research Institute, Bahadurgarh (iii) Hindustan Institute of Dental Sciences, Noida, Uttar Pradesh and (iv) NIMS, Jaipur.

permission despite several deficiencies being mentioned in the latter's inspections, pointed towards lack of transparency in the approval process.

3.10 Introduction of new post-graduate specialties

During 2006-07 to 2010-11, 706 post-graduate specialties were approved by the Ministry, whereas the Council had given positive recommendations in only 578 cases. Audit test-checked 24 out of the 128 cases where the Council had given negative recommendations on account of major deficiencies relating to faculty and infrastructure after conducting inspections, but were overruled by the Ministry. It was observed that in 22 out of the 24 cases test-checked, the Ministry had constituted SITs, the main reason being severe shortage of dental specialists in the country. The findings of the SIT were at wide variance with those of the Council. The detailed position of these cases is given in **Annex-IV**.

In the 22 cases in which the Ministry had constituted SITs, the acceptance of the SIT's reports by the Ministry, implied that the reports of the Council were incorrect. Commission of Enquiry should have been set up in these cases also.

The Ministry stated (June 2012) that it had granted permission for these specialties as there was a shortage of dental specialists across the country and also, that it had the power to depute SITs under Section 10A(4).

The reply of the Ministry is not acceptable as the Council, in its communication to the State Governments, as stated earlier, had observed (December 2011) that a very 'healthy number' of students (about 25000 dental graduates and about 3500 dental post-graduate students) were passing out of dental colleges with very 'bleak job opportunities', implying that there was no shortage of dental specialists in the country.

Recommendations

- ❖ *In order to adhere to the minimum standards of dental education, the Ministry should ensure fulfilment of the norms laid down under the regulations of the Council while according permissions for establishment of new colleges or courses.*
- ❖ *In cases of serious deficiencies noticed in the Council's inspection reports, Enquiry Commissions, as provided under Section 54 of the Dentists Act, 1948, may be constituted and appropriate action may be taken to improve its functioning.*

3.11 Regular Inspections

3.11.1 Annual Renewal Inspections

As per Regulations 6 and 10 (4) of the Council's Regulations, 2006, initial permission to establish a new dental college is granted for one year, which is to be renewed on a yearly basis, after verifying the phased expansion of infrastructure facilities and the number of required faculty as per norms, till the first batch of students takes the final year examination.

These renewals are granted by the Ministry on the basis of recommendations arising out of the annual renewal inspections conducted by the Council.

During 2006-07 to 2010-11, 580 renewals were granted by the Ministry for continuing BDS courses. Out of these, in nine cases (**Annex-V**), renewals were granted despite negative recommendations by the Council. In two cases, renewals were granted to colleges for admission capacities in excess of those recommended by the Council.

- In five⁶ out these nine cases (at serial numbers 1 to 5 of **Annex-V**), recommendations of the Council were overlooked on the grounds that these were Government colleges and assurances had been obtained from them that they would rectify the deficiencies pointed out by the Council.
- In respect of one case⁷, the Council had stated that the Principal did not have the requisite teaching experience. The Ministry, on the other hand, had pointed out (June 2007) that the same person had been found acceptable as the Principal during the first year's inspection conducted on 21 August 2006. The fact that six faculty members, i.e. the Principal and five others were private practitioners and thus were not acceptable by the Council, was overlooked by the Ministry on the ground that these were new deficiencies and notarized affidavits to the contrary had been provided by the college.
- In one case⁸, permission was granted despite non-fulfilment of norms relating to the infrastructure of the required hospital, which was incomplete at the time of granting the permission. The Ministry stated (June 2012) that the ground on which a negative recommendation was given by Council did not appear to be valid.

⁶ (i) Dr. Harvansh Singh Judge Institute of Dental Sciences (2nd year renewal, 3rd year and 5th year) (ii) Govt. Dental College, Raipur (5th year renewal) (iii) Indira Gandhi Govt. Dental College, 2nd year renewal

⁷(i) Purvanchal Dental College-2nd year renewal

⁸(i) PDM Dental College-2nd year renewal

- In the remaining two cases⁹, permissions for reduced capacity were granted after the Council gave negative recommendations on the compliance reports, without any further verification. The Ministry stated (June 2012) that the responses received from these colleges were justified and hence, the permissions were given.

The Ministry justified its action on the basis of powers conferred by the Act and stated (June 2012) that the Council was only a recommendatory body and the Ministry could overrule it after obtaining information as deemed necessary.

While it is accepted that the Ministry has powers to overrule the Council, it should not violate the mandated norms for dental education contained in the Council's Regulations, 2006.

3.11.2 Periodical inspections of recognised dental colleges.

The Council had laid down (June 2007) a policy for periodical inspections of dental colleges for continued recognition of dental qualifications to ensure the maintenance of minimum standards of dental education. The prescribed periodicity was once in every block of five years after the recognition of a college. However, it was observed that the Council had not formulated any system to identify the colleges that had become due for periodical inspections in accordance with this policy. Consequently, the Council was unable to adhere to its own norms for timely inspections.

Test check of the records of 24 out of 240 recognised dental colleges revealed that periodic inspections of eight recognised colleges, established between 1982 and 2007 (**Annex-VI**) had not been conducted since their recognition. In respect of 14 other colleges, though periodic inspections had not been done, inspections had been conducted for purposes such as increase in seats, starting new courses etc. In the remaining two colleges, viz. Punjab Government Dental College and Hospital, Amritsar, and Government Dental College and Hospital, Afzalgunj, Hyderabad, inspections were carried out by the Council in 2010-11, after more than 33 years and 10 years respectively. In the case of the Punjab Government Dental College and Hospital, Amritsar, gross deficiencies of faculty and infrastructure required for teaching BDS courses were found, but the Government Dental College and Hospital, Afzalgunj,

⁹(i) Aditya Dental College-2nd year renewal, (ii) New Horizon Dental College & Institute-2nd year renewal.

Hyderabad was found to be functioning satisfactorily. Absence of periodic inspections exposed dental students to the risk of sub-standard levels of education.

Recommendation

The Council may lay down a schedule for inspections and scrupulously conduct them to ensure that recognized dental colleges continue to comply with the norms laid down for recognition.

3.12 De-recognition of dental colleges

Section 16 (A) of the Act stipulates that whenever it appears to the Council that an institution or a college does not, in the matter of staff, equipment, accommodation, training and other facilities, satisfy the prescribed standards, the Council shall make a recommendation for de-recognition to the Ministry. The Ministry, after considering such a recommendation, may send it to the Government of the State in which the institution is situated. The State Government, after seeking clarification from the institution within a reasonable period, shall make its recommendations to the Ministry. The Ministry thereafter, may issue a notification on de-recognition of the said college.

Audit found that the Council conveyed (February 2007 and April, June, December 2008) recommendations to the Ministry for de-recognition of BDS degrees in respect of nine colleges on account of serious deficiencies related to infrastructure, clinical material and faculty. The Ministry, however, did not withdraw recognition of five of these dental colleges (**Annex-VII**) as of December 2011. In respect of the remaining four colleges, the Council revised its recommendations on the basis of justifications given by the State Governments.

In the cases of the remaining five colleges, the Ministry did not take any action to withdraw recognition, despite the passage of over three years from the initial recommendations of the Council.

The Ministry stated (December 2011) that the decision for de-recognition was not taken pending comments from the State Government. It further clarified that if the degrees of the colleges had been de-recognised, without receipt of the comments of the State Governments concerned, the latter might not cooperate while shifting the students from the de-recognised colleges. The Ministry informed (June 2012) that in one college (Jamanlal Goenka Dental College, Akola), the final decision by the Ministry would be taken shortly.

The reply may be seen in light of the fact that three to five years have already elapsed since the Council forwarded its recommendations for de-recognizing the colleges. To safeguard the students' interests, the Ministry should have withdrawn recognition after the current batches had passed out and not allowed any further admissions. It is pertinent to note that these institutions are located in States having large concentrations of dental colleges and shifting the students from institutions with inadequate facilities to better institutions was not likely to pose serious challenges. The State Governments had also committed, in the form of essentiality certificates, to take responsibility of such students in case the institutions were de-recognised.

Recommendation

The Ministry should take action to derecognize dental colleges which do not conform to the prescribed standards of dental education.

3.13 Issues related to faculty

3.13.1 Database of dental faculty

The Council was maintaining a database of all faculty members working in various colleges in India. The database contained (October 2011) a total of 21362 entries. Analysis of the database revealed that in 412 cases of faculty members, there were repetitions of entries with slight modifications in name, date of birth, father's name etc. but having the same essential details like Permanent Account Number (PAN), etc. This revealed that the database of the Council was faulty. The possibility of the same person claiming employment at more than one college could also not be ruled out.

The Council stated that it was in the process of developing new software to prevent such misconduct. Further, this matter, as conveyed by Audit, had been placed before the Executive Committee of the Council for consideration.

3.13.2 Acute shortage of teaching staff

Adequacy of teaching staff is the most important element for ensuring maintenance of minimum standards of dental education. The staffing norms of the Council as per the provisions of Regulation 6 of the Council Regulations, 2006, prescribe appointment of 11 and 13 Readers for 50 and 100 admissions respectively. Similarly, the prescribed ratio for Lecturers or Senior Lecturers is 30 and 40 respectively. As stated earlier, Section 16(A) of the Act stipulates that if an institution does not satisfy the requirements of the Council in matters of staff, equipment etc., the Council can recommend for its derecognition.

Out of 292 dental colleges in the country, the Council could produce information about the faculty of only 50 colleges, for the period between January and June 2011, indicating that they did not have the required data regarding the faculty of all the dental colleges. Audit noticed shortages of staff in 15 such colleges as detailed in **Annex-VIII**. It was observed that the shortages of teaching faculty ranged between eight and 97 *per cent* in these cases. In 13 of these cases, the shortfalls exceeded 50 *per cent* either in respect of Readers or Sr. Lecturers/ Lecturers or both.

Thus, there were significant shortfalls against the prescribed staffing pattern. However, no records were provided by the Council indicating any action being taken to maintain minimum standards of dental education.

Recommendation

❖ *The Council should regularly monitor the adequacy of faculty in dental colleges and ensure compliance as per the norms.*

3.14 Excess Admissions

As per Section 10 B (3) and explanation 2 below Section 10 A of the Dentists Act, the Council decides the maximum number of seats in any course of a dental college. If any college admits students in excess of the admission capacity fixed by the Council, the degrees awarded by the college are not to be recognised for the purpose of the Act.

The Council obtains a list of admitted students from each college every year after admissions are over. Audit found that during 2006-07 to 2010-11, 139 students in six dental colleges for and 59 students in nine colleges were given admissions for BDS and MDS courses respectively in excess of the sanctioned seats. (**Annex-IX**).

The Council did not take any action under the provisions of Section 10B of the Act. Admissions in excess of sanctioned capacities were occurring consistently from 2006-07 to 2010-11, which indicated the lack of proper action by the Council to curb such instances.

Case Study 1: In the case of the Hindustan Institute of Dental Sciences, Greater Noida, it was noticed that the college was granted renewal for 3rd year admissions with a sanctioned capacity of 50 students during 2008-09. Against this, the college admitted 96 students, i.e. an excess of 92 per cent.

Case Study 2: In the case of JKK Nataraja College, Tamil Nadu, it was noticed that against the sanctioned capacity of 40 seats, the college admitted 100 students during 2009-10, which resulted in 60 excess admissions during that year. The college was directed (December 2010) to adjust the excess admissions of 60 seats made during the academic year 2009-10 in the next two academic years. However, the college, in violation of the above directions of the Council, adjusted only 15 students and continued with an excess of 45 students in 2010-11.

Recommendation

- ❖ *The Council should initiate appropriate action against colleges which admit excess students, to discourage the practice.*

3.15 Non-maintenance of Indian Dentists Register

In terms of Section 18 (1) of the Dentists Act, in order to regulate the dental profession, the Council has to maintain a register of dentists known as the Indian Dentists Register, consisting of the entries made in the State registers of dentists. Further, in terms of sub-section (2) of the Act, each State Dental Council¹⁰, has to supply to the Council 20 printed copies of its Dentists Register after the first day of April of each year. Each State Council has a Registrar who may also act as a Secretary and as a Treasurer to the State Council. The Registrar has to inform the Council of all additions to and other amendments in the State Register, without delay.

Audit observed that the Council was not maintaining the Indian Dentists Register. The absence of information on practicing dentists in India would hamper effective regulation of the profession of dentistry. The Council stated (February 2012) that despite repeated reminders, the State Dental Councils did not give the required information and as such, it was not feasible for it to compile and maintain the Indian Dentists Register.

If it was facing problems in collecting the information, the Council should have approached the Ministry to help it to coordinate with the State Governments in collecting in obtaining the same.

¹⁰ As per Sections 21 and 22 of the Act, all State Governments were to constitute Dental Councils either singly or jointly with other States.

Recommendation

- ❖ *The Council should maintain the Indian Dentists Register as required under the Dentists Act.*

3.16 Complaints Redressal Mechanism and monitoring by the Council and the Ministry

As stated earlier, regulating the dental profession is a part of the mandate of the Council. As per Section 17A of the Act, the Council has framed the Dentists (Code of Ethics) Regulations, 1976. Audit noted that the Council as well as the Ministry had been receiving various types of complaints related to unethical practices by colleges, faculty and practitioners. Complaints forwarded to the Council by the Ministry were further forwarded to the concerned State Governments for remedial action, with requests to intimate the results of the action taken.

Audit, however, found that there was no mechanism, either in the Council or in the Ministry for following up these complaints. No complaint register was being maintained by the Council to track the status of the complaints.

Recommendation

- ❖ *A suitable mechanism should be set up by the Council for redressal of complaints.*

3.17 Administrative Issues**3.17.1 Centralized biometric attendance system for the teaching staff**

The Council observed that the teaching staff of dental institutions visited the colleges only for a few days or just during inspections. The Executive Committee of the Council decided (October 2009) to install biometric machines in all the dental colleges. The expenses related to the installation of the biometric machines were to be borne by the Council. The Ministry approved (December 2009) the decision of the Council on the ground that this would improve dental education in the country.

The Council awarded (February 2010) the work of installation of the biometric machines in around 290 colleges to M/s Rasilant Technologies Private Ltd. the only firm which was found to be possessing the required technical qualification after the tendering process, at the rate of ₹ 54,240 per machine. Apart from this, annual maintenance charges (AMC) of ₹ 10,848/- per machine were also payable. The firm started phase-wise installations in the colleges from March 2010 and the last installation was carried out in April

2011. Scrutiny in audit revealed that the firm installed biometric machines in 267 out of the 290 dental colleges. In 131 out of these 267 colleges, the machines were reported to be non-functional. In spite of this, the Council made payments amounting to ₹ 1.32 crore to the firm from May 2010 to January 2011.

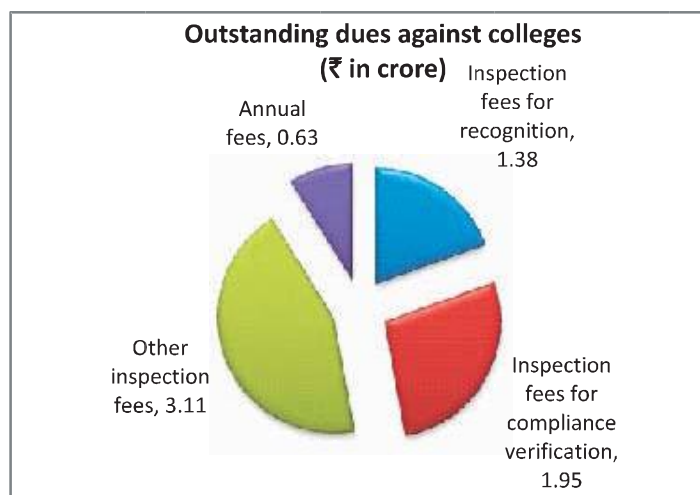
In view of the numerous complaints received regarding non-functioning of the machines, the Council terminated (August 2011) the agreement with the firm and discontinued the use of biometric machines within 18 months of the award of the work.

Thus, the expenditure of ₹ 1.32 crore incurred on the procurement of the biometric machines was rendered unfruitful and the policy for ensuring attendance of the teaching staff could not be implemented.

3.18 Outstanding dues against colleges

Dental institutions inspected by the Council are required to pay inspection fees to the latter towards renewal, recognition or verification of compliance reports for various courses. The Council prescribed different rates for different types of inspections. Besides, each recognized college was required to pay an annual fee of ₹ 25,000 (revised to ₹ 50,000 from September 2007).

The component-wise breakup of the outstanding dues from colleges is indicated in the chart below:



Out of the outstanding amount of ₹ 7.07 crore, ₹ 2.36 crore was pending for more than one year¹¹. Audit noticed that there was no mechanism to ensure

¹¹

Year	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
Amount in lakh	1.75	1.25	5.25	1.75	1.50	2.00	9.50	11.00	19.50	56.50	125.50

that the colleges deposited the fees prior to the inspections. The Council also did not follow up with the defaulting colleges. It had also not initiated any action against any of the defaulting colleges.

The Council stated (February 2012), that in the absence of any provision in the Act or in the Regulations for imposing any penalty, it was only issuing reminders to deposit the outstanding dues.

The steps taken by the Council in the form of issuing reminders were obviously inadequate. It should have requested the Ministry to intervene in this matter. It should have also framed suitable regulations for penal action against defaulters.

Recommendation

- ❖ *The Council should establish an effective mechanism for recovery of its dues. Suitable provisions should be incorporated in its Regulations, defining penal action against defaulters.*

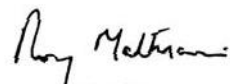
3.19 Conclusion

The performance audit of the Council, covering the period from 2006 to 2011 revealed that there was a concentration of dental colleges in five States while there was only one college in the North-East, indicating skewed distribution of dental colleges across the country, which both the Council and the Ministry failed to prevent. Audit also found non-adherence to the prescribed standards for (i) establishment of new dental colleges; (ii) increasing the number of seats in existing dental colleges and (iii) renewal of permissions for yearly admissions. There were several instances of substantial variations between the reports of inspections of dental colleges conducted by the Council and by the Special Inspection Teams (SITs) constituted by the Ministry, the latter failing to analyze the reasons for such wide variations. There were instances where negative recommendations of the Council were ignored on the basis of unverified compliance reports received from the colleges. Delays of three to five years by the Ministry were noticed in cases of derecognition of colleges on the recommendation of the Council.

The Council did not adhere to its own norms of periodical inspections of recognized dental colleges once in a block of five years. The Ministry allowed the dental colleges to function despite shortages of faculty and deficient infrastructure. The database of faculty members also exposed the possibility of the same people working in multiple colleges.

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The Council had no complaint redressal mechanism. It was not maintaining the Indian Dentists Register, in violation of the requirement prescribed in the Dentists Act. Inspection fees amounting to ₹ 7.07 crore were outstanding against various dental colleges.



New Delhi

(ROY MATHRANI)

Dated: 21 August 2012

**Director General of Audit
Central Expenditure**

Countersigned



New Delhi

(VINOD RAI)

Dated: 21 August 2012

Comptroller and Auditor General of India

Annex-I

(Refers to Paragraph 3.9.1.1)

Distribution of dental colleges across the country

Sl. No.	Name of the State/UT	Number of colleges established up to 1993	Number of colleges established after 1993	Total number of dental colleges
1.	Andhra Pradesh	2	19	21
2.	Assam	1	0	1
3.	Bihar	7	0	7
4.	Chandigarh	0	1	1
5.	Chhattisgarh	0	6	6
6.	Daman & DIU (UT)	0	1	1
7.	Delhi	1	2	3
8.	Goa	1	0	1
9.	Gujarat	1	11	12
10.	Haryana	2	8	10
11.	Himachal Pradesh	0	5	5
12.	Jammu & Kashmir	1	2	3
13.	Jharkhand	0	3	3
14.	Karnataka	28	16	44
15.	Kerala	2	21	23
16.	Madhya Pradesh	1	13	14
17.	Maharashtra	12	23	35
18.	Orissa	1	4	5
19.	Pondicherry	1	2	3
20.	Punjab	3	12	15
21.	Rajasthan	1	13	14
22.	Tamil Nadu	7	22	29
23.	Uttar Pradesh	1	28	29
24.	Uttaranchal	0	2	2
25.	West Bengal	2	3	5
Total		75	217	292

Annex-II

(Refers to Paragraph 3.9.1.2)

List of cases where Ministry granted permission for establishment of new dental colleges

Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
1.	Nootan Dental College & Hospital, Vishwas Nagar, Gujarat 100 seats for the year 2006-07	Negative recommendation given by the Council (27 August 2006)	<ul style="list-style-type: none"> Deficiencies in faculty Non-completion of staff quarters Shortage of para-medical staff 	Compliance report dated 31 August 2006 was received from the college and the Ministry noted that the college had stated that: a) they have fulfilled all requirements of faculty as per the norms. Hence, remarks of the Council were incorrect and non-applicable. b) the Principal's bungalow and one out of three floors of staff quarters had been constructed and all other staff would be shifted to quarters in three months. c) non-teaching staff had been appointed.
		The Council carried out another inspection to verify the compliance report. Again, negative recommendation was given by the Council (14 September 2006)	<ul style="list-style-type: none"> Seven medical teaching staff not possessing qualifications as per MCI norms Principal and two Readers having worked for less than one year in their respective institutes. One Associate Professor not present during inspection 	The Ministry noted that the deficiencies of faculty as pointed out by the Council in its recommendations dated 27 August 2006, were accepted and a decision for not granting permission to Institute was communicated on 1 September 2006. However, later the Ministry stated (20 September 2006) that the existing faculty strength was acceptable in view of the analysis done by the Ministry in respect of all the dental faculty found deficient by the Council and also that the Council itself accepted medical faculty with MBBS as lecturers in other colleges. Accordingly permission was granted and letter of Intent (LOI) was issued on 22 September 2006.

Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
2.	Rishiraj Keer Dental College, Bhopal, MP 50 seats for the year 2006-07	Negative recommendation given by the Council (27 August 2006)	<ul style="list-style-type: none"> Deficiency in faculty 	The Ministry in its reply stated that an SIT had been constituted and the action was based on the SIT report. However, file notings showed that the Ministry had noted that the deficiencies pointed out by the Council did not seem to exist based on the documents submitted by the college authorities along with the compliance report. Further, in respect of the faculty and other additional deficiencies, the Ministry stated that the Council had not substantiated these deficiencies and also since the earlier team had not found these deficiencies, the Ministry granted permission to start admissions with 50 seats and a Letter of Intent(LOI) was issued on 29 September 2006.
		The college was again inspected to verify the compliance report on 14 September 2006. The Council again recommended on 17 September 2006 to Central Government its disapproval for establishment of the college	<ul style="list-style-type: none"> Deficiency in faculty Shortage of dental chairs Inadequate clinical material Shortage of infrastructure Shortage in attached hospital 	
3.	Institute of Dental Sciences, Bhubaneswar 100 seats for the year 2006-07	Not recommended for establishment (21 June 2006)	<ul style="list-style-type: none"> Shortage of Principal Shortage of one Professor and one Reader in Prosthodontics Shortage of one reader in Conservative Dentistry Shortage of one Reader and three Lecturers with PG qualification in Anatomy Shortage of one Lecturer in Physiology and Biochemistry Less number of staff Less number of electrical dental chairs 	On 22 September 2006, the Court directed the Ministry to give a personal hearing to the petitioner on 26 & 27 September 2006 and convey its decision to the applicant but the applicant did not turn up for the personal hearing. The Ministry constituted an SIT to verify the deficiencies. The SIT noted that shortcomings in dental chairs and clinical material persisted. The Ministry noted that the college had partially rectified the deficiencies and permitted establishment of the college with 50 seats, with directions to remove these deficiencies. LOI was issued on 29 September 2006 for establishment of the college
		The college sent a compliance report on 29 June 2006 and the Council (9 July 2006) again rejected this report.	<ul style="list-style-type: none"> Same deficiencies as stated above 	

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Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
4.	Maharashtra Institute of Dental Science & Research, Latur 100 seats for year 2006-07	Not recommended (17 September 2006)	<ul style="list-style-type: none"> • Shortage in teaching staff • Deficiencies in infrastructure • Shortage of equipment • Shortage of clinical material. 	The Supreme Court directed the Ministry to give a personal hearing on 26 & 27 September 2006. The Ministry constituted an SIT which inspected the college on 25 September 2006. The SIT's inspection report was submitted on 28 September 2006. Even though the SIT, in its inspection report, pointed out deficiencies regarding faculty, non-installation of equipment and inadequate clinical material, permission for opening of a 100 seated BDS college was granted and LOI issued on 29 September 2006.
5.	Singhad Dental College & Hospital, Vedgaon, Pune 100 seats for the year 2006-07	Not recommended by the Council (22 June 2006) On 9 July 2006, the Council again reiterated their above recommendation after considering the compliance report dated 20 June 2006 furnished by the institution at the Ministry's instance.	<ul style="list-style-type: none"> • Deficiencies in teaching staff • Shortage of clinical material 	The recommendation of the Council was conveyed to the applicant college vide the Ministry's letter dated 7 August 2006, after which the applicant moved the Court. The Court directed the Ministry to give a personal hearing and convey their decision to the petitioner. A compliance report was received by the Ministry on 22 September 2006 and the Ministry constituted an SIT to inspect the college. Similar kinds of deficiencies were also noticed by the SIT on 26 September 2006. In spite of various deficiencies pointed out by the Council and the SIT, the Ministry approved establishment of the college with reduced capacity of 50 seats for BDS courses. The LOI was issued on 29 September 2006.
6.	Sofia Dental College (Trichy Dental College). Tamil Nadu. 100 seats for the year 2006-07	Not recommended by the Council (1 December 2005, 22 June 2006, 10 July 2006, 27 August 2006, and 17 September 2006)	<ul style="list-style-type: none"> • Essentiality certificate was not valid for 2006-07 • Faculty shortage • Infrastructural deficiencies 	The applicant was given an opportunity for a personal hearing on 26 & 27 September 2006 but did not attend the hearing. The Ministry constituted an SIT which also noted that the college did not possess a valid essentiality certificate. However, the Ministry approved establishment of college with 50 seats. LOI was issued on 29 September 2006.

Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
7.	Vyas Dental College & Hospital, Jodhpur, Rajasthan 50 seats for the year 2006-07	Not recommended by the Council (26-27 August 2006)	<ul style="list-style-type: none"> Deficiencies in teaching faculty Shortage of clinical material Deficiencies in para-medical staff, emergency facilities and embalming room 	On the recommendations of the Council, the Ministry disapproved establishment of the college on 1 September 2006. The college moved the Court and the Council again inspected the college on 15 September 2006.
		Not recommended by the Council (17 September 2006)	<ul style="list-style-type: none"> Deficiencies in teaching faculty Staff quarters not within college campus Shortage of clinical material Deficiencies in para-medical staff, emergency facilities and embalming room Uninstalled equipment 	On 22 September 2006, the court directed that a personal hearing may be given to the applicant. The Ministry constituted an SIT in September 2006 which noted that the list of other para- medical staff was not provided and the nurses were not present during the inspection; the construction of the staff quarters and the girl's hostel was not complete; the hospital though constructed did not have many facilities including emergency facilities etc. However, permission for establishment of the college with 50 seats was granted by the Ministry in September 2006.
8.	Aditya Dental College, Beed, Maharashtra 100 seats for the year 2006-07	Negative recommendation by the Council (9 July 2006 and 17 September 2006)	<ul style="list-style-type: none"> Deficiencies in faculty Infrastructure incomplete 	On 22 September 2006, the Court directed the Ministry to give a personal hearing to the petitioner on 26 & 27 September 2006 and convey its decision to the applicant. The personal hearing was given on 26 September 2006. The Ministry constituted an SIT to inspect the college and the SIT disagreed with the findings of the Council. The college was approved for establishment and the LOI was issued on 29 September 2006.

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Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
9.	Hindustan Institute of Dental Sciences (School of Dental Sciences) Noida, Uttar Pradesh 100 seats for the year 2006-07	Not recommended by the Council on 9 July 2006	<ul style="list-style-type: none"> • Deficiencies in dental faculty • Deficiency in medical faculty 	The applicant moved the Supreme Court, which directed the Ministry to give a personal hearing on 26 & 27 September 2006 and convey its decision to the petitioner. A personal hearing was given on 26 September 2006. The Ministry constituted an SIT which inspected the college on 26 September 2006. The SIT disagreed with the findings of the Council and on this basis, permission for opening the college was granted by the Ministry. LOI and LOP issued on 29 September 2006.
10.	NIMS Dental College, Jaipur 100 seats for the year 2006-07	Not recommended by the Council on 26/27 August 2006	<ul style="list-style-type: none"> • Principal/Professor/ Reader full time practitioner • Shortage of clinical material • Installation of Dental Chairs • Incomplete construction • Inadequacy of journals • No existence of examination halls • Records of OPD improper • No staff quarters • No inspection done by the concerned university 	The applicant moved the Court, which passed a judgment on 22 September 2006, directing the Ministry to give a personal hearing to the college, which was given on 26 September 2006. The Ministry constituted an SIT and the SIT report stated that the college had rectified all the deficiencies and permission for 100 seats was granted. LOI was issued on 29 September 2006.
		Not recommended by the Council on 17 September 2006	<ul style="list-style-type: none"> • Deficiencies in teaching faculty • Shortage of clinical material 	

Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
11.	PDM Dental College & Research Institute 100 seats for the year 2006-07	The Council did not recommend the establishment of the college on 22 June 2006 and 9 July 2006	<ul style="list-style-type: none"> • Principal was found to be overage • Deficiencies and Shortage in faculty • Equipment not installed • Incomplete infrastructure • Dental chairs not in working conditions • Inadequate clinical material • College was attached to a nursing home with 40 beds and was not as per BIS norms 	After the personal hearing on 26-27 September 2006 by the Ministry, an SIT was constituted. The SIT did not agree with the findings of the Council's inspection. On the basis of the SIT report on 27 September 2006, the Ministry decided that the college had rectified the deficiencies and permission for 100 seats was granted. LOI issued on 29 September 2006.
		Further on 17 September 2006, the Council did not recommend for establishment of college	<ul style="list-style-type: none"> • Deficiencies in faculty • Inadequate clinical material. • Hospital was not as per BIS norms • Inadequate infrastructure 	
12.	Vallinayki Dental College & Hospital, Puducherry 100 seats for the year 2007-08	9 July 2007 Not recommended by the Council for approval of establishment in 2007-08	<ul style="list-style-type: none"> • Shortage of teaching faculty • Deficiencies in infrastructure and Hospital 	The Ministry stated that the existing staff was sufficient for 50 admissions and infrastructural deficiencies were minor in nature. The case was not referred to the Council for further verification and permission for 50 seats was granted to the Institute for the academic session 2007-08 and LOI issued on 25 September 2007.
		Inspection was carried out on 21 September 2007 in pursuance to an order dated 14 September 2007 passed by the Supreme Court. On the basis of the inspection, the Council gave a negative recommendation on 22 September 2007.	<ul style="list-style-type: none"> • Shortage of teaching staff • Hospital is not as per BIS norms 	

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Sl. No.	Name of college/ Number of seats/Session	Recommendations of the Council	Deficiencies noticed by the Council	Ministry's approval
13.	Yogita Dental College, Ratnagiri, Maharashtra 100 seats for the year 2008-09	Negative recommendation was given by the Council in June 2008	<ul style="list-style-type: none"> • Deficiency in hospital (only 30- bedded) • Inadequate clinical material • Shortage of faculty 	Due to severe shortage of dentists in the country and also need to facilitate setting up of new dental college, the Ministry vide letter dated 20 June 2008, asked the Council to reconsider by extending revised date up to 10 September 2008.
		On 10 July 2008, the Council recommended that the college should not be established for academic session for 2008-09	<ul style="list-style-type: none"> • Deficiency in hospital (only 30- bedded) • Deficiency in faculty 	The Ministry again asked the Council to reconsider the case vide its letter dated 14 August 2008.
		After considering compliance reports and other documents, the Council, on 1 September 2008, referred the matter to the Ministry as there was no clause under the Council's rules to recommend without attachment of a 100-bedded general hospital. The applicant furnished a letter dated 30 August 2008 from the Director (Medical Education) Mumbai, stating that the funds etc had been provided and that the existing hospital would be upgraded to a 100-bedded hospital.		The Ministry approved opening of the college on 17 September 2008 without availability of the 100-bedded hospital as required under the Council's norms.

Annex-III*(Refers to Paragraph 3.9.1.2)***Variations in inspection reports**

Sl. No.	Name of the college	Issue where contradictory findings were reported	Council's findings	SIT's findings	Ministry's Analysis
1	Aditya Dental College, Beed, Maharashtra	Date of inspection	17 September, 2006	25 September, 2006 (eight days later)	The Ministry noted that going by the findings of the SIT, almost all deficiencies observed by the Council had been found to be incorrect and permission for establishment with 100 seats was granted.
		Dental faculty	Principal and one Reader are full time private practitioners; one Professor is working in another college and two Readers joined before being relieved from their previous institute.	Staff has furnished affidavits and ration cards and one Reader produced relieving order from his previous institute. Therefore, all except one Reader are acceptable.	
		Medical faculty	Seven members are visiting staff	On the basis of affidavits, all faculty are accepted	
		Infrastructure	i) There is leakage and poor maintenance of college building	All the deficiencies concerning infrastructure pointed out by Council are incorrect.	
			ii) Basic furniture is missing from most of the rooms		
			iii) Hostel building incomplete		
			iv) No staff quarters in the campus		
v) Library room unfinished and leaking					
vi) Bare minimum equipment in dental clinic lacking in special equipments					

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Sl. No.	Name of the college	Issue where contradictory findings were reported	Council's findings	SIT's findings	Ministry's Analysis
2.	PDM Dental College and Research Institute, Bahadurgarh	Date of inspection	17 September ,2006	27 September, 2006(10 days later)	The Ministry noted that the college appeared to have rectified the deficiency relating to teaching faculty and they seemed to have adequate tie-up arrangements regarding attachment of a hospital. Permission of establishment with 100 seats was granted to the college.
		Faculty	Found deficient	No deficiency	
		Clinical material	Inadequate	Adequate	
		Lecture hall	Semi-furnished	Completed	
		Hostel	Hostel for boys/girls and staff quarters are common	Separate and earmarked	
		Hospital	It is a nursing home only with 40 beds and not as per BIS norms	100- bedded. (Silent about BIS norms)	
3.	Hindustan Institute of Dental Sciences, Noida, Uttar Pradesh	Date of inspection	9 July, 2006	26 September,2006 (2 months 17 days later)	The Ministry noted that going by the findings of the SIT, the college appeared to meet the faculty norms of the Council. In view of this, permission of establishment of college with 100 seats was granted.
		Dental staff	i) One Reader worked for less than a year	Not found correct	
			ii) One Reader is a private practitioner		
			iii) One reader was present during another college's inspection as well		
			iv) Two lecturers are full time private practitioners		
Medical staff	Professor (Anatomy) is not accepted as he was also present during the MCI inspection	Council's observation not found correct			

Sl. No.	Name of the college	Issue where contradictory findings were reported	Council's findings	SIT's findings	Ministry's Analysis
4.	NIMS, Jaipur	Date of inspection	17 September, 2006	26 September, 2006 (nine days later)	The Ministry stated that the college had rectified all deficiencies pointed out by the Council and permission for establishment of college with 100 seats was granted.
		Dental faculty	Two associate professors are not accepted as they have been found to be full- time private practitioners at clinics	The professors were stated to be not full time private practioners on the basis of notarized affidavits that they were permanent employees of the college	
		Clinical material	Clinical material is inadequate(only five patients were present)	Clinical material is adequate(average of patients was 25-30 per day)	

Annex-IV

(Refers to Paragraph 3.10)

Cases where the Ministry granted permission for starting new post-graduate specialties (MDS) against the recommendations of the Council

Sl. No.	Name of college & session	No. of Specialities	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
1.	Siddhartha Dental College, Karnataka. 2008-09	4	Negative recommendation by the Council (29 February 2008) for specialties in : (i) Conservative Dentistry (ii) Oral Surgery (iii) Periodontics (iv) Orthodontics	<ul style="list-style-type: none"> • Full complement of staff and other infrastructural facilities recommended for undergraduate training programme did not exist • Shortage of faculty • Shortage of OPD patients. 	Proposal was sent back to the Council for reconsideration (7 March 2008)
			Negative recommendation by the Council again (17 March 2008)	<ul style="list-style-type: none"> • Full complement of staff and other infrastructural facilities mandated for undergraduate training programme did not exist • Shortage of faculty • Shortage of OPD patients 	<p>The Ministry constituted an SIT citing the reason of severe shortage of dental specialists. It also extended the last date for granting permissions to 15 April 2008.</p> <p>Inspection by the SIT was done on 2 April 2008. The team recommended to the Ministry that the college was eligible for Conservative Dentistry -1 seat, Oral Surgery - 1 seat, Periodontic -2 seats, and Orthodontics - 2 seats.</p> <p>The Ministry agreed with the SIT's recommendations and the LOI was issued on 26 April 2008, which was beyond the extended last date set by the Ministry.</p>
2.	Gitam Dental College, Vishakhapatnam 2008-09	5	Negative recommendation by the Council (17 March 2008) for specialties in : i) Prosthodontics ii) Periodontics iii) Conservative Dentistry iv) Oral Surgery v) Orthodontics	<ul style="list-style-type: none"> • Deficiency of teaching faculty • Shortcomings of record maintenance • Attached hospital not accepted 	<p>The Ministry constituted an SIT citing severe shortage of dental specialists. It also extended the last date for granting permissions to 15 April 2008.</p> <p>The inspection was conducted on second and third of April 2008. The SIT recommended approval of all the five specialties on the basis of faculty and patients. No reference to the attached hospital was made by the inspectors. LOI for three seats each, in all the above five specialties was issued on 26 April 2008, which was beyond the extended date.</p>

Sl. No.	Name of college & session	No. of Specialities	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
3.	Al-Badar Rural Dental College and Hospital, Gulbarga, Karnataka (MDS) 2008-09	3	The Council gave (23 January 2008) negative recommendations for four specialties for which the college had applied and after considering compliance on 25 February 2008 again gave negative recommendations for i) Oral and maxillofacial surgery ii) Oral medicine iii) Orthodontics	<ul style="list-style-type: none"> Deficiency of teaching faculty, clinical material (only 30 to 40 patients against requirement of 75 per day) Almost all teachers in medical subjects were teaching in more than one college The college had no electrically operated chair and had only 120 manual chairs 	Citing the reason of severe shortage of dental specialists, the Ministry constituted an SIT to verify the faculty and infrastructure as per the Council norms. The SIT found no deficiency in the faculty, though clinical material pointed out by the inspectors was 25 to 30 per day for oral and maxillofacial surgery and orthodontics respectively. No reference to other deficiencies was made. Permission for starting courses in i) Oral surgery (ii) Oral medicine and (iii) Orthodontics was granted and LOI was issued by the Ministry on 24 April 2008 (beyond the extended date).
4.	A. J. Institute of Dental Sciences, Mangalore, Karnataka 2008-09	2	Negative recommendation by the Council (29 February 2008 and 17 March 2008) for specialties in : (i) Oral Pathology (ii) Oral Medicine	<ul style="list-style-type: none"> Deficiency in faculty 	Citing the reason of severe shortage of dental specialists, the Ministry constituted an SIT to verify faculty and infrastructure as per the Council's norms. The team recommended that there were no deficiency of faculty. LOI was issued for Oral Medicine & Oral Pathology on 26 April 2008.
5.	Institute of Dental Sciences, Bareilly, Uttar Pradesh 2008-09	1	Negative recommendation by the Council (25 February 2008 and 29 February 2008) for specialty in Oral medicine and Radiology	<ul style="list-style-type: none"> Deficiency in faculty 	In view of the severe shortage of dental specialty, the Ministry constituted an SIT to carry out an inspection of the college on 7 April 2008. As per the inspection report, the college was found to have sufficient staff and clinical material. However, journals and dental chairs were found to be deficient and were required to be increased. LOI was issued on 26 April 2008.

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Sl. No.	Name of college & session	No. of Specialities	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
6.	JKK Nataraja Dental College and Hospital, Komarapalayam, Tamil Nadu 2008-09	2	The Council recommended (26 February 2008 and 18 March 2008) not to start MDS course for 2008-09 in (i) Conservative Dentistry (ii) Prothodontics	<ul style="list-style-type: none"> • Deficiency in faculty • Less para-medical staff • Inadequate clinical material • Hospital not complying with BIS standards • Shortage in library 	For Conservative dentistry and Prothodontics, SITs were constituted by the Ministry to verify teaching and infrastructural facilities as per the Council's norms, citing severe shortage of dental specialists in the country. The Ministry granted permission for starting the courses with one seat in Prothodontics and two seats in Conservative Dentistry. As for the deficiency regarding the hospital, the Ministry stated that the Council itself had not pointed this out while recommending for starting MDS in Periodontics and Orthodontics in the college and thus, this deficiency should be ignored in these two specialties. LOI for all four specialties were issued on 26 April 2008.
7.	Thai Moogenbighi Dental College & Hospital, Chennai, Tamil Nadu 2008-09	5	Based on inspection (27 February 2008 and 17 March 2008), the Council recommended not to grant permission for starting MDS course in following five specialties. (i) Conservative Dentistry (ii) Periodontics (iii) Presthodontics (iv) Oral & Maxillofacial Surgery (v) Orthodontics	<ul style="list-style-type: none"> • Doubtful attendance register of faculty • Absence of faculty • Inadequacy of clinical material • Tampered patient records 	In view of the severe shortage of dental specialists, the Central Government constituted an SIT to carry out inspection of the college. The Ministry stated that as per the findings of inspectors, the faculty and patients strength was adequate and therefore the college was eligible to start courses in five subjects, namely (i) Conservative Dentistry (ii) Periodontics (iii) Prosthodontics (iv) Oral & Maxillofacial Surgery (v) Orthodontics. LOI was issued on 24 April 2008.
8.	AECS Maruti College of Dental Sciences, Bengaluru, Karnataka 2008-09	1	Negative recommendation by the Council (17 March 2008) for specialty in Oral medicine & Radiology	<ul style="list-style-type: none"> • HOD not accepted as he did not possess requisite experience • Sr. Lecturer not accepted 	The Ministry, on the basis of a representation by the college, concluded that the HOD was acceptable and sufficient numbers of Sr. Lecturers were available with the college and issued LOI on 18 June 2008.
9.	Banaras Hindu University, Varanasi, U.P. 2009-10	1	Negative recommendation by the Council (29 October 2009) for specialty in Orthodontics	<ul style="list-style-type: none"> • Shortage of faculty 	As this was a Central University and since it had advertised the vacancies, permission was granted to start the courses and LOI was issued on 6 April 2010.
Total no. of specialities		24			

Annex-V*(Refers to Paragraph 3.11.1)***Grant of permission for renewals against the recommendations of the Council****Renewal of under-graduate courses (BDS)**

Sl. No.	Name of the college/ Number of seats	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
1.	Dr. Harvansh Singh Judge Institute of Dental Sciences, Chandigarh, Punjab 2007-08 100 seats (Government College) 2 nd year renewal	Negative recommendations by the Council (14 June 2007 and 9 July 2007)	<ul style="list-style-type: none"> Deficiency and shortage in teaching faculty Shortage of dental chairs 	Council was asked (3 July 2007) to review its recommendations. The Ministry granted (14 July 2007) permission for renewal as the college was a Government college and had also given an undertaking to rectify the deficiencies.
2.	Dr. Harvansh Singh Judge Institute of Dental Sciences, Chandigarh 2008-09 3 rd year renewal	Negative recommendation by the Council (13 June 2008 and 10 July 2008)	<ul style="list-style-type: none"> Shortage of teaching faculty 	Since it was a Government college and the Punjab University had furnished a compliance report indicating the steps being taken to recruit the faculty, permission for 100 seats was granted to the college on 18 August 2008.
3.	Dr. Harvansh Singh Judge Institute of Dental Sciences 2010-11 5 th year renewal	Negative recommendation by the Council (15 June 2010) for 5 th year renewal	<ul style="list-style-type: none"> Shortage and deficiency of faculty Shortage of clinical material Shortage of Dental Chairs 	The Ministry (15 July 2010) initially advised the college, not to admit students. However on the basis of the compliance report submitted by the college on 26 July 2010, the matter was referred to a four member Committee and the Council was again requested to reconsider the case.
		The Council (21 September 2010) considered the compliance report dated 26 July 2010 and 16 September 2010 and concluded that the deficiencies still existed in the college.	<ul style="list-style-type: none"> Deficiencies of faculty 	The Ministry again asked (22 September 2010) the Council to send their inspection team to the college.
		Inspection was conducted on 23 September 2010 and a negative recommendation was given by the Council.	<ul style="list-style-type: none"> Deficiencies of faculty were again pointed out 	The Ministry granted permission for renewal on 28 September 2010 after obtaining an undertaking that all the deficiencies would be complied with before final recognition.

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Sl. No.	Name of the college/ Number of seats	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
4.	Govt. Dental College, Raipur, Chhattisgarh 2007-08	Negative recommendation by the Council (31 May 2007)	<ul style="list-style-type: none"> • Shortage of faculty. • Shortage of non-teaching staff • Inadequate clinical material • Deficiency of equipments • Deficiencies in infrastructure leading to non-installation of chairs • Deficiency in hostel/college infrastructure 	The Ministry (3 July 2007) asked the Council to review its recommendations considering the response from the college.
		Negative recommendation by the Council (9 July 2007)	<ul style="list-style-type: none"> • Shortage of faculty. 	The Ministry approved (13 July 2007) the renewal after considering the request of the Chief Minister and the Health Minister of the State and the compliance report. The report stated that the college had removed all 11 deficiencies relating to faculty and infrastructure, pointed out by Council and also that it was a government college.
5.	Indira Gandhi Govt. Dental College, Jammu 2008-09 2 nd year renewal	Negative recommendation by the Council (10 July 2008)	<ul style="list-style-type: none"> • Shortage of faculty • Two faculty members not present at the time of inspection and no leave applications furnished; therefore, not accepted 	Ministry granted (8 August 2008) permission advising the college to make best efforts to rectify deficiencies pointed out by the Council before next inspection of the college.
6.	Purvanchal Institute of Dental Science, Gorakhpur, Uttar Pradesh 2007-08 2 nd year renewal	Negative recommendation by the Council (15 June 2007)	<ul style="list-style-type: none"> • Principal did not have the requisite teaching experience. 	The Ministry noted (28 June 2007) that the same person had been accepted as Principal in the first year's inspection on 21 August 2006 and advised the Council to conduct another inspection.
		Negative recommendation by the Council (9 July 2007)	<ul style="list-style-type: none"> • Principal was a full time private practitioner. • Five other staff members were also private practitioners. 	Taking the plea that these faculty deficiencies were new cases, the Ministry granted permission for 50 seats on 13 July 2007.

Sl. No.	Name of the college/ Number of seats	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
7.	PDM Dental College and Research Institute, Bahadurgarh, Haryana 2007-08 2nd year renewal	Negative recommendation by the Council (15 June 2007)	<ul style="list-style-type: none"> College did not own a hospital but submitted an undertaking to construct one before commencement of the 2nd year session. Three faculty members were not acceptable 	
		After considering the compliance report of the college, the Council again gave a negative recommendation (9 July 2007)	<ul style="list-style-type: none"> College did not own hospital 	The Ministry granted permission on 13 July 2007 on the grounds that the hospital was 95 <i>per cent</i> complete and would start functioning by September 2007.
8.	Aditya Dental College, Beed, Maharashtra 2007-08 2nd year renewal	Negative recommendation by the Council (15 June 2007)	<ul style="list-style-type: none"> Deficiencies in faculty Deficiency in infrastructure and equipment 	The Ministry asked the Council to review their recommendations vide letter dated 3 July 2007.
		Negative recommendation (7 July 2007)	<ul style="list-style-type: none"> Deficiencies in faculty Deficiency in Infrastructure and equipment 	Vide Supreme Court order dated 14 September 2007, the Ministry was directed to reconsider the decision. Accordingly the matter was again referred to the Council, taking into account the compliance report dated 18 September 2007.
		Negative recommendation (22 September 2007)	<ul style="list-style-type: none"> Deficiencies in faculty Incomplete infrastructure Deficiencies in dental chairs 	Despite the Council's negative recommendation, permission was granted with 50 seats on 25 September 2007, without any further inspection or even calling for a compliance report from the college.
9.	New Horizon Dental College & Institute, Chhattisgarh 2007-08 2 nd year renewal	Negative recommendation by the Council (7 July 2007) for 2 nd year renewal with 100 seats	<ul style="list-style-type: none"> Shortage of faculty Inadequate clinical material The entire medical faculty was on the strength of another college which was not as per the Regulations 	Decision of not approving the renewal was communicated to the college vide Ministry's letter dated 25 July 2007. The college approached the High Court, which directed the Council to get the college inspected.

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Sl. No.	Name of the college/ Number of seats	Recommendations of the Council	Deficiencies noticed by the Council	Action taken by the Ministry
		After inspection on the directions of the Court, negative recommendation by the Council (31 August 2007).	<ul style="list-style-type: none"> • Deficiency in faculty • Inadequate clinical material • Medical faculty members refused to sign affidavits for their presence. The reason given by them was that they were teachers of another medical college and have already given affidavits to the Medical Council of India. 	The institute furnished a compliance report dated 10 September 2007 to the Ministry, which was forwarded to the Council.
		Negative recommendation by the Council (14 September 2007) after considering the compliance report	<ul style="list-style-type: none"> • Reasons as given above 	The Ministry noted that the college had itself admitted that its medical faculty was borne on strength of another college which was not permissible as per rules. The applicant visited Ministry and was allowed second year renewal with 50 seats on 25 September 2007 on the grounds that the Council did not raise these objections in the first year. The Ministry also asked the college to appoint medical faculty before the third year's inspection.

Annex-VI

(Refers to Paragraph 3.11.2)

List of colleges where periodic inspections were not conducted

Sl. No.	Name of Dental College	Government/Private	Year of establishment
1.	Dental Wing, SCB Medical College, Orissa	Government	1983
2.	Pridarshani Dental College & Hospital, Tamil Nadu	Private	2007
3.	Karpaga Vinayagya Institute of Dental Sciences, Tamil Nadu	Private	2007
4.	Raja Rejeshwari Dental College, Bangalore	Private	1997
5.	Bharti Vidyapeeth University Dental College, Pune	Private	1989
6.	Ahmedabad Dental College	Private	2003
7.	Regional Dental College, Guwahati.	Government	1982
8.	H.P. Govt. Dental College & Hospital, Shimla	Government	1999

Annex-VII

(Refers to Paragraph 3.12)

Colleges not de-recognised by Ministry

Sl. No.	Name of the dental college	Whether Government or Private	Date of inspection	Deficiency noticed	Date of recommending withdrawal of recognition by the Council
1.	Farooqui Dental College & Hospital, Mysore, Karnataka	Private	26.08.2006	<ul style="list-style-type: none"> • Inadequate infrastructural facilities • Clinical material grossly inadequate • All dental chairs in bad conditions. 	28 February 2007
2.	Rajiv Gandhi College of Dental Sciences & Hospital, Bangalore, Karnataka	Private	26.08.2006	<ul style="list-style-type: none"> • Acute shortage of teaching faculty • Inadequate infrastructural facilities • Clinical material grossly inadequate 	28 February 2007
3.	Jamanlal Goenka Dental College, Akola, Maharashtra	Private	12.04.08	<ul style="list-style-type: none"> • College shifted to new premises without any information to the Council • Inadequate faculty • Inadequate infrastructural facilities • Poor clinical material 	22 April 2008
4.	College of Dental Sciences & Hospital, Indore, M.P.	Private	29.05.08	<ul style="list-style-type: none"> • Shortage of teaching faculty • Information of faculty on General Medicine, General Surgery and Anaesthesia not provided by the college authorities. 	13 June 2008
5.	KGF College of Dental Sciences & Hospital, Kolar (Karnataka)	Private	26.03.08	<ul style="list-style-type: none"> • Shortage of teaching faculty • Clinical material grossly inadequate 	19 December 2008

Annex-VIII
(Refers to Paragraph 3.13.2)
Shortage of teaching staff

Sl. No	Name of the college	No. of students admitted	Minimum staffing pattern as required under Council norms for 50 & 100 admissions in recognized colleges		Actual faculty position in the college		Percentage shortfall of faculty	
			Reader	Sr. Lecturer/ Lecturer	Reader	Sr. Lecturer/ Lecturer	Reader	Sr. Lecturer/ Lecturer
1.	New Horizon Dental College, Bilaspur	100	13	40	9	9	31	77
2.	Sarjug Dental College	50	11	30	5	15	54	50
3.	Mithila Minority Dental College & Hospital	50	11	30	10	3	9	90
4.	Dental Wing, SCB Medical College, Cuttack, Orissa	50	11	30	4	3	64	90
5.	JKK Natrajan Dental College & Hospital	100	13	40	10	15	23	62
6.	Vyas Dental College	100	13	40	12	13	8	67
7.	ITS Centre for Dental Studies & Research Centre, Greater Noida	100	13	40	10	14	23	65
8.	Manubhai Patel Dental College, Baroda	50	11	30	6	11	45	63
9.	College of Dentistry, Indore	50	11	30	8	1	27	97
10.	Priyadarshini Dental College & Hospital, Tamil Nadu	100	13	40	8	11	38	72
11.	Karpaga Vinayaga Institute of Dental College, Tamil Nadu	100	13	40	12	16	8	60
12.	Vinayaka Missions Dental College, Tamil Nadu	100	13	40	15	24	-	40

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Sl. No	Name of the college	No. of students admitted	Minimum staffing pattern as required under Council norms for 50 & 100 admissions in recognized colleges		Actual faculty position in the college		Percentage shortfall of faculty	
			Reader	Sr. Lecturer/ Lecturer	Reader	Sr. Lecturer/ Lecturer	Reader	Sr. Lecturer/ Lecturer
13.	Karnavati School of Dentistry, Gujrat	100	13	40	10	13	23	67
14.	Meghna Institute Dental Sciences	100	13	40	9	17	31	57
15.	Budha Institute of Dental Sciences	100	13	40	8	25	38	37

Annex-IX*(Refers to Paragraph 3.14)***Admissions in excess of sanctioned capacity**

Year	BDS			MDS		
	College Name	Sanctioned	Excess	College Name	Sanctioned	Excess
2006-07				Govt. Dental College & Hospital, Ahmedabad	4 seats in Conservative Dentistry	1
					3 seats in Prosthodontics	1
					1 seats in Oral Medicine	1
2007-08	Chhatrapati Shahu Ji Maharaj, Lucknow	40	14	Rama Dental College Hospital & Research Centre, Kanpur	2 seats in Pedodontics	1
	Patna Dental College & Hospital, Bihar	40	3		3 seats in Prosthodontics	2
					4 seats in Oral Surgery	3
					3 seats in Orthodontics	3
					3 seats in Oral Medicine	3
					3 Seats in Community Dentistry	1
					'Nil' Seats in Conservative Dentistry	3
					'Nil' Seats in Oral Pathology	3
					'Nil' Seats in Periodontics	5
2008-09	Hindustan Institute of Dental Sciences, Greater Noida	50	46	Rama Dental College Hospital & Research Centre, Kanpur	2 seats in Pedodontics	1

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Year	BDS			MDS		
	College Name	Sanctioned	Excess	College Name	Sanctioned	Excess
					3 seats in Prosthodontics	2
					3 seats in Oral Surgery	3
					3 seats in Orthodontics	2
					3 seats in Oral Medicine	1
					'Nil' Seats in Community Dentistry	3
					'Nil' seats in Conservative Dentistry	4
					'Nil' seats in Oral Pathology	1
				Bapuji Dental College, Davangere	2 seats in Oral Pathology	2
				Faculty of Dental Sciences, Lucknow	4 seats in Oral Surgery	1
					4 seats Orthodontics	1
					4 seats in Prosthodontics	1
				4 seats in Conservative Dentistry	1	
2009-10	Rajiv Gandhi Institute of Health Sciences, Bangalore	40	19	Saveetha Dental College & Hospital, Tamil Nadu	6 seats in Conservative Dentistry	2
	Faculty of Dental Sciences, Lucknow	40	12		6 seats in Orthodontics	1

Year	BDS			MDS		
	College Name	Sanctioned	Excess	College Name	Sanctioned	Excess
					5 seats in Prosthodontics	1
				Chhatrapati Shahu Ji Maharaj, Lucknow	4 seats in Conservative Dentistry	1
					3 seats in Orthodontics	1
					4 seats in Prosthodontics	1
2010-11	JKK Natrajah Dental College & Hospital, Nammakkal, Tamil Nadu	70	45	Postgraduate Institute of Medical Education & Research, Chandigarh	2 seats in Orthodontics	1
				Dental Wing, SCB Medical College, Cuttak	2 seats in Oral Pathology	1
Total	6		139	9		59