Government of Tamil Nadu

Report of the High Level Committee

To Study

The Impact of NEET on Medical Admissions in Tamil Nadu

2021

Justice A. K. Rajan
Chairman

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CONSTITUTION OF THE COMMITTEE AND TERMS OF REFERENCE

The Government of Tamil Nadu by G. O. Ms. No. 283 Health and Family Welfare Department dated : 10.06.2021 and Amendment G.O. (Ms.) No.295 of Health and Family Welfare (MCA-1) Department dated : 19.06.2021, constituted the Committee under the chairmanship Hon'ble Justice Dr. A. K. Rajan (Former Judge) Madras High Court.

The members of the committee are:

1.	Justice Thiru A. K. Rajan (Retired High Court Judge)	-	Chairman
2.	Dr. G. R. Ravindranath General Secretary, Doctor's Association Social Equalities.	-	Member
3.	Professor L. Jawahar Nesan Former Vice-Chancellor.	-	Member
4.	Dr. J. Radhakrishnan, Principal Secretary to Government, Health and Family Welfare Department.	-	Member
5.	Tmt. Kakala Usha, Principal Secretary, School Education	-	Member
6.	Thiru. C. Gopi Ravikumar, Secretary Law	-	Member
7.	Dr. P. SenthilKumar, Principal Secretary /OSD, Health and Family Welfare.	-	Member
8.	Dr. R. Narayana Babu Director of Medical Education.	-	Member
9.	Dr. P. Vasanthamani, Additional Director of Medical Education/Secretary, Selection Committee.	-	Member

The Terms of Reference are as follows:-

1. To Study, whether the National Eligibility cum Entrance Test (NEET) based admission process has adversely affected the Social, Economic and Federal Polity and the students of rural and urban poor, those who studied in Government Schools, those who studied in Tamil Medium or any other section of students in Tamil Nadu.
2. If so, to suggest the steps to be taken to remove the impediments and to protect the rights of the State, for advancing the principles of Social Justice and also to fulfill the mandate of the Constitution to provide equal and equitable "access to health" to all section of the people of Tamil Nadu.
3. To study, whether NEET is an equitable method of selection of students.
4. To consider, the effect of mushrooming NEET coaching centres on the educational system in Tamil Nadu.

CHAPTER-II

MEDICAL EDUCATION

Opportunity is the mother of advancement that leads to achievement. Education provides opportunities, and denial of education amounts to denial of opportunities. Plato said "A society is stably organised when each individual is doing that for which (s)he has aptitude by nature in such a way to as to be useful for others; and that it is the business of education to discover these aptitudes and progressively to train them for social use." Coming to Medical Education, cultivation of the highest levels of the desirable aptitude, attitude, skills, knowledge and commitment by the physicians during their studies and beyond, life long, and enabling them to apply these for social use is what medical education is to deliver. Social responsibility, integrity and accountability are core values expected of physicians. Much emphasis on social accountability has therefore been attached to the medical profession since time immemorial. The Hippocratic Oath taken even today by physicians emphasizes social accountability and professional ethics to be inherited by the physicians, and the World Federation for Medical Education (WFME, 2015), requires that "social accountability should include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research". Social accountability connects medical education to the diverse needs of society based on factors such as geography, ethnicity, gender and sexual orientation, religion, socioeconomic status, social structure (caste), illness, different health contexts of population, those who are most vulnerable.

Achieving this diversity means - 1) curricula need to: focus more attention to humanism, reflection of current evidence, patient communication, shared and ethical decision-making, clinical reasoning, team working, use of technology, and leadership; replacement of the biomedical model of health and disease with a broader bio-psychosocial model of health, disease, and the patient-physician relationship; be transformed from hospital to community based education; integrate health system science with traditional basic and clinical medical sciences; and address medical ethics and human rights as core requirements (WFME, 2015; O'Brien et al,

2019; Buja, 2019); and 2) the physician will have to be an all-rounder; as a communicator, team worker, scholar, manager, health advocate, counsellor, professional, and a medical expert.

Achievement of the diversity embarks upon attracting/selecting a student base that is more representative of the diverse Indian population. According to the WFME (2015), the health needs of the community and society would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities. This means the selection process and admission criteria used to select students should correctly predict the cognitive, social and behavioural skills of the potential students and ensure that the diversity is achieved.

All other educational processes involved including curriculum development, teaching and learning, clinical exposure, learning assessment, licensure and professionalism all should be made society-driven in order to equip the students to acquire necessary skills, attitudes, and knowledge that are very much essential to achieve the diverse medical and healthcare requirements of the society. All stakeholders, including the society, government and its regulatory agencies, medical educational institutions, hospitals, healthcare system, physicians and other professionals, professional organisations, students and suppliers, shall assume suitable roles and responsibilities to ensure that the diversity is achieved in the medical and health education and services.

In India, presently, the National Medical Commission Act 2019 seeks to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of medical professionals accessible to all the citizens; that promotes national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

The key provisions of the objective of the Act ensure accessibility to quality and affordable medical education, equitable and universal healthcare, transparent assessment of medical institutions, maintenance of medical register, ethical standards in medical services, and a grievance mechanism. Of these, except a couple of issues like maintenance of medical register, all of the others mainly, the provisions of accessibility to and affordable quality medical education and equitable and universal healthcare have been found to have no constructive measures throughout the Act, to achieve them in reality. If medical education is to be affordable to and accessible by all people, it will not be possible without a fair and equitable admission process and criteria and a proper fee regulation. Contrary to this, the National Eligibility cum Entrance Test (NEET) does not seem to help achieve the much required diversity.

It is a fact that the private medical institutions charge tuition fees as high as Rs. 30 Lakhs per annum, and the majority students who succeed with medical admissions in private institutions post NEET period have so achieved only with average NEET scores. Some have secured seats with NEET scores as low as just a pass, which is often less than 20 percent of the total marks of the NEET. This has disproved the predictions of both the Parliamentary Standing Committee (PSC), in its 92nd Report, entitled "The functioning of Medical Council of India", and the expert committee headed by Dr.Ranjit Roy Chaudhry that, in the words of the PSC, "if a unitary Common Entrance Exam is introduced, the capitation fee will be tackled in a huge way; there will be transparency in the system; students will not be burdened with multiple tests; and quality will get a big push. However, despite the recommendation of the Committee that the Common Medical Entrance Test should be done across the nation barring those states who wish to remain outside the test, the union government had forcefully implemented it, in the name of NEET, against the interests of the states.

What had happened during the NEET period is exactly the opposite of what the Committee had wished for; students who can afford to pay such an exorbitant fee have the opportunities more than those who cannot pay. This system, in contrast to the assertion of the PSC and the expert committee, has kept the most meritorious and underprivileged students who can neither pay for seats nor pay the high annual fee in private medical colleges. On the other hand, it has become a cause for the raising culture of 'coaching' as opposed to 'learning'. Students have to pay a hefty fee for private coaching to get prepared for the NEET, which only the affluent and rich people could afford to. Such negative consequences have already discouraged and prevented the most

vulnerable communities, like socially depressed and backward, educationally and geographically backward, and those who studied Higher Secondary in Thamizh medium and that too in Government schools, who enjoyed so far at least a little number of enrolments, though disproportionate, before NEET.

The coaching Centres make the students as ‘marks scoring machines’, as learning is discouraged in favour of coaching. The prospective medical aspirants do not get opportunity to acquire all round skills, as aforesaid, including cognitive, reasoning, creative, social and behavioural skills, that are very much essential prior to enter medical studies. As medical education, as foreseen by the global medical federations and relevant other fraternities, is changing itself from the one of the biomedical model of health and disease to a bio-psychosocial model of health and disease, from hospital to community based education, from the traditional basic and clinical medical sciences to the one that is integrated with health science systems, a great deal of multi skills, social behaviours and attitudes are expected of the medical aspirants. Whereas, the culture of coaching and commercialisation caused by the single-criteria admission based on the NEET score would not encourage either the educators to impart a holistic education or the medical aspirants to work towards acquiring it.

CHAPTER-III

COMMON ENTRANCE EXAMINATION: PRACTICES AND FLAWS:

Since independence, one of the hallmarks of Indian education has been the testing of the academic achievement of increasingly large diverse groups of students; to either assess their degree of learning achievements in their studies or their level of their developed abilities when they seek admissions for higher studies. Both forms of assessments have taken a standardized format as otherwise comparison of scores among the test takers would not be possible. Traditionally, the former – i.e., the scores of the Board Examinations at the level of Higher Secondary – along with the assessment results of the other parameters has been used as an instrument to screen students who were competing for admissions to higher studies. However, the later – i.e., Common Entrance Examination (CEE) – came into existence under the pretextthat there must be a CEE to further standardize the evaluation of the students' ability as they are from different Boards with different scores competing for admission to higher studies. The choice between these two especially becomes controversial, especially, when the number of students competing is greater than the number of seats available in higher education programmes and thus the admissions results in disproportionate representations by different social and demographic divisions of the society. Despite its century old practice and the controversies attributed to it, the CEE has been practiced in different formats with different norms conveniently in some countries. Countries like India have also been floundered by joining this league since past few decades. *Dr. B.R. Ambedkar said "e*xamination is something quite different from education, but in the name of raising the standard of education, they are making the examinations so impossible and so severe that the backward communities which have hitherto not had the chance of entering the portals of University are absolutely kept out".

The USA versions like Scholastic Assessment Test (SAT), Graduate Record Examination, Graduate Management Admission Test (GMAT), MCAT (Medical College Admission Test), China's National College Entrance Examination (NCEE), known as 'Gaokao' in Chinese, Iran's National University Entrance Examination, known as 'Konkoor', Australia's GAMSAT (Graduate Medical School Admission Test), UK's UCAT (UK Clinical Aptitude Test) and

BMAT (Biomedical Admission Test), South Africa's NBT (National Benchmark Test), and Russia's USE (Unified State Exam), known as EGE are few to quote out of many.

In most of the countries, CEE was implemented in an evolutionary manner, after being tested for its validity, veracity and biasness to ensure that no one individual or a social group is affected. For instance, the pioneering work of the SAT in this field and its long track record of administering the exam globally have repeatedly prompted it to self-introspect its framework several times in its hundred years of existence. To defend accusations like its predominant tilt towards testing aptitude as opposed to learning achievement and its bias against the people with lower socio economic status, familial background and school status, the SAT had to retrospectively tweak its strategies and framework for achieving universal appeal.

Yet, the USA higher education sector at different times rejected its use in admissions, even though the universities prevalently considered the SAT scores as one of the many other criteria used in admission like school GPA (Grade Point Average), reasoning, social and behavioural skills, socio economic backgrounds and so on. Especially, top institutions like Harvard University, University of California Berkley and Stanford University have used SAT or other scores like ACT (American College Testing) very cautiously but, in admission, relied very much on the all-round parameters of the candidatures.

This academic year, beginning with the University of California, currently over half of the four year degree colleges and universities in the USA have done away with the SAT or ACT scores for admission to courses starting in Fall 2021 (The Times of India, 2021). Their decision comes after a 2019 lawsuit said the college entrance tests were biased against poor, and mainly Black and Hispanic students. The contention was that basing admissions on the test allowed the system to illegally discriminate on the basis of students' race, wealth and disability. Same on the use of SAT or ACT has been continually reported in the past by several researches. Similar experiences were encountered with the China's Gaokao Test (Yu Liu and Helwig, 2020, Zhu, 2014), and several other tests conducted in several countries. However, in most of the economically advanced countries, such tests are not government run but by the private or charitable organisations, and that too the scores are used as optional in admissions or if used, along with the weightages of the other criteria.

In the case of India, the modern form of CEE came into practice as professional courses like Engineering and Medicine began to face a surge of exponential competition among the aspirants. Consequently, the Union Government, States and some higher education institutions started implementing CEEs conveniently with respect to their requirements. The prominent ones hosted by the agencies and institutions of the Union Government include: Common Entrance Examination (CEE); All India Engineering Entrance Examination (AIEEE); Joint Entrance Examination (JEE); Graduate Aptitude Test in Engineering (GATE); National Aptitude Test in Architecture (NATA); and the ones related to medicine include; All India Pre-Medical Test (AIPMT), All India Institute of Medical Sciences Entrance Examination, JIPMER Entrance Examination; and currently, the National Eligibility cum Entrance Test (NEET). During the course of developments some of these examinations were either abandoned or merged or rechristened. Similarly, different states have commissioned and implemented their own entrance examinations for both professional and non-professional degree programmes, and that they also have either abandoned or rechristened their examinations at times when warranted.

However, due to its continuous long track record, the JEE could be considered as a case representing the Indian experience on the CEE. Unlike the SAT, introspective studies were not done by the JEE on its reliability, validity, predictability and its impact on the entry of students from diverse socio economic backgrounds. Both earlier (King, 1970) and recent studies (Kumar, 2016) have revealed that the relative deprivation evident with regard to economic, linguistic and possibly social background, irrespective of any real or imagined difference in intellectual capacity, placed students in the less preferred disciplines at an educational disadvantage on entering the IIT. In addition, the JEE did not provide a fair chance to aspirants from all the State Boards, as the pattern of the examination seems skewed towards, mainly the CBSE. This causes a considerable amount of self-rejection of the disadvantaged and State Board students from appearing for the examination. Also, it is a proven fact that majority of the IIT aspirants got succeeded with admission mainly through prior coaching through the countrywide mushroomed coaching centres, which put the un-coached disadvantaged at risk. The other side of the story that is yet to be proved is that whether the JEE has been time tested for the academic validity, predictability and reliability which is very much essential for a CEE to be impartial and unbiased - Presumed that it is not.

Tamil Nadu, along the footsteps of the culture of competitive examination, for whatever may be the said reason, instituted its own format of CEE, named TNPCEE (Tamil Nadu Professional Courses Entrance Examination), as early as 1984-85, for admitting students to the engineering and medical colleges in the state. A combined TNPCEE and HSc scores was used to rank students for admission. Later, to the Postgraduate studies in the state, Tamil Nadu Common Entrance Test (TANCET) was instituted in the year 2009 for ranking and admitting students.

However, on the experience gained and the consequences the entrance examination caused on the students, especially from rural areas and belonging to socially disadvantaged, the Tamil Nadu Government decided to abolish the CET. Therefore, Tamil Nadu Legislative Assembly passed "Admission in Professional Educational Institutions Act 2006", which got the assent of the President of India in 2007. Consequently, the Act was numbered as Act 3/2007. Thereafter, students were admitted to such institutions based on the marks obtained by them in their qualifying HSc (Higher Secondary) examinations.

After a brief passage of legal struggle, the Medical Council of India succeeded to conduct a single common medical entrance examination, named the National Eligibility cum Entrance Test (NEET), in 2016, across the country, with exemption to Tamil Nadu. However, admission to medical studies in Tamil Nadu was also brought under the admission policy that exclusively mandates NEET score as a sole criterion for admission.

Past few years of its application in medical admission in Tamil Nadu indicates that the NEET has caused an unprecedented havoc and setbacks for the students of different social, economic and demographic denominations aspiring for medical studies. This has eventually prompted the Tamil Nadu Government to commission this committee to study the impact of the NEET on the admission prospects of students belonging to the state.

Any testing framework, be it a CEE or Qualifying Examination, being used in admission to higher education should ensure academic validity, predictability, reliability and equity for all students irrespective of their backgrounds, socioeconomic situations, race or gender. Only then such assessments means democratized. Between these two tests, global experience has proved that the CEE has been criticised much for its bias on multiples of parameters. If NEET is considered foolproof and free from the aforesaid biases, it must prove so, but the past few years of its practice indicate that it does not. By any means the NEET does not seem to reflect any of

the common features of CEE as is globally known, and therefore, it cannot be construed even as a version of CEE but a discrete arbitrary framework that is politically driven. A psychometric test like CEE should follow rather than lead educational practice, since psychometric test is concerned primarily with comparing performances of the students rather than creating them. It is unfortunate that in India, especially, in medical education, the NEET seems to lead medical education rather than be led by the medical education itself.

CHAPTER-IV

HISTORY OF NEET

After the Medical Council of India [MCI] started regulating the Medical Education, many a notification was issued relating to medical education. On 21.12.2010, MCI issued a Notification and another notification was issued by Dental Council of India [DCI] on 31.5.2012. By these 2 notifications, NEET examinations were made mandatory for all Medical and Dental courses. Both the notifications were challenged by Vellore Christian Medical College [CMC] (3 Judges), on the ground that the said Notification, violated their minority rights to administer the college, which includes admission to their medical college. A number of states including State of TN, Challenged the competency of MCI issue such Notification in their respective High Courts. All the cases were transferred to Hon'ble Supreme Court, and heard together. In those cases, the Hon'ble Supreme Court by a 3 Judges bench on 18thJuly 2013, by a majority of 2-1, held that MCI and DCI have no power to regulate the admission of students into Medical and Dental Colleges. In that case Justice Anil R.Dave gave a dissenting judgment.

The majority judgment held that the TN Act 3 2007 and the Andhra Pradesh Act will remain unaffected by the Notifications issued by MCI and DCI. The Hon'ble Supreme court also categorically held that both the regulations cannot override the constitutional guarantee, in the following words. "In the light of the views expressed in the various decisions cited we have no hesitation in holding that the regulations are *ultra vires* the Constitution, since they have the effect of denuding the States, State-run universities" and contrary to the decisions in T.M.A. Pai Foundation case. Thus, the Hon'ble Supreme court held that the regulations were void and therefore cannot be enforced. Thus NEET was not enforced.

4.1 Review Petitions and the Recall Order:

Against that order, review petitions were filed by MCI. By 2016 the two judges, who gave the majority 2013 judgement in the CMC case, had retired due to superannuation. Thereafter when justice Anil R.Dave, who gave the dissenting view, was heading a Five Judges Bench, the Review petitions were transferred to that bench. The Five Judge Bench passed the following order, on 11-4-2016.

" ..... Civil Appeal No. 4060/2009 and connected matters involving an identical issue, had been ordered to a Five Judge Bench. Accordingly on 21st January 2016, these review petitions were ordered to be heard by a Five Judge Bench.

On 21st January 2016, notice was ordered to be served through substituted service and in pursuance of the said order, necessary publication was made in the newspapers and proof thereof was filed on 15th February 2016. Thereafter, we heard the matters.

Civil Appeal No. 4060 of 2009 and its connected matters have been heard and orders have been reserved on 16th March 2016……. After giving our thoughtful and due consideration, we are of the view that the judgement delivered in Christian Medical College ..... needs reconsideration. We do not propose to give reasons in detail at this stage as to see that it may not affect the hearing of the matters".

……..... Suffice it is to mention that the majority view has not taken into consideration some binding precedents and more particularly, we find that there was no discussion among the members of the Bench before pronouncement of the judgement.

We therefore allow these review petitions and **recall the judgement dated 18th july2013** and direct that the **matters be heard afresh**. The review petition stand disposed of as allowed".

4.2 C.M.C. case was not clubbed with Modern Dental College case: (3 Judges)

When the judgment in the CMC case was "recalled' on the ground of pendency of "identical issue", the CMC case could have also been heard fully along with the said Civil Appeal No. 4060 of 2009,[Modern Dental College and others Vs State of M.P.].

'**Sankalp Order':**

Shortly after 11.4.2016**,** one **Sankalp Charitable Trust,** whose object was to give medical treatment to the poor, filed a PIL, making UOI and CBSC Board and another as respondents. The prayer in the Writ Petition was to,

"issue a writ of mandamus ….. directing the respondents to conduct the National Eligibility cum Entrance Examination (NEET) for admission to MBBS courses throughout the country for academic year 2016-17". That case first came before the Court for gearing on

27-4-2016,before a three Judge Bench headed by Justice Anil R. Dave. The Bench posted the matter to the very next day after deleting the proposed 4th Respondent. On **28-4-2016,** rejecting the arguments made by some of the counsel of non-parties to the PIL, Writ of mandamus was issued as prayed for.

4.3 NEET became mandatory:

The order read that the **judgment in Christian Medical College, Vellore "has already been recalled" therefore the "Notifications dated 21st December 2010 are in operation as on today".** Thus, NEET became mandatory, without even hearing the State of Tamil Nadu., Karnataka and Andhra Pradesh and Uttar Pradesh who were parties to the CMC -Batch case. The three- judge bench did not even taken note of the existence of the T.N. Act 3 of 2007, though Tamil Nadu also had challenged the Constitutional validity of the said Notifications. Further, in the CMC (2013) case, the S.C. had relied on the Judgment of the S.C. by the 11 Judges Bench in T.M.A. Pai Foundation case. In which the S.C. had considered all the relevant provisions of the Constitution including Articles 19(1)(g) and 29(2) of the Constitution, and the rights of the minority colleges, relating to admission of students to its educational institutions, including the professional courses.

It is a well-known fact that TMA Pai Foundation case was the culmination of fifty years of legal battle in courts, starting from Kerala Education Bill case, on the rights of the minorities vis - vis the admission to the minority institutions. Considered in the light of decision in TMA Pai Foundation case, the order passed in Sankalp Charitable Trust Case appears to be a 'judgment **per incurium'.**

4.4 Modern Dental College judgment:

The very same Five Judge Bench of the Hon'ble Supreme Court, headed by Justice Anil R.Dave, delivered judgement on 02.05.2016 in the Modern Dental College case. In Paragraph 93, it has held that:

Entry 66, List-I, would not include conducting of examination etc. and admission of students ……'. Such power is derived in so far as medical education is concerned, "by parliamentary legislation in the form of **Medical Council of India ACT 1956** and by creating thestatutory body like Medical Council of India ….."

On 28-4-2016, in the "Sankalp' order, it was stated, that the "Notification dated 21-12-2010 were in operation" therefore it **'would not be improper to hold NEET".** In fact,

Sections 10D and S.33(mb) of the MCI Act, by which the power to conduct Entrance Examinations was conferred on the MCI, by amending the MCI Act, by an Ordinance only on 24- 5-2016. Without those provisions such Notifications issued on 21-12-2010 could not be issued. (On 2-5-2016, on the day of the judgment in Modern Dental College Case, Sections 10D and 33(mb) MCI Act were not in the statute book).

In as much as the MCI Amendment Ordinance No.4 of 2016 was issued by the President of India only on 24-5-2016, the power to conduct examinations were not conferred on the MCI prior to that date, much less on 21-12-2010. That is on the date of the 'Sankalp' judgment, (viz.) 28.4.2016, MCI did not have the power to conduct NEET, because such power was not conferred.

CHAPTER-V

NEET: ACADEMIC MERITS AND VALIDITY

Competitive examinations are often used to either measure general academic skill competencies and understanding of an individual's performance in a particular area of academic performance (e.g. 12^{th} Standard) or the capacity or potentiality of an individual for a particular kind of behaviour in later learning (e.g. higher studies). The first aims to measure the learning achievement (degree of learning in specific content areas) and the latter the aptitude that includes cognitive and reasoning abilities, personality and emotional characteristics. In fact, an aptitude test is not a test of achievement in school subjects but on the ability to learn and apply knowledge to discrete situations.

Unlike the achievement test, in aptitude test, previous experience or training or coaching on the part of the individual is assumed to be lacking for all individuals comprising the population considered. An aptitude test is supposed to be freed from testing, exclusively, prefixed subject matters like physics, chemistry and biology on the basis of their contents as having been prescribed in the NEET. The structure of the NEET indicates that it attempts to emulate the concept of achievement test as it prescribes a set of syllabus and attempts to test the students' knowledge on the subjects including physics, chemistry and biology in a standardised format.

It is to be considered whether NEET:

1) Tests the academic abilities of the concerned student population using 'bias-less common standards and criteria'

2) Tests the academic abilities developed by the concerned students over their entire academic life

3) Precisely 'predicts' the success of the students in their higher studies (after being admitted based on the NEET)

4) Ensures that previous experience or training or coaching on the part of the individual is assumed to be lacking for all individuals comprising the population considered

5) Is less vulnerable to charges of cultural, regional, linguistic, and socio economic biases.

According to several research studies, any competitive-standardised-entrance test that tests an eligible population for entry into higher studies should ensure that these conditions are met.

5.1. NEET is Biased and not based on common standards and criteria

It is that the NEET is a standardised 'criterion based test', but it does not conform to the principles of the criterion based test. A criterion based test is designed to assess students' performance against a fixed set of predetermined standards or criteria, which at the level of secondary education is used to assess if students have acquired a specific body of knowledge or a specific skill set. Whereas, despite its nature of being a criterion based standardised test, the NEET does not have any such standards and criteria that are 'common' and 'relevant' to all states in the country.

It is a rote framework aiming to assess students on simply a set of 'contents' relevant to three subjects, *viz*., Biology, Chemistry and Physics. Not having drawn from a predetermined broad based set of standards and criteria, the content based test is directionless, and its ability to correlate with performance in higher education (MBBS) is doubtful.

As entrance tests are often meant to judge or evaluate a student's academic potential, capacity and/or readiness to perform in his/her higher studies, such tests should have a clear set of standards and criteria (that bridge the academic potentials achieved in the secondary studies and the performance potentials required by the higher studies), so that the potentials of the students to study higher programmes can reasonably be evaluated.

Contrary to this, the NEET tests the students only on the prescribed contents (syllabus). Instead of setting core academic standards and making the assessment more open to test all possible knowledge within the purview of those standards, the NEET prescribes an exclusive syllabus like an academic programme.

For instance, a similar competitive examination, called SAT (Scholastic Assessment Test), conducted by a private agency - College Board - states that its assessment framework has been

built upon the national level ‘Common Core Standards’, developed by the Association of Governors of all the constituent states. With this the College Board claims that its assessment is regionally or provincially bias-less and that it conforms to the nationally developed common standards agreed upon by all the states of USA.

The NEET lacks any such common features; neither common standards and criteria nor a common syllabus that is common and relevant to all Indian states. Despite its claim that it has developed the syllabus after a review of various states syllabi, academics have been challenging that it is not so.

It is evident from the results that it is CBSE biased, as the results have consistently proved that the students from the CBSE stream have secured MBBS seats as high as 26.83% in 2020-21 from 0%in 2015-16 in government medical colleges and 12.01% in 2020-21 from a negligible 0.07% in 2015-16 in Self-financed colleges in this high stake exam (see Table 7.16).

Critics supporting the duo of the NEET and CBSE argue that the CBSE students are academically potential more than the State Boards students. It is baseless as there is no evidence in support of this claim, as those who make such claims are making so based on, again, such rote surveys which are not testing all round all relevant knowledge, skills and attitudes.

On the other hand, the NEET seems to duplicate the Board exams (both state Boards and CBSE), as it assesses the students using the same standardised criteria-referenced test as used by the Board exams. Unlike the tests, used in some progressive countries, like UCAT (University Clinical Aptitude Test) and MCAT (Medical College Admission Test), which assess both the students ‘achievement’ and/or ‘aptitude’ and whose scope is completely different from the Board/School exams, the NEET uses only a standardised criteria-referenced test only on the contents, partially or fully used by the different Boards.

Insofar as the NEET uses the same standardised criteria-referenced test on a similar set of contents, as done by the different Boards, it is not warranted again as it simply duplicates the Board exams, making them redundant, amounting double hardship to the fateful students, and it is by no means a superior test than the state Boards as it largely deviates from the globally accepted principles of the standardised criteria-referenced test.

5.2 NEET does not measure the chronologically developed academic abilities

The notion of a continuum of knowledge acquisition ranging from no proficiency at all to highest performance is the underling concept of scholastic achievement. The degree to which the achievement of the students resembles desired performance at a specified level of education should be the purpose of the measures of achievement.

The NEET does not have any inherent, either implicit or explicit, means of such measures to predict the achievement correctly, except its content based crude assessment. In the continuum of knowledge acquisition, "developed abilities" – i.e., the level of development attained by an individual over a period of time in abilities – should be the focus of the testing, be it achievement or aptitude (Anastasi, 1982).

This requires that the assessment should be able to have features that are composite and continuum, which more accurately reflects the overlapping of aptitude and achievement tests. If an individual's relative position along the continuum of attainment is the primary concern, as it might arise in testing certain abilities, then an appropriate achievement measure, like norm-based, should be administered.

However, this can best be achieved in the school based exams or Board exams, as they provide a continuum of a multitude of testing opportunities (like, continuous achievement evaluations, verbal type intelligence, practicals etc.), and that too in a composite manner (like achievement, aptitude, norm based, criteria based etc.), to test chronologically developed academic abilities.

One could easily notice that this sophistication is very much lacking in the NEET, and that it is content based multiple-choice test. Over reliance on such a test, would lead teachers to emphasize exercises that would promote rote learning, foster test-taking skills, and discourage complex thinking and higher order skilling.

5.3 Uncertain Predictability of the NEET on the success of the students in their higher studies

The primary rational for using the standardised NEET test in medical college admissions is to predict success in college. Similar tests around the world like MCAT, UCAT and SAT all have been going through the test of time for their 'predictive validity' to ensure their reliability in predicting the future performance of the students in the college. Despite being observed for their inability to accurately predict success in college as a lone predictor, coupled with other predictors like (school) GPA, they proved to be a reasonable predictor.

For instance, Validity studies consistently find that high school grades and SAT scores together are good predictors of achievement in college (Camara and Echternacht, 2009). The combination of GPAs and MCAT total scores performs well as a predictor of unimpeded progress toward graduation. They both together are strong predictors of academic performance in medical school through graduation (Dana et al, 2013).

Five years of its existence is longer than enough to evaluate the validity and reliability of the NEET, but lack of this information has become a cause of concern for its genuinity. The NEET organisers [formerly CBSE and now NTA (National Testing Agency)] have failed to undertake any serious studies on the predictive effectiveness, validity and reliability of the report. Minus the aura of entrance and eligibility, as an entry check point, and compared with the Secondary Board examination grades (standardised achievement test score), the NEET will be the least predictor of the performance in higher studies.

Despite variability in educational input and educational service, school courses provide the experience, both in learning and on examination that most closely relates to courses in higher studies. The Board examination pertaining to particular subjects would be expected to correlate better with performance in higher studies than does with the NEET.

An examination, on subject matters like physics, chemistry and biology, not placed in the continuum of the realm of learning, would not connect the subject-learning with the learning-assessment. The NEET, being a discrete, one-off test, without any connections whatsoever with learning experience cannot predict precisely the subject potential and readiness of the students

for higher studies. Neither a composite of 'achievement' and 'aptitude' test does the job better in the Indian condition, as ever widening socio economic gap between various social groups and other variance in psychosocial conditions facing students during their schooling all would not create a level playing field for the disadvantaged students to contest such test fairly. Therefore, the score obtained in the Board examinations is comparatively a reasonable yardstick to measure and predict the student's academic ability and readiness to pursue medical education.

5.4 NEET promotes coaching as opposed to learning

Truly, any universal entrance examination (aptitude test or assessment test) that aims to test the students potential or their readiness and or ability to pursue higher studies, then it should be distinct from the standardized tests of learning achievements (e.g. Secondary Board Exams). The abilities measured by the test are developed over a student's entire academic life, as such, the test shall not incur a prior special coaching or training.

If, on the other hand, coaching for the test can raise students' scores, then it does not conform to the concept of entrance examination. Standardised one-off qualifying test privileges those affluent with financial strength and social status to go for a prior training and coaching, so that the fundamental objectives of such tests should be to make them less susceptible to socio economic advantages.

In India, several coaching factories have mushroomed since the advent of the NEET in 2016. The alarming rise of such coaching factories, both offline and online, above 400, generating around Rs. 5750 crore annually indicates that coaching has become the means to be successful in the NEET (Chapter 7).

This has also been vindicated in the recent figures that consistently, in recent years, the percentage of the repeaters, taking the test repeatedly, has increased, and that the repeaters are often able to finish the test successfully to get admission in a medical college. For instance, the percent of repeaters who have secured admissions in MBBS programme rose to 71.42% in 2020-21 from a meagre 12.47% in 2016-17.

It is the fact that these repeaters stay un-enrolled for higher studies after their 12^{th} standard only to be coached by the corporate and school based coaching factories for the subsequent few years until they clear the NEET with enough score to get admission in their desired college or

according to their financial strength. This clearly indicates that medical education has treaded rapidly, just in a couple of years of its inception, into the hands of those affluent segments of the society who can afford to pay such a sizable fees for coaching; be it school based or corporate based. On an average, a repeater has to invest Rs.10 Lakhs exclusively for coaching. The NEET has become a cause for the universal practice of an unintended but a detrimental consequence of 'coaching'. Both educational institutions and parents are now inclined more towards coaching the kids to prepare them for successfully appearing in the NEET rather than grooming them all round as educated human beings with all relevant knowledge, skills and attitudes.

Even many state governments and agencies in India [Uttar Pradesh (2), Maharashtra (3), Indian Army (4)] have started offering coaching classes to the underprivileged students, without which, they assume that these students may not succeed in the competitive exams like NEET, JEE and UG CLAT. Beyond this the union territory of Ladakh had announced Rs. One Lakh financial assistance to meritorious students to join the private coaching centres for the preparation of NEET, JEE, UG CLAT, and NDA for Two years (1). Such market trends even forced the progressive states like Tamil Nadu to impart coaching to the needy students in order to remain in the competitive race.

This trend confirms that coaching has replaced learning and paved the way for the entry of poorly skilled candidates (who are financially and socially strong) belonging to the affluent segment of the society into medical education.

Thus, the future medical profession is likely to be more commercialised than now and dominated by medical professionals of poor quality. This is what the progressive worlds, which had pioneered in such competitive exams over a century, had feared for when they started considering these scores for admission into higher studies. Therefore, those offering these exams have continually been tweaking the exams to ensure that previous experience or training or coaching on the part of the individual is assumed to be lacking for all individuals comprising the population considered. Exams like SAT had made several attempts to ensure that coaching does little or nothing to raise the students score (Slack and Porter, 1980).

The NEET, however, by its very nature, inadvertently attracts prior preparation in the form of coaching and destroys the 'learning' - and made learning already redundant - which is very much a fundamental element of 'education' and converts students like machines.

Medical aspirants studying 12th Standard do not undergo learning in their studies but outsource private coaching for their success in the NEET is an irrefutable fact.

Wherever learning is overlooked by a rote training, an all-round grooming of secondary students on different aspects including logical reasoning, decision making, social disposition, emotional intelligence and other abilities – that are very much essential for medical studies – will not be possible.

5.5 NEET is vulnerable to charges of cultural, regional, linguistic, and socio economic biases

The relation between achievements in standardised entrance exams and socioeconomic and other demographic disadvantages is one of the most widely replicated findings in educational research. Especially, a country, where the society is graded hierarchically with social inequality and unequally segregated in terms of economic conditions, level of income, level of education, occupation, living standards, cultures, linguistic status and geographical location, a standardised common entrance exam like NEET is more likely to exacerbate its reflection of all such inequities than to attenuate them.

If there is any significant difference in score distributions according to these segregated groups, that difference would probably be an increase in the score gap between the specially cultivated upper classes and socially suppressed lower classes, high income and low income of parents, high living standards and low living standards, literate and illiterate parents, urban and rural students, private run and government run students.

While this gap in educational performance in general has been historically observed by different reports including the series of Five Year Plans, reports of education departments, and the recently unveiled National Education Policy, it is pertinent to note the observations, in specific to the common entrance exam, made by; 1) the Hon'ble Madras High Court Bench comprised of Hon'ble Justice P. Misra and Justice J.A.K.S. Kumar, in Minor S. Aswin KmarVs State of Tamil Nadu [(2007) 2 CTC 677]; and 2) Report of the Commission on Reservation to State Government Schools' Students in MBBS Course, chaired by Honourable Justice P. Kalayarasan.

The Hon'ble Madras High Court observed that the common entrance test is advantageous to: the aristocrat schools imparting education to students of graduate parents; coaching centres imparting coaching to students for fees; students of elite people devote full time in studying with comfort; parents who attend the care of their children for their studies; students of highly qualified parents; and disadvantageous to: students of illiterate parents; students who cannot afford to go to the coaching centres due to financial crunch; students of socially and economically backward area who cannot afford to devote full time in studying as they have to attend to other work also; parents who cannot afford to care of their children for their studies as they have to afford to the work otherwise to eke out their livelihood; students of unqualified parents; and students studying under the greenwood tree with mosquito bites.

The latter also observes more or less the same factors that influence the scores in the NEET exam including: significant gap in children's cognitive development; parents' occupation/education; parental income; living standards; economic conditions; and psychology of the child. The Anandakrishnan Committee (2006), commissioned to examine the implications of abolition of Tamil Nadu Professional Courses Common Entrance Test (CET), also recommended abolition of the test on account of severe disadvantages encountered by different vulnerable sections of the student population such as rural households, Tamil medium students and underprivileged categories.

The analytical section of this report, in the later pages, also vindicates that the ever present socio economic disadvantages and other educational, geographical and linguistic backwardness facing the students of the Tamil Nadu state do not favour the practice of a common entrance exam as it causes injustice to the disadvantaged majority people of the state.

Even if the aforesaid five conditions, *viz*., - 1) tests the academic abilities of the concerned studentpopulation using 'bias-less common standards and criteria'; 2) tests the academic abilities developed by the concerned students over their entire academic life; 3) precisely 'predicts' the success of the students in their higher studies (after being admitted based on the NEET); 4) ensures that previous experience or training or coaching on the part of the individual is assumed to be lacking for all individuals comprising the population considered; 5) is less vulnerable to charges of cultural, regional, linguistic, and socio economic biases – are met by the NEET, either

it or any other forms of common entrance examinations, cannot be applied in India because the diverse nature of the Indian polity and society and its inherent socio economic and other demographic inequalities would result in inequal test results between the advantaged and disadvantaged. As long as the diversity exists, which is the strength of the nation and cannot be undone as it is evolutionary and natural, and until the historically embedded inequalities are ameliorated and a level playing field is established, a unified common entrance test is a curse to both the nation and society.

5.6. Medical Entrance Examination: Global Practice Vs. NEET

Globally, a wide variety of entrance examinations are conducted for admitting students into medical programmes. Table 5.1show the details of the examinations, being conducted at present in some developed countries, including the agent conducting the exam, the knowledge and skills being tested, subject matters covered, and the admission criteria being followed. Barring some minor differences between the developing and developed countries, most of the countries cited in the Table 5.1show a uniform method of administering the exams, whose features are outlined in the same Table.

Table 5.1:Details of Entrance Exam and Admission Criteria for Medical Studies in Overseas

Country	Ability & Skills (Covered in Entrance Exam)	Subjects/Contents (Covered in Entrance Exam)	Admission Criteria Used (National/State/Institutional Level)	Conducting Agency (Govt./Pvt)	Reference
UK UCAT (University Clinical Aptitude Test)	Verbal reasoning, decision making, quantitative reasoning, abstract reasoning and situational judgement test	No subjects/No Syllabus	UCAT/BMAT/GAMSAT score/A Level (Secondary School Grade)/Personal Statement/ Interview/ Work Experience/ Diversity (Institutional Level)	UCAT Consortium/Private	Medical School Council (2021) UCAT (2021)
BMAT (Bio-Medical Admission Test)	Aptitude and skills - problem solving, understanding an argument, writing skill, and data analysis and inference.	Biology, Chemistry, Mathematics, and Physics	UCAT/BMAT/GAMSAT score/A Level (Secondary School Grade)/Personal Statement/ Interview/Work Experience/ Diversity (Institutional Level)	Cambridge Assessment Admissions Testing/Private	BMAT (2021) Brothwood, P. (2015)
USA/ CANADA MCAT (Medical College Admission Test)	Natural sciences competencies, foundations of human aspects of medicine, scientific inquiry and research skills, understanding of humanities and medicine, equanimity in natural, social and behavioural sciences, critical analysis and writing.	Chemical and physical foundations of biological system, critical analysis and reasoning skills, biological and biochemical foundations of living systems and psychological, and biological foundations of behaviour	Bachelor Degree in Sciences with minimum GPA of 3.0, letters of recommendation, extracurricular activities, MCAT/Diversity (Institutional Level)	Association of American Colleges (AAMC)/Private	Kevin et al. (2020) Schwartzstein, et al. (2013) University of Harvard (2021) University of Toronto (2021)
AUSTRALIA GAMSAT (Graduate Medical School Admission Test)	Problem solving, critical thinking and writing skill.	Reasoning in humanities and biological sciences	Bachelor Degree, IELTS/PTE, GAMSAT/Respective university entrance score, Personal Statement/Diversity (Institutional Level)	Australian Council for Educational Research (ACER)/Private	GAMSAT (2021) University of Sydney (2021)
CHINA GAOKAO (National College Entrance Examination)	Academic achievement	Chinese Language, Mathematics, English, Political Science, History, Geography, Physics, Chemistry and Biology	Gaokao Score, University admission Criteria: interview and/or other assessments	National Committee for the Enrolment of College Students with wutonomy for Province, City and County	Zhu (2014)

Except the conducting agent - the private consortium/organisation, in the case of developed nations and the government agency in the case of developing ones - the methods and strategies being followed in both categories are mostly similar, adopting the following pattern.

- The entrance exams are composite in nature, predominantly testing the aptitude on logical and reasoning skills and little subjects. By this way, they predominantly test the aptitude and partially the achievement; that is the tests are blended. The exams are based on a common standard core; not based on any defined syllabus.

- The admission criteria are not pivoted around exclusively the entrance exam, but comprehensively on all round parameters including the secondary school scores/Board exams, social inclinations/services, personality, and socio economic disadvantages.

- The entrance exam scores are not mandatory but considered as a part of the screening process. Institutions are empowered to either use or relax with the scores of entrance test.

It could be noticed that the Indian NEET and the admission criteria are diametrically opposite to the above methodology as it is: mandatory to seek admission in medical colleges; a standardised subjects based test; not based on a common standard core; the only score exclusively considered for admission precluding Board exam scores; not optional for states to use it but mandatory.

With this one could conclude that the NEET has exceeded all acceptable scientific forms and principles of an entrance exam, and the union government making it mandatorily a sole criterion for admission into medical colleges, is a flaw, eccentrical and an injustice against both the spirit of the constitution and people of the country. The NEET is purely an affair of the nation-state as opposed to the other global practices, where, use of the score, is purely an institutional or regional affair. Even the countries with more homogenous socio economic conditions, like the Scandinavian and Nordic countries, do not practice the state-driven common entrance exams. Especially, Finland, which practiced a sort of entrance exam for admission into all higher studies for more than a century has made it partially ceased to exist. All these countries have never dared to forcefully impose such a rigid and one-sided test nationally. Even though a unified standardised test, named Gaokao (National College Entrance Examination), is adopted in our

neighbour China, the rights on executing it have been devolved across all levels of China's polity, from national level through provincial and city to the county. These different levels have the right to determine the time and methods of the test, subjects to be included, and the enrolment procedure after the test (Zhu, 2014). This shows that the regional and provincial requirements have been incorporated in both the test and admission. Most of the OECD (Organisation for Economic Cooperation and Development) countries and several progressive developing countries do not have a common entrance exam driven by the state. But a country having a highly graded unequal social structure, with a vast diverse economic, cultural and linguistic backgrounds, has been subjected to such an excruciating testing exercise, which is very much an unfair affair.

CHAPTER VI

IMPACT OF NEET: STAKEHOLDERS OPINION

6.1. Introduction

In pursuance to achieve the object, as one of the measures, the Committee also intended to receive public opinion from general public and various organisations including political parties, non-political organisations, NGOs, educationists, public authorities, and social organisations. The Committee accordingly published a notification to the public as depicted in Figure 6.1. Opinions were received through various means including e-mail, post, and in a drop-box provided at the High Level Committee office at the office of the Directorate of Medical Education campus.

GOVERNMENT OF TAMIL NADU

JUSTICE HON'BLE A.K.RAJAN COMMITTEE

DIRECTORATE OF MEDICAL EDUCATION

(3rd FLOOR) KILPAUK, CHENNAI-600 010.

NOTIFICATION

Tamil Nadu Government has constituted the committee under the Chairmanship of Hon'ble Justice A.K.Rajan and Eight other members to Study whether the **NEET** based admission has affected the students of Tamil Nadu. In this regard Public opinion is invited and the same may be sent in not exceeding 5 pages on or before **23.6.2021** either by E-Mail or by Post or may drop in the box kept at the committee office in Director of Medical Education campus.

ID. neetimpact2021@gmail.com **upto 23rd June 2021.**

DIPR/ 468/DISPLAY/2021 **Convenor**

Figure .6.1. Notification Inviting Public Opinion on Impact of NEET

Pursuant to that a large number of submissions, totalling **86,342**, were received by the office. Of them, **85953** opinions were obtained through e-mail, **332** by posts, and **57** opinions through the drop-box. All feedbacks were seriously reviewed by the Committee, and ideas, data, suggestions and comments submitted were segregated per the focussed issues and topics.

As regards the level of public acceptance, **65007** opposed NEET, **18966** supported NEET, **1453** had no opinion, and **916** were repeated mails.

It was found that the voluminous submitted opinions were repetitive and overlapping but some were unique, but all were carefully collated and collectively presented as follows.

6.2. Feedbacks Supporting NEET

1. NEET was carefully reviewed by the Supreme Court of India with respect to growing commercialisation of private medical education, wherein, medical seats were sold for higher price, which was affordable only to the rich, and because of this the dreams of deserving medical aspirants, irrespective of caste, creed and class, were being crushed.
2. With NEET in Place, seats blocking could be reduced, economically weaker people might get admission in private colleges too under as it is a unifying exam, instead of the previously used 12thStd scores which put State Board and CBSE syllabus students at two different levels. With NEET both the State board and CBSE Board students are evaluated at the same level. Therefore, when admission is based exclusively on NEET score, one can compete for the 100% seats and the level of difficulty being faced in the exam if uniform to everyone, and the rankings are fair. While competing for the state quota, the State students can also compete for the 15% all India quota in other States.
3. Only using the NEET score, the Tamil Nadu students can enter Institutes of National importance such as AIIMS, JIPMER etc. Our students can also study in top medical colleges of the other states too through NEET.
4. NEET can be attempted for three times but a low score in the 12thStd Board exam diminishes all chances of getting admission to MBBS. The old method had killed the dream of many aspiring students.
5. The questions being asked in the NEET are application based which urges the students to think instead of mugging up and re-producing the same, so, quality students become eligible instead of someone who just is good at rote learning. Also, compared to the previous entrance exam (AIPMT), NEET pattern of questions give students ample time to think and it reduces anxiety towards preparation.
6. TN curriculum and learning styles need to be improved. Making a high standard entrance exam like NEET mandatory will only help improve the teaching standards in the long run to

the point that Tamil Nadu students no longer need to be dependent on money sucking coaching centres.

7. NEET does not affect reservations. There is currently 69% reservation for medical seats in Tamil Nadu, which remains unchanged under admission by NEET scores as well. Therefore, it is not against social justice.

6.2. Feedbacks Opposing NEET

1. The rate of admission to medical programmes by the Tamil Nadu State Board (HSc) was reduced after NEET.
2. NEET causes mental stress to students and leads them to the extent of committing suicide. Exam centres outside Tamil Nadu causes mental and physical stress to parents and students. Private schools are teaching NEET syllabus instead of HSc syllabus. Implementation of NEET neglects 12 years of School curriculum which is the crux of education and life curve. It should be noted that the NEET syllabus is based on CBSE syllabus. As India is a diverse country with so many boards of education which have different syllabi, a common entrance exam is not applicable to all. NEET is paving the way only for students who are economically advanced, studying in CBSE schools and spending lakhs for their private school education and coaching classes.
3. NEET promotes coaching and that without coaching one cannot succeed in it. One has to undergo coaching for 2 to 3 years, which is waste of time. Coaching centres are collecting fees in Lakhs of rupees which is not possible for economically poor people. While girls already face so much of social barriers to continue education, NEET has further worsened it that they are discouraged from entering private medical institutions for want of financial and educational assistance. NEET has created an opportunity for a new roaring business of coaching.
4. The private schools have started coaching even from the IX standards onwards until XIIth to appear for NEET. In every standard, instead of studying the regular syllabus, the situation has changed as get ready for NEET. The families who are well-to do are spending huge amount of money to join NEET coaching Classes

5. If the students from rural areas study MBBS, after completion of the course, they will serve in the rural area. But affluent people who spend lakhs of rupees for coaching will either work in corporate hospitals or go to foreign countries for working. Medicine has always been a service to the people but NEET selection instills a highly competitive and business mindset inthe minds of students, thus public service disappears and profit-oriented medical practice becomes commercialized.
6. NEET is against social justice, humanism and equality. NEET exam prevents the opportunity for tribal, rural and oppressed students pursuing medical education. Especially, it has helped the private and deemed universities to prevent the oppressed students to pursue medicine in their institutions.
7. State Board studies have become meaningless due to NEET. So students ignore learning and are not engaged in it but alternatively they concentrate on coaching. Such students will not be having judging and reasoning capacity.
8. NEET has encroachment into the State's right. NEET selection usurps state rights. Therefore, the Government of Tamil Nadu should mobilize the support of other State Governments in support of its position that NEET should be abolished.
9. After implementation of NEET the proportion of Tamil Nadu State students studying in Medical Education has gone to deplorable level. The most affected are the Government school students.
10. Tamil health care infrastructure is very good and systematically built up medical colleges in each district with more no of seats than many other states.
11. Irrational rules and regulations like dress code, hair style, jewellery etc. being imposed on Tamil children, especially, are despicable and condemnable. This has shattered the children's long cherished dream and their confidence.
12. NEET has evolved with a new paradigm to divide the society on the basis of ingenuity, affluence, ineptitude and regionalism.
13. NEET can be used to admitting students for national quotas. In Tamil Nadu, at State level, SEET (State Eligibility cum Entrance Test), based on the State Board syllabus can be conducted.
14. After NEET exam other state candidates got medical seats in Tamil Nadu using fake nativity certificate of Tamil Nadu.

15. In 2018, the NEET exam was conducted in Tamil language, which was not translated properly, and students who wrote in Tamil were affected.

16. After the NEET, students who got just a mere pass were able to get admission in private medical colleges by paying huge amount of money. Rich people can buy seat by paying Rs.25 lakh per annum in Deemed Universities even if they get low score and the total cost of the entire course would be around Rs 1 crore 50 lakh.

17. Among eligible students who got admission in Medical curriculum, most of the students were 'repeaters'; who took NEET multiple times. Girl students cannot afford to write the exam multiple times. Without giving equitable opportunities and improving education systems, conducting NEET will definitely increase the gap between rich and poor.

18. Two-thirds of the students currently enrolled in the MBBS course are repeaters. There is a huge difference between those who are writing the exam for the first time and those who have studied for a few years in private coaching centre and writing the exam again and again which is possible only for financially affluent families. For example, out of 63835 Medical admissions a private coaching centre Akash foundation got 96% of admissions which shows how a coaching centre and highly affluent society influence Medical admissions. Therefore, it is necessary to limit the number of attempts in NEET.

19. Answering 180 questions in 3 hours would be possible only with proper training, 3 minutes per question is something that can only be accomplished by those who are well trained. The rural poor students who are not trained to face such exam cannot do it properly.

20. There is a danger that the NEET will ruin the welfare of the people of Tamil Nadu because there is also a risk of a major crisis in Tamil Nadu due to a shortage of medical doctors in future due to NEET.

CHAPTER - VII

IMPACT OF NEET ON ADMISSION: FROM THE PERSPECTIVES OF ACADEMIC, SOCIO ECONOMIC & OTHER DEMOGRAPHIC STATUS AND HEALTHCARE SERVICES IN TAMIL NADU

7.1. Introduction

The main objects of the Committee is to study: whether the NEET based admission process has adversely affected the different social, economic and federal polities and the students of rural and urban poor, and those who studied in Thamizh Medium or any other section of students in Tamil Nadu; whether NEET is an equitable methods of selection of students; the effect of mushrooming NEET coaching centres on the educational system in Tamil Nadu; and suggest the steps to be taken to remove the impediments and to protect the rights of the State, for advancing the principles of Social Justice and also to fulfill the mandate of the Constitution to provide equal and equitable "access to health" to all section of the people of Tamil Nadu.

Henceforth, this Section reviews and analyses the socioeconomic, demographic, academic, schooling, geographical and other related backgrounds that caused the so far achieved performance of the students, belonging to the state of Tamil Nadu, in the NEET, historically, for the periods of both before and after its introduction in Tamil Nadu. While the Chapter Five has questioned and analysed the academic merit and validity of the testing framework of the NEET, with respect to both the universally accepted 'concept of academic assessment (achievement)' and 'socioeconomic status and disadvantages of the students', this Section further analyses how connections between these two has impacted upon the admission prospects of medical aspirants of Tamil Nadu and how it affects the 'medical education', 'medical profession' and 'medical and health care services' in Tamil Nadu.

7.2. Data Collection and Method

The two-faceted dimension of the investigation, as aforesaid; i) the causal relation between 'testing framework of the NEET used for and the sole 'admission criteria (NEET score)' used in the medical admission and the 'socio-demographic status and disadvantages' faced by the Tamil Nadu students' demography, and ii) the impact of this causal relationship on the overall

aspects of the medical and health sector, inter-alia, 'medical education', 'medical profession' and 'medical and health care services' in Tamil Nadu. Consequently, the impact on the stakes of different socio-demographic representations in these services and thus its influence on the overall performance of the sector was the extended question under investigation as well.

In connection with is inquiry, the Committee collected all relevant information and data, both quantitative and qualitative, from all relevant sources including; Directorate of Medical Education, Directorate of Medical and Rural Health Services, Directorate of Public Health and Preventive Medicine, Directorate of Medical and Rural Health Service, School Education Department, The Tamil Nadu Dr. M.G.R Medical University, Technical Education Department, and government commissioned committees' reports, documents, and research literature.

The data collected were verified for their veracity and validity, and scientifically deployed in the analysis with respect to the intended questions, as aforesaid, and thus carefully, the results were interpreted and with the inferences emerged therefrom findings were observed.

7.3. State of Affairs of School Education in Tamil Nadu

Tamil Nadu is India's one of the most productive states known for its unique multidimensional developments in the areas of economy, health, healthcare, industries, agriculture, and human development for which education development of the state was the backbone. Without quality educational attainment of the eligible students and society such developments would not have been a possibility. The rural-urban divide put the total population at the ratio of 52:48 percentages urbanizing the state in a rapid manner. The working age group of 15 to 59 years constitutes 68.6 percentage of the population. As a state, Tamil Nadu continued to register its mark in its economic parameters – higher economic growth rate (appr. 8%) than the national average, third highest GDP per capita in the country, declining poverty ratio and so on. It is one of the urbanized states as well as among the most industrialized with a strong manufacturing base and a large service sector. This achievement is a collective product of the people oriented policy initiatives, measures and interventions consistently taken by the successive Governments of the state.

The trajectory of the multidimensional achievement of the state has a historical underpinning of 'Social Justice' that has driven all the policies and reforms in the state, so is with 'education'. This has resulted in Tamil Nadu known for academic excellence and comparatively quality educational delivery in India. Recognising the importance of education, the State Government has been attaching highest priority to both expansion and quality of education and to ensure that this is available to and accessible by all segments of the society. As a result, Tamil Nadu has been performing well ahead of most of the other States in the country on the parameters like literacy rate, elementary, secondary and higher secondary education, higher education, Gross Enrolment Ratio, Teacher-Student Ratio, drop-out rates and so on. The Educational Development Index developed by the National University of Educational Planning and the Ministry of Human Resource and Development has placed Tamil Nadu in the first place in the Primary level and 3rd inthe entire Elementary Education Department of School Education (Govt.. of Tamil Nadu, 2012-13).

Since independence, the state has managed to produce educational infrastructures, mainly; schools and higher education institutions to a level greater than any other states in the country. At present, the state has more than 3500 higher education institutions (excluding central and deemed institutions) under the purview of the higher education department and 58932 schools, both public and private, with one of the highest pupil teacher ratio in the country (Table 7.1 and Table 7.2). Of which, about 78% students study in Govt.. and Govt..-Aided schools, and that the 37431 Govt.. schools constitute schoolings of different categories like Adi-Dravida Welfare School, Corporation School, Kallar BC/MBC Department School, Municipal School and Tribal Welfare Schools to provide access to all disadvantaged segments of the society. The state's Secondary School GER (Gross Enrolment Ratio) is 7% higher and the HSc about 22% higher than the Indian average. Transition from Primary to Secondary and Secondary to Higher Secondary is approximately 10% higher than the Indian average.

Table 7.1.: Comparison of Educational Indicators of India and Tamil Nadu

Indicator	Category	India	Tamil Nadu
Gross Enrolment Ratio	Secondary	79.55	86.81
	Higher Secondary	58.56	80.31
Pupil Teacher Ratio	Secondary	23.03	16
	Higher Secondary	49.98	18
Transition Rate	Upper Primary to Secondary	88.4	99.2
	Secondary to Higher Secondary	67.8	78.8
Gender Parity Index	Secondary	1.04	1.05
	Higher Secondary	1.04	1.26

Source: Report of Justice Kalaiarasan Committee, 2020

Table 7.2.: Distribution of levels of schools across different managements for 2019-2020

Type of Schools	Pre Primary Schools	Primary Schools	Middle Schools	High Schools	Hr. Sec. Schools	Total
State Government	0	24298	6961	3118	3054	**37431**
Aided	4	5020	1511	595	1218	**8348**
Central Govt.	0	2	62	8	40	**112**
Matric	0	20	302	1385	2787	**4494**
CBSE	6	64	273	425	494	**1262**
ICSE	3	12	18	41	69	**143**
Unaided Others	396	5924	282	234	306	**7142**
Total	**409**	**35340**	**9409**	**5806**	**7968**	**58932**

Similarly, Tamil Nadu has been performing well, nationally, in most of the other schooling parameters and ratios as highlighted in Table 7.3.

Table 7.3.: Tamil Nadu Ratios on Schooling in the National Range

Ratios	Achievement (Range)	Remarks
Student-Classroom Ratio – HSC	36-45	2nd High
Pupil-Teacher Ratio - Secondary Level	21-50	2nd High
Pupil Teacher Ratio- HSC	16-27	2nd High
Exam ResultsSecondary	80.01-95.00	2nd high
Exam Results–HSC	80.01-90.00	1st High
Girls-Boys Ratio (Enrolment)–HSC	1.11-1.29	1st High
Availability of Science Stream Secondary Level	40.01-92.86	1st High
Availability of Science Stream–HSC	80.01-100.00	1st High
Gross Enrolment Ratio–HSC	60.01-98.16	2nd High

Source: Source: NUEPA, 2016

Table 7.4 (Annexure) presents community-wise enrolment of students in all schools of Tamil Nadu, which shows that majority of the socially disadvantaged communities like MBC, SC,SCA, ST and DNC pursue their studies in the Govt. schools, the BC community pursues comparatively more in ICSE, CBSE, Matriculation, Private, Govt. Aided, and Central Govt.schools, and the FC (OC) community predominantly pursues in CBSE, ICSE and Central Govt. schools. This indicates how the income levels and accessibility of different social strata play a major role in enrolment. If this is related to the Parents' annual income (Table 7.5, Annexure), one could easily understand that those who have admitted their children in schools like Matriculation, Central Govt., CBSE, Private and ICSE have Parental annual income higher than their counterparts who have put up their children in State Govt. and Aided schools. Consequently, those who have higher parental income and CBSE oriented education are likely toimprove their performance in NEET simply because of the NEET's CBSE bias and parents' financial affordability for a high profile coaching.

The aforesaid achievements were possible only because of the long term constructive efforts and measures taken by the successive Governments in the State. As a result it has become one of the key centres of academic excellence in the country.

7.4. Profile of Tamil Nadu 12th Standard Students and Their Overall Performance in NEET

This section presents the composition of the overall profile of the 12thStd students studied in the state of Tamil Nadu. It outlines the key details that are relevant to assess the impact of NEET on the eligible Tamil Nadu students, The scope of the details presented in this section is limited to the information that are pertinent to assess the impact of NEET on the eligible students, and therefore, this section outlines the overall performance of the students in their 12th final examination, the profile and performance of the students who are eligible to appear for the NEET examination, and their overall performance in it.

7.4.1. Twelfth Standard Students Studied Under Tamil Nadu State Board of Secondary Education (TNSBSE) and Their Performance

Table 7.6 depicts the details of the students who have studied their 12th Standard under the Tamil Nadu State Board of Secondary Education (TNSBSE) for the past ten years. The Table implies that the ever increasing student size in HSC since 2011 till 2017 has slipped down to 12.7%, with a loss in student size of 113,322, between 2017 and 2020, in the post-NEET period.

Table 7.6.: Number of 12th Standard Students Studied under the TNSBSE

YEAR	TNSBSE 12thStd Students
2011	716543
2012	756464
2013	799513
2014	821671
2015	839291
2016	833682
2017	893262
2018	860434
2019	842512
2020	779940

7.4.2. Twelfth Standard Students Studied Through Different Mediums of Instruction

Table 7.7 and Figure 7.1 display the quantum of students who have studied 12th standard under TNSBSE and their chronological size. Of the three categories mentioned, if students of Thamizh and English mediums are considered (which are significant), in the post-NEET period, the Thamizh medium students size went down by 24.8% whereas, that of the English medium rose to 8.4% between the period of 2017 and 2020.

Table 7.7.: Number of 12th Standard Students Studied Through Different Mediums of Instruction

Year	Tamil medium	English Medium	Other languages	Total
2011	509246	205311	1986	716543
2012	532511	222030	1923	756464
2013	555855	241750	1908	799513
2014	555878	263786	2007	821671
2015	553118	284326	1847	839291
2016	540183	291727	1772	833682
2017	563157	328054	2051	893262
2018	526539	331739	2156	860434
2019	497292	343471	1749	842512
2020	423278	355734	928	779940

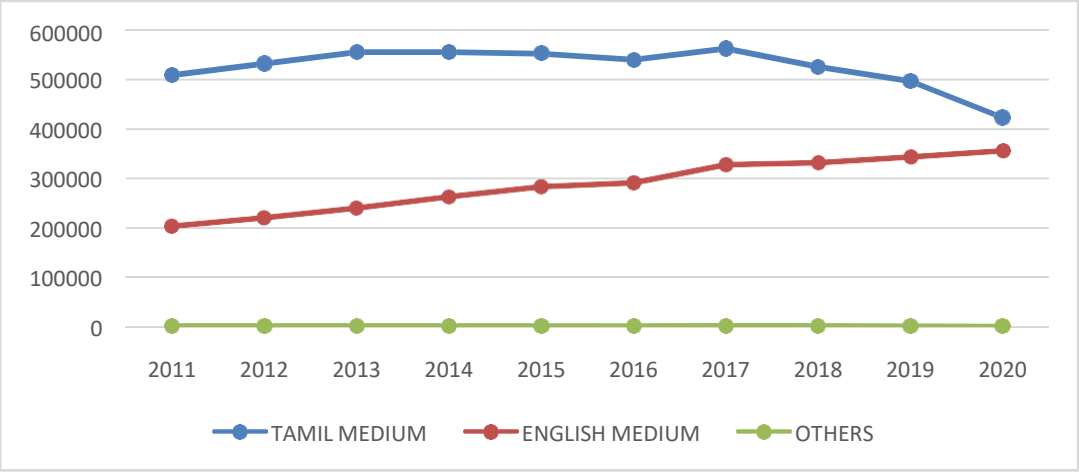


Figure 7.1. Flow of Students Size by Medium of Instructions

7.4.3. Twelfth Standard Students by Gender Classification

Table 7.8 displays gender wise students size in 12th Standard for the past 10 years and Figure 7.2 shows the trend. Between the boys and girls, the girls-students size is approximately 7% more than the boys throughout the decade. The Table implies that the actual size of the boys and girls fell by 14.4% and 11.2% respectively in 2020 compared to 2017. If this is seen with the facts of Table 1 and compared with the growth in size of CBSE students in Tamil Nadu, the reason for this downfall could be traced. Probably, the students would have migrated to the CBSE from TNSBSE.

Table 7.8. Number of 12th Standard Students by Gender Classification

YEAR	BOYS	GIRLS	TRANSGENDER	TOTAL
2011	333084 (46.48 %)	383459 (53.52 %)	0 (0 %)	716543
2012	350736 (46.37 %)	405728 (53.63 %)	0 (0 %)	756464
2013	371450 (46.46 %)	428063 (53.54 %)	0 (0 %)	799513
2014	378215 (46.03 %)	443456 (53.97 %)	0 (0 %)	821671
2015	388883 (46.33 %)	450408 (53.67 %)	0 (0 %)	839291
2016	388935 (46.65 %)	444747 (53.35 %)	0 (0 %)	833682
2017	415331 (46.5 %)	477931 (53.5 %)	0 (0 %)	893262
2018	400179 (46.51 %)	460255 (53.49 %)	0 (0 %)	860434
2019	389250 (46.2 %)	453262 (53.8 %)	0 (0 %)	842512
2020	355652 (45.6 %)	424288 (54.4 %)	0 (0 %)	779940

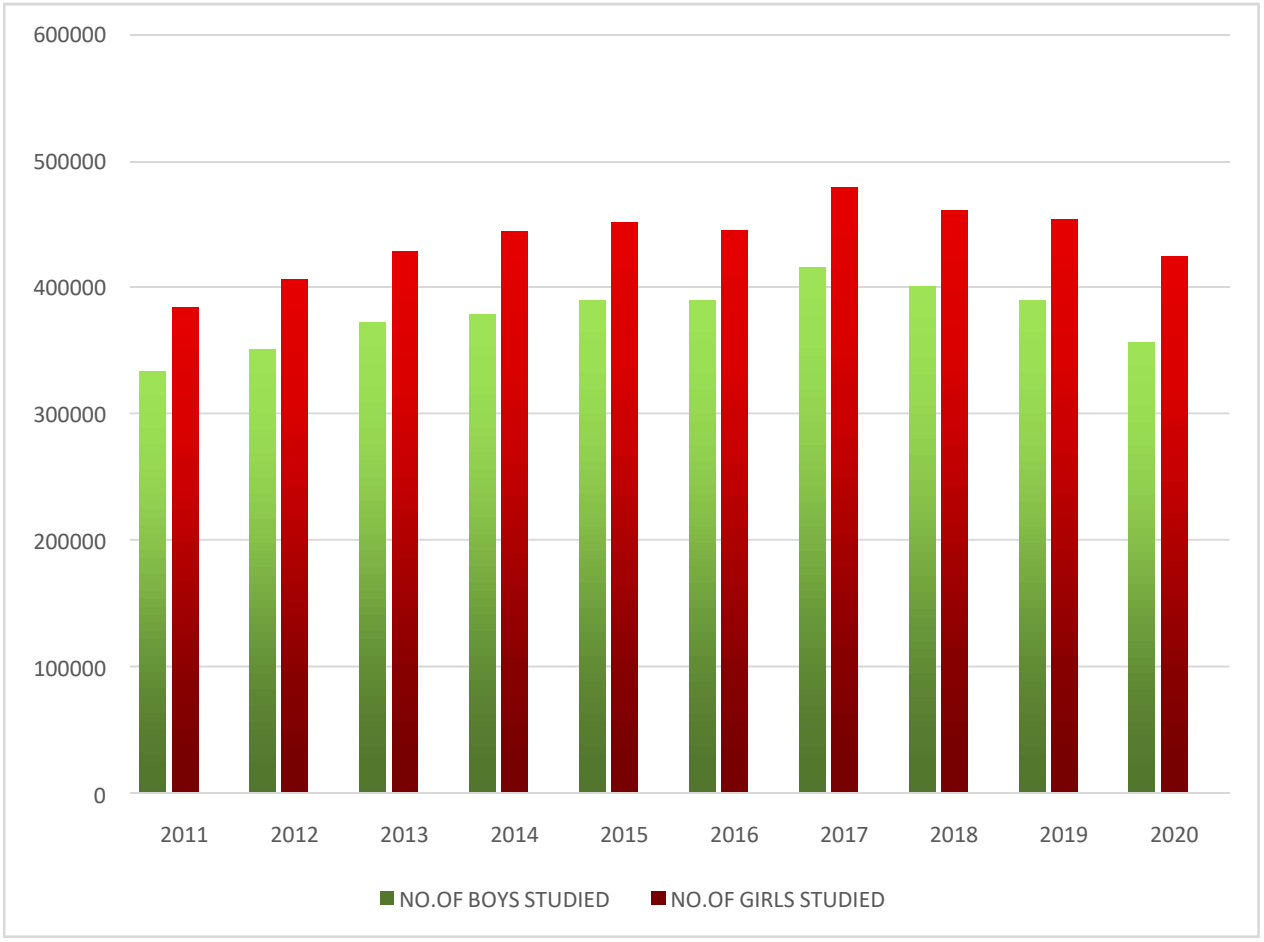


Figure 7.2. The Flow of the 12th Standard Boys and Girls Students

7.4.4. Twelfth Standard Students Size by School Type (Govt./Govt. Aided/Private)

Table 7.9 and Figure 7.3 display the 12thStd students studied in different types of schools in Tamil Nadu. The trend (Figure 7.3) indicates that until 2016 both the Govt. Schools and Govt. Aided Schools have managed their student size stable, while the private schools showed steady growth in its student size. Post-NEET period, in the cases of Govt. and Govt. Aided Schools, the student size fell down by 18.5% and 14.1% respectively, whereas, in the same period, the private schools have maintained their student strength much unaltered. Interestingly, this concurs with the assertions made from the Tables 7.6 to 7.8 that they would have migrated to the CBSE.

Table 7.9.: Number of 12thStd Students by School Type (Govt.., /Govt.., Aided/Private)

Year	Government school	Government aided school	Private school	Total
2011	344819 (48.12 %)	218944 (30.56 %)	152780 (21.32 %)	716543
2012	357830 (47.3 %)	224595 (29.69 %)	174039 (23.01 %)	756464
2013	373436 (46.71 %)	232082 (29.03 %)	193995 (24.26 %)	799513
2014	376704 (45.85 %)	233863 (28.46 %)	211104 (25.69 %)	821671
2015	377240 (44.95 %)	235763 (28.09 %)	226288 (26.96 %)	839291
2016	373944 (44.85 %)	227925 (27.34 %)	231813 (27.81 %)	833682
2017	401339 (44.93 %)	235123 (26.32 %)	256800 (28.75 %)	893262
2018	382193 (44.42 %)	222669 (25.88 %)	255572 (29.7 %)	860434
2019	365026 (43.33 %)	216791 (25.73 %)	260695 (30.94 %)	842512
2020	327137 (41.94 %)	201926 (25.89 %)	250877 (32.17 %)	779940

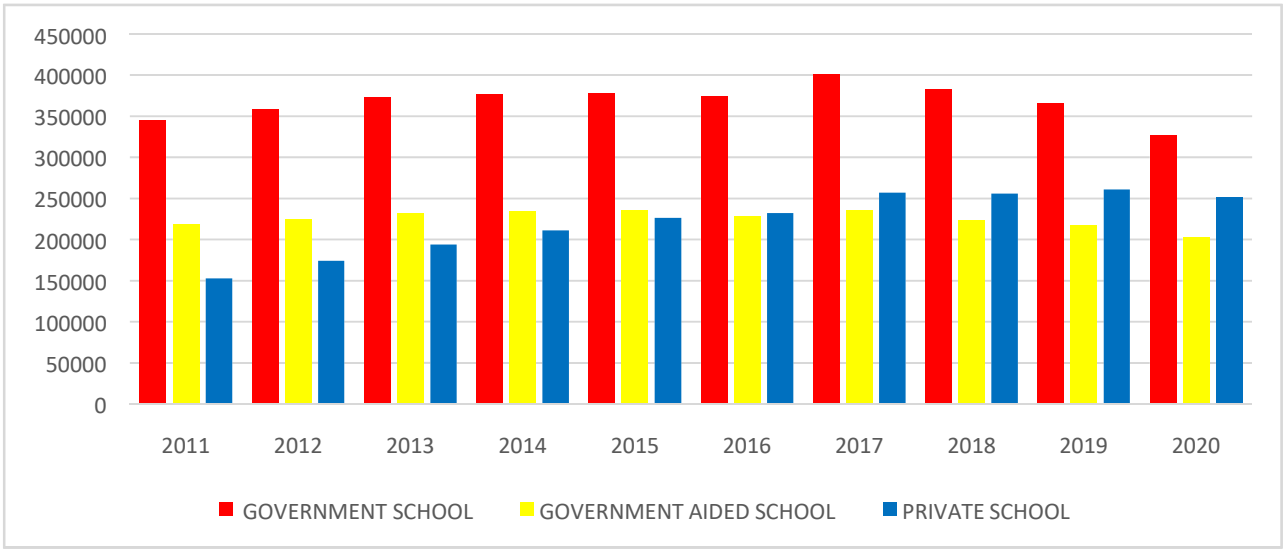


Figure 7.3. Twelfth Std Students by School Type (Govt./Govt. Aided/Private)

7.4.5. Pass Rate of TNSBSE Students in 12thStd Examination (Tamil Medium/English Medium)

Table 7.10 displays the students' pass rate for the past ten years, with specific reference to the Thamizh and English medium students. Overall, the pass percentage of the students indicates an upward trend from 86% in 2011 to 92% in 2020. But the pass percentage of the English medium students increases steadily (around 96%) as opposed to the Thamizh medium students who also show a steady chronological increase in their pass rate but a few percent less than the English medium students.

Table 7.10. Pass Rate of 12thStd Students by Medium of Instruction

Year	Passed			Total
	Tamil	English	Other	
2011	422665 (83.00%)	191427 (93.24%)	1505 (75.78%)	615597 (85.91%)
2012	445466 (83.65%)	208673 (93.98%)	1455 (75.66%)	655594 (86.67%)
2013	472607 (85.02%)	230053 (95.16%)	1465 (76.78%)	704125 (88.07%)
2014	490622 (88.26%)	252529 (95.73%)	1547 (77.08%)	744698 (90.63%)
2015	487756 (88.18%)	271420 (95.46%)	1393 (75.42%)	760569 (90.62%)
2016	482089 (89.25%)	278173 (95.35%)	1463 (82.56%)	761725 (91.37%)
2017	507038 (90.03%)	314112 (95.75%)	1688 (82.30%)	822838 (92.12%)
2018	464146 (88.15%)	318264 (95.94%)	1671 (77.50%)	784081 (91.13%)
2019	436482 (87.77%)	331225 (96.43%)	1518 (86.79%)	769225 (91.30%)
2020	375852 (88.80%)	343533 (96.57%)	824 (88.79%)	720209 (92.34%)

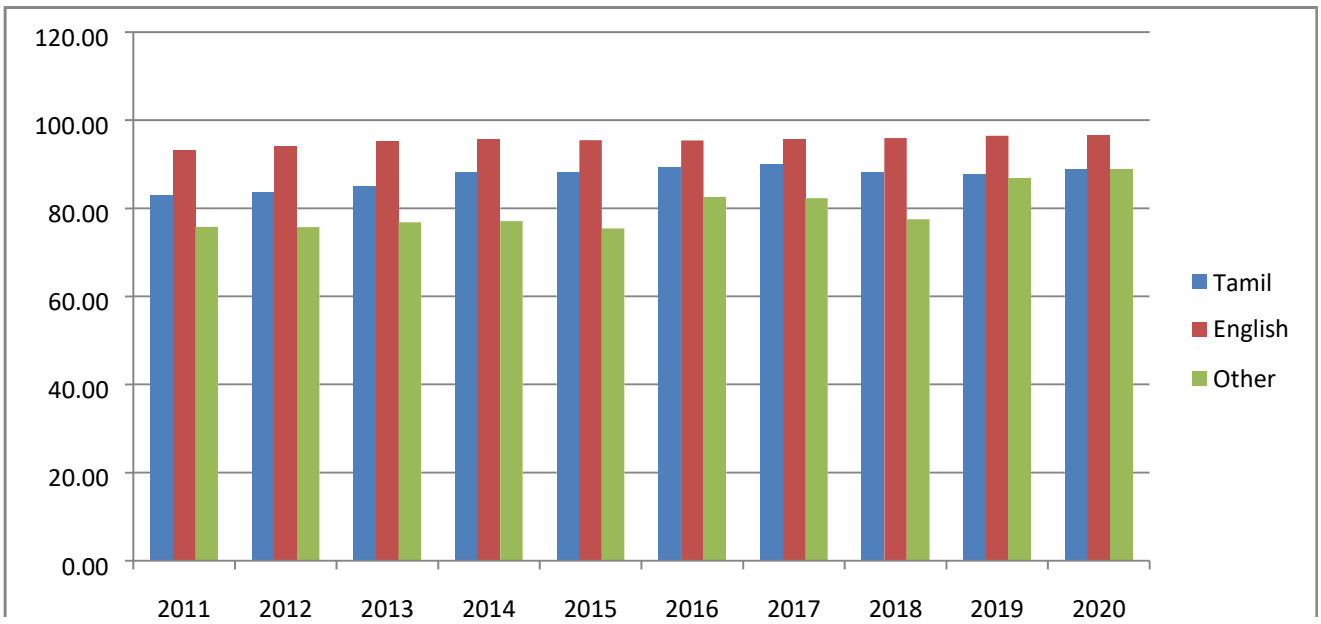


Figure 7.4. Distribution of Pass Percentage of the 12th Std Students by Medium of Instruction

7.4.6. Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by School Type

Table 7.11 displays 12th std students who have studied Science Stream groups in different types of schools and the distribution of the trend is presented in Figure 7.5. Overall, the percentage of these students in the post-NEET period has dropped down from 43.03% to 35.94%. While similar trend could be observed in all types of institutions - Govt., Govt. Aided and Private – students of Govt. Aided schools show 31.22% reduction followed by that of the Govt. (26.49%) and Private (24.88%) in the science stream. But the trend was on the upward growth in the pre-NEET period. This indicates that the introduction of NEET has negatively impacted the student enrolment in the Science stream. Probably, the NEET has discouraged the students from enrolling in the Science stream in 12th (TNSBSE) and encouraged them to migrate to CBSE.

Table 7.11. No. of 12th std Students Who have Studied Science Stream in TNSBSE by School Type

Year	Government	Aided	Private	Total	Percentage out of All Groups
2011	122019	77093	54763	253875	35.43 %
2012	127226	79361	65899	272486	36.02 %
2013	134740	84573	75406	294719	36.86 %
2014	131352	79124	84375	294851	35.88 %
2015	146180	89682	107895	343757	40.96 %
2016	149424	88887	118575	356886	42.81 %
2017	162292	91902	130213	384407	43.03 %
2018	145667	80926	118371	344964	40.09 %
2019	139352	79512	114880	333744	39.61 %
2020	119293	63213	97809	280315	35.94 %

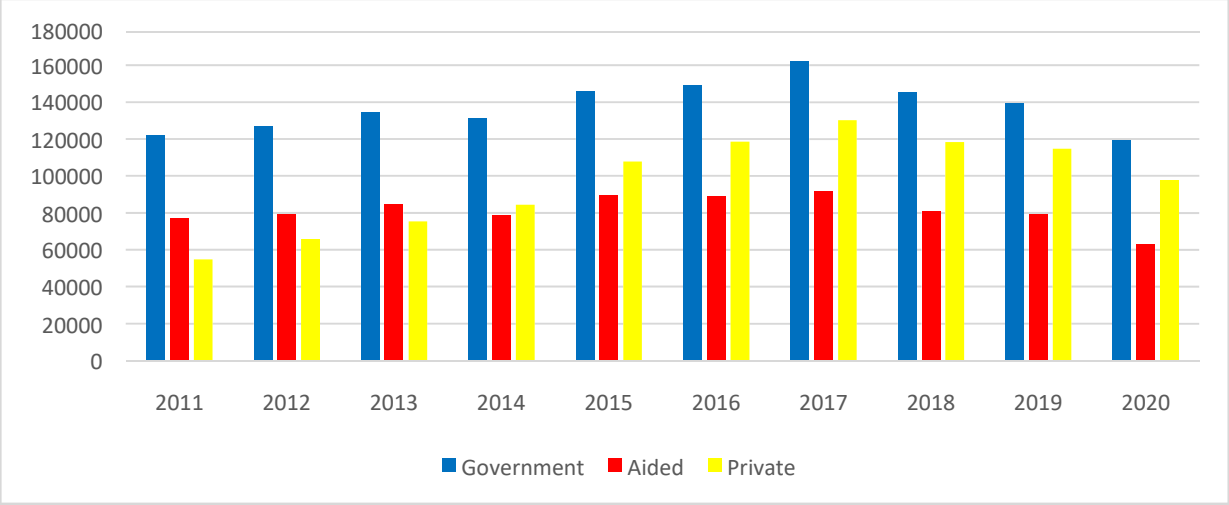


Figure 7.5. Distribution of 12th std Students Who have Studied Science Stream in TNSBSE by School Type

7.4.7. Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by Medium of Education

Table 7.12 displays 12thstd students who have studied Science Stream groups in English and Thamizh mediums. Overall, the percentage of these students in the post-NEET period has dropped down from 43.03% to 35.94% (Table 7.11). The overall trend between English and Thamizh medium students is presented in Figure 7.6. A similar trend could be observed in all types of institutions, except Govt., in which, in the post-NEET period, the English medium students size rose to 76.35% in 2020 compared to 2017, while the Thamizh medium students size fell down by 34.1% during the same period. In all other cases, both English and Thamizh medium students have shown negative flow in the said period with Pvt-Thamizh (-64.09%) followed by Govt. Aided-Thamizh (-38.51%), Pvt-English (-19.02%), and Govt. Aided English (- 10.12%). The conclusion is that the Thamizh medium students have been discouraged from taking science stream courses, probably by the NEET and other unforeseen reasons. However, interestingly, the Pvt-English medium students also have shown a drop in their presence in science stream by 19.02%. It seems that, overall, all these students have been discouraged from taking science stream in HSc (Higher Secondary) because it is, compared to CBSE, less compatible to the NEET.

Table 7.12. No. of 12thstd Students Who have Studied Science Stream in TNSBSE by Medium of Instruction

Year	Government			Government Aided			Private			Total
	Tamil	English	Other	Tamil	English	Other	Tamil	English	Other	
2011	115304	6371	344	59950	17074	69	12721	42042	0	253875
2012	120455	6319	452	61879	17409	73	16038	49861	0	272486
2013	127505	6798	437	66387	18164	22	18156	57250	0	294719
2014	124003	6874	475	60904	18173	47	15207	69168	0	294851
2015	137336	8333	511	67809	21835	38	18175	89713	7	343757
2016	139424	9544	456	66725	22129	33	18268	100307	0	356886
2017	150287	11408	597	68214	23663	25	16944	113269	0	384407
2018	133753	11405	509	58763	22114	49	12862	105504	5	344964
2019	125031	13877	444	56038	23444	30	10288	104583	9	333744
2020	98945	20118	230	41942	21267	4	6085	91723	1	280315

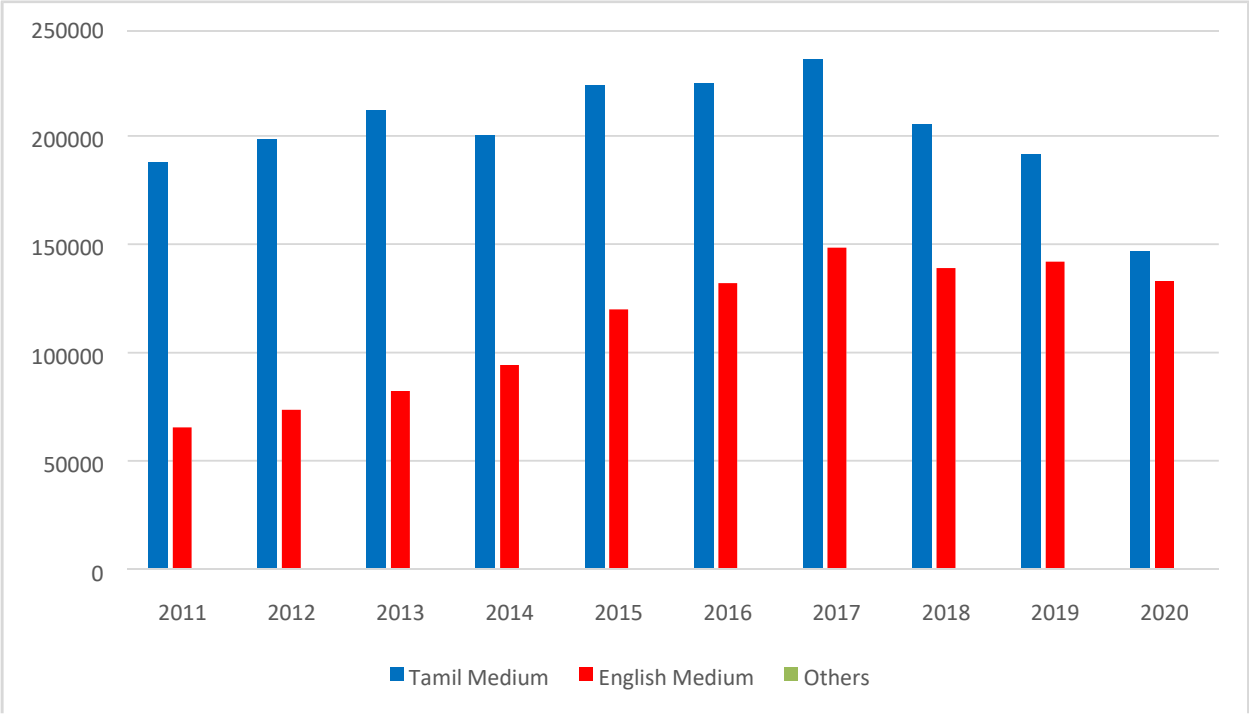


Figure 7.6. Distribution of 12th std Students Who have Studied Science Stream in TNSBSE by Medium of Instruction

7.4.8. Pass Rate of Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by School Type

Table 7.13 shows the pass rate of 12thStd students who studied science stream in TNSBSE. While the trend of performance in each category does not vary much and all the groups fared well above 90% marks in the past few years, there is a marginal difference between the groups – the Govt. students' average score is around 90% and that of the Govt. Aided 96% and Private 98%marks. The distribution of the frequency of percentage marks is displayed in Figure 7.7.

Table 7.13. Pass Rate of 12thStd Science Stream (Maths with Science and Pure Science Group only) students by School Type

Year	Government	Government Aided	Private	Total
2011	97316 (79.75%)	71879 (93.24%)	53540 (97.77%)	222735 (87.73%)
2012	100977 (79.37%)	74228 (93.53%)	64395 (97.72%)	239600 (87.93%)
2013	111628 (82.85%)	80425 (95.10%)	74307 (98.54%)	266360 (90.38%)
2014	117251 (89.26%)	76225 (96.34%)	83353 (98.79%)	276829 (93.89%)
2015	130224 (89.08%)	86569 (96.53%)	106789 (98.98%)	323582 (94.13%)
2016	136096 (91.08%)	85892 (96.63%)	117040 (98.71%)	339028 (95.00%)
2017	147106 (90.64%)	88940 (96.78%)	128715 (98.85%)	364761 (94.89%)
2018	132085 (90.68%)	78510 (97.01%)	117444 (99.22%)	328039 (95.09%)
2019	123420 (88.57%)	76193 (95.83%)	113617 (98.91%)	313230 (93.85%)
2020	106364 (89.16%)	60997)96.49%)	97038 (99.21%)	264399 (94.32%)

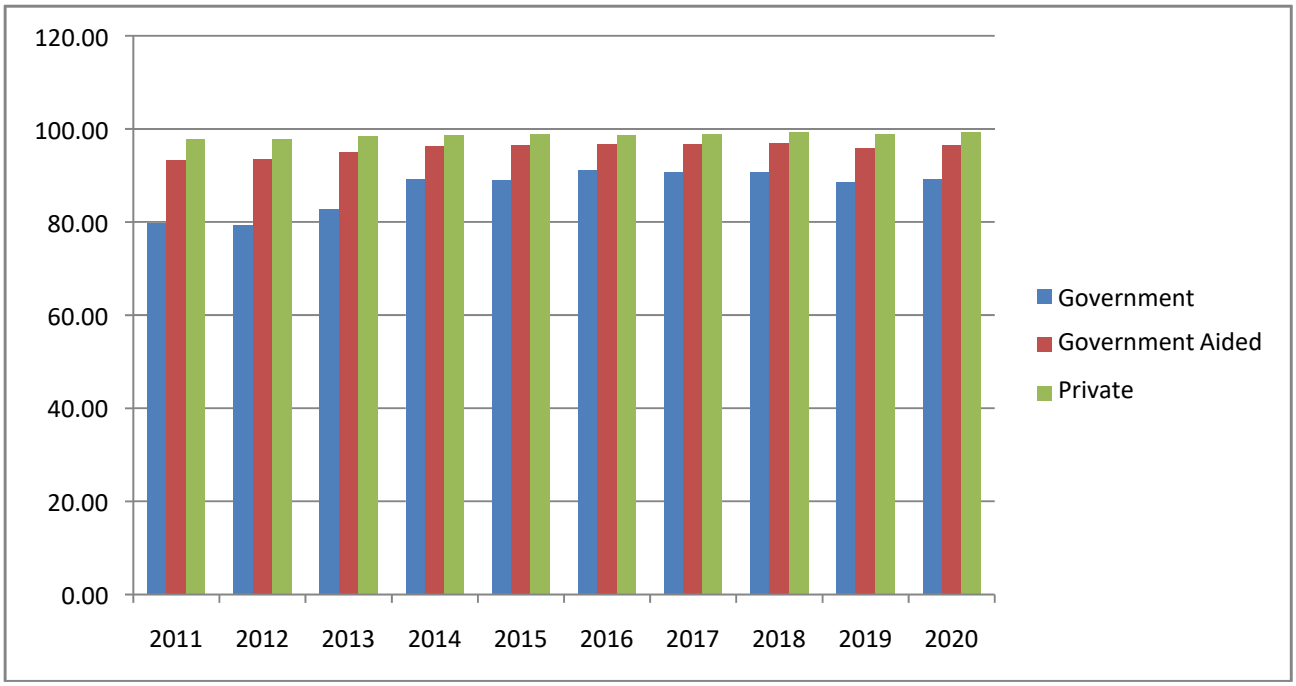


Figure 7.7. Distribution of Pass Rate of 12thStd Science Stream (Maths with Science and Pure Science Group only) students by School Type

7.4.9. Pass Rate of Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by Medium of Instruction

The performance of students of Science stream in terms of the medium of instruction by school type (Govt./Govt. Aided/Private) are depicted in Figures 7.8, 7.9 and 7.10 respectively. Interestingly, in the Govt. category (Figure 7.8), the Thamizh medium students have performed slightly better than English medium students, whereas in the cases of both Govt. Aided (Figure 7.9) and Private (Figure 7.10), the performance between the English and Thamizh medium are both same. To conclude, the performance of the English and Thamizh medium students among the different types of schools are more or less the same. But there is a few percentage differences between the Govt. and the Govt.Aided+Private, with the Govt. performing lower than the other two.

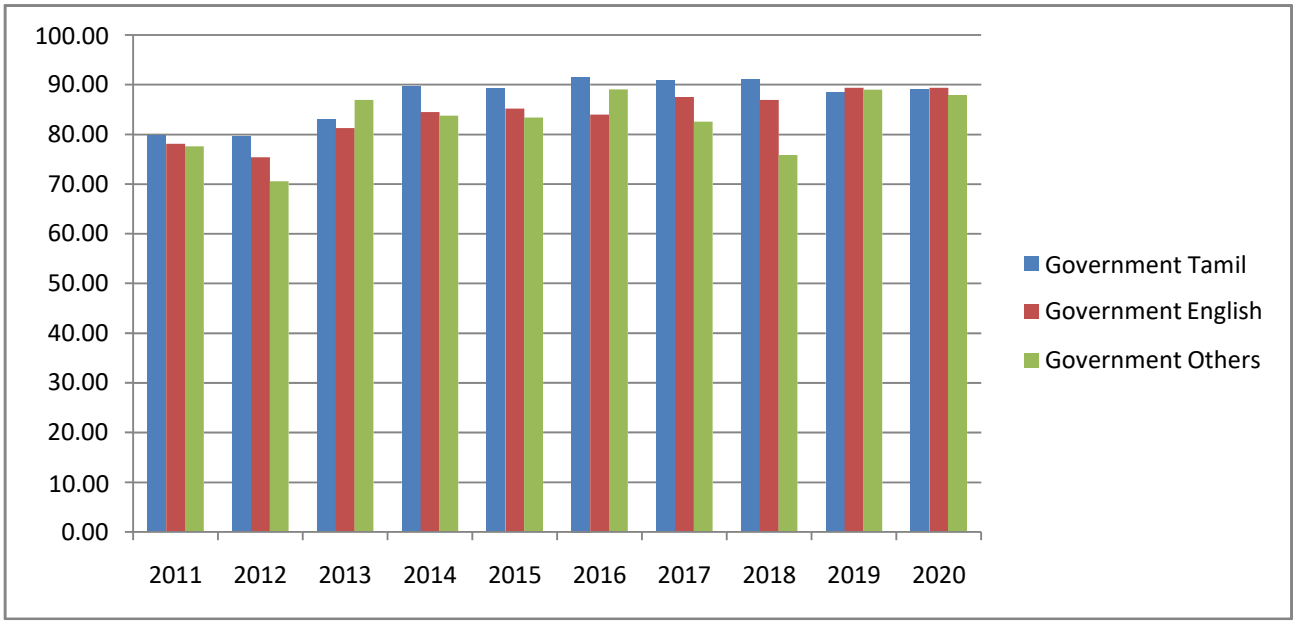


Figure 7.8. Distribution of **Pass Rate of Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by Medium of Instruction – Govt.**

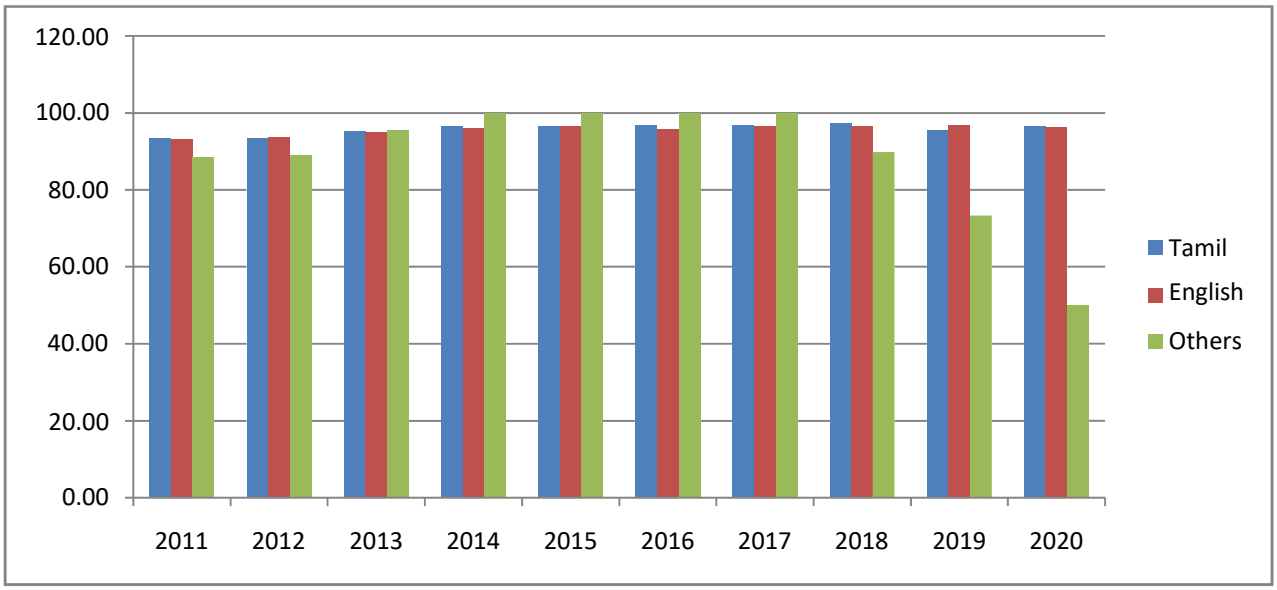


Figure 7.9. Distribution of **Pass Rate of Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by Medium of Instruction – Govt. Aided**

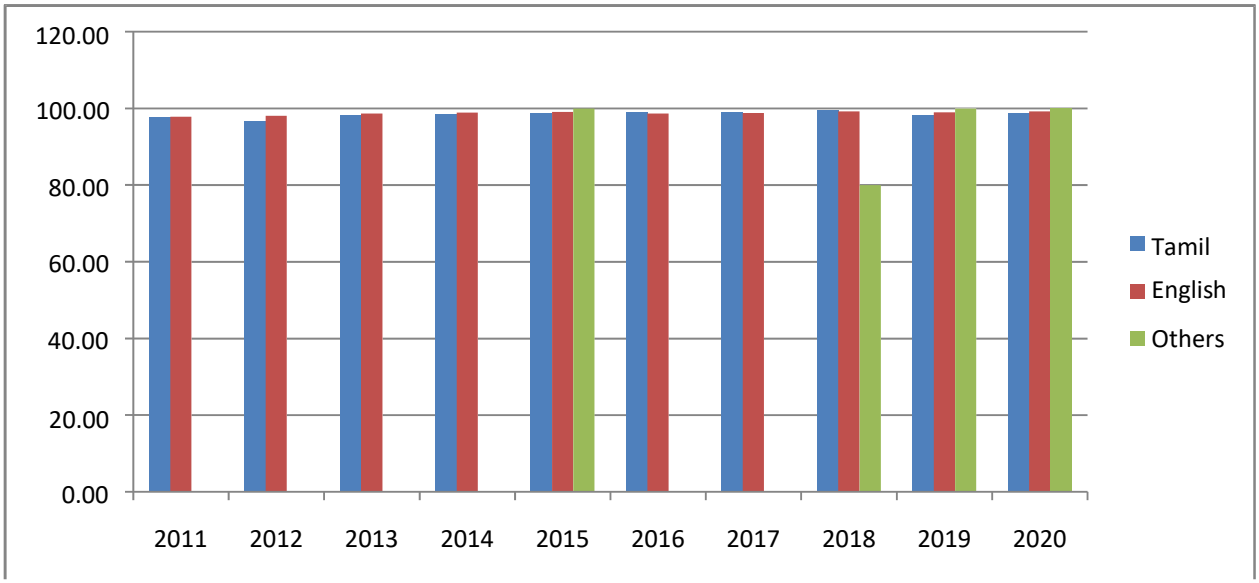


Figure 7.10. Distribution of Pass Rate of Twelfth Standard Science Stream Students (Maths with Science Group and Pure Science Only) by Medium of Instruction – Private

Overall, the students of all categories and in terms of their medium of instruction all performed extremely well by scoring 90% and above.

7.4.10. Year wise MBBS Admission: pre-NEET and post-NEET period

Table 7.14displays the distribution of MBBS seats under various categories past 10 years until 2020-21. The pre-NEET and post-NEET admissions show how the flow of admissions has changed topside down after the implementation of NEET. In the pre-NEET period, it could be noticed that the State Board achieved majority seats, and compared to English medium students the Tamil medium students had obtained at least a little share. Similarly, the Govt. students had achieved a little number of seats though it was so little. However, in the post-NEET, that little too was lost by them, resulting in further disproportionate seat sharing. The CBSE students exponentially increased their share to several folds in the post-NEET, while the English medium students had grown to become the largest seat holder in the Post-NEET from the status of the second largest holder in the pre-NEET period. Until the 7.5% reservation was introduced, in 2020-21, the Govt. students were the worst affected lot by the NEET.

Table 7.14.**MBBS Admission for the Period 2010-11 to 2020-21: pre-NEET and post-NEET period**

Academic Year	MBBS Seats (Govt&SF)	Board of Education			Medium of Instruction		Type of Management	
		State Board	CBSE	Others	Tamil	English	Govt.	Private
2010-2011	2349	2332	14	3	465	1884	-	-
2011-2012	2543	2533	2	8	459	2084	-	-
2012-2013	2707	2692	12	3	503	2204	-	-
2013-2014	3267	3251	4	12	570	2697	-	-
2014-2015	3147	3140	2	5	602	2545	38	3109
2015-2016	3015	2996	2	17	510	2500	36	2979
2016-2017	3608	3544	35	29	537	3071	34	3574
2017-2018	3517	2303	1113	101	56	3461	3	3514
2018-2019	3638	2626	894	118	119	3519	5	3633
2019-2020	4202	2762	1368	72	71	4131	6	4196
2020-2021 (92.5%)	4129	2453	1604	72	82	4047	11	4118
2020-2021 (7.5%)	336	336	0	0	217	119	336	0

7.5. Analysis of Socio-economic and Other Demographic Adversities and Biasness in MBBS Admissions Caused by NEET

The relation between 'Socioeconomic and Other Demographic Status (SEODS)' and the Common Entrance Examination (CEE) like the NEET is one of the most widely replicated conclusions in educational research. The key 'adversities' caused by the SEODs have been widely reported in the literature as major determinants causing educational setbacks for the students concerned, both in learning and assessment of learning achievement at schools and in CEEs. While opportunities can be made available to the needy to improve their learning achievement by making suitable interventions both in learning and assessment of achievements at schools through various educational means and remedial actions, such possibilities are very much remote in the one-off CEEs. Therefore, historically, CEEs have been criticised for their biasness against the student population that faces adversities caused by their SEODS.

Several studies have established that the adversities caused to the students of low SEODS have made them perform poorly in examinations and CEEs compared to those from high SEODS. Contrary to this, very few literatures seem to claim that it is not. However, the Committee observed that the major aspects which exert influences on students' achievement in CEEs include 'resources', 'social capital' and 'educational attributes'. The 'educational attributes' including the inputs like quality teaching and learning, quality teachers, educational infrastructures, access to learning materials, syllabus, medium of instruction, and assessment of achievement and its framework all play a major role in enabling students to perform well in their studies if they are free from related adversities. The 'social capital' refers to a social group's and thus it members' position (caste and class) in society that influences the schooling behaviours of the students, wherein, the lower the SEODS of the students higher will be the adversities they face in their schooling achievement. The aspect of 'resources' refers to the resources, that are predominantly familial, including parent's income, parent's education, wealth, geographical stay (location), and other related factors that influence the students' achievement in learning and examinations. This means, different SEODS groups have different learning environments that affect the students' academic achievement. Equitable SEODS and democratic educational system would provide the children the required physical, social and intellectual background for effective learning, and in that level playing field, students will face no adversities that affect their learning and examination results.

As regards the issue of impact of NEET on admission to MBBS, however, considering the paucity of time series data and other limitations, some of the major factors of the SEODS attributed to the aforesaid three dimensional influences – resources, social capital and educational attributes – have been considered for answering the questions raised in the early part of this Chapter. These include the key adversities caused by the SEODS on the Tamil Nadu students that were considered to have a significant influence on their outcome in the NEET and thus their admission into MBBS. The following sections deal with these adversities and their impact on the MBBS admissions.

7.5.1. MBBS Admission Based on Boards of Study (TNSBSE vs CBSE)

Table 7.15 (Annexure) shows the data of students belonging to various Boards (TNSBSE/CBSE/Other) who had applied for and been allotted MBBS seats in Tamil Nadu Medical Colleges, both Government and Self-Financed, for the past 10 years. If the size of the applicants who applied for and those who have secured admissions in MBBS programme are compared between these groups (Boards), a same trend could be observed. Between the pre-NEET and post-NEET periods (Table 7.15, Annexure), the rate of the applicants of the TNSBSE students has radically decreased from approximately 95% in pre-NEET period to 64.27% in 2020-21 as opposed to an exponential increase in the surging applicants of CBSE (from an average of 3.17% in pre-NEET to 32.26% in 2020-21). This shows that the percentage of the TNSBSE students applying for admission in MBBS fell down by approximately 30% but that of the CBSE students increased by 31%.

The percentage distribution of the Board wise admission is displayed in Table 7.16, respectively in both Govt. and Self-Financed colleges. The trend shows a diametrically opposite pattern of admission from the TNSBSE and CBSE students. In the case of Govt. College admissions, while an upward trend of > 65% seats were filled by the TNSBSE students in the pre-NEET period, it went down to the lowest 43.13% in 2020-21. In contrast, the CBSE students who were at a negligible rate (av. 0.11%) of admission in pre-NEET rose to a quantum jump of 26.83% in 2020-21. A similar trend could be noticed in the Self-financed college admission as well.

Table 7.16. MBBS Admission by Boards of Secondary Education

Percentage of Allotted

YEAR	Govt. Medical Colleges			SF Medical Colleges		
	HSC	CBSC	Others	HSC	CBSC	Others
2010-2011	71.73	0.13	0.04	27.54	0.47	0.09
2011-2012	66.77	0	0.2	32.84	0.08	0.12
2012-2013	68.71	0.22	0.11	30.74	0.22	0
2013-2014	69.39	0	0.21	30.12	0.12	0.15
2014-2015	71.34	0	0.1	28.44	0.06	0.06
2015-2016	77.18	0	0.4	22.19	0.07	0.17
2016-2017	65.66	0.39	0.64	32.57	0.58	0.17
2017-2018	48.22	24.91	2.27	17.26	6.74	0.6
2018-2019	50.85	16.79	2.31	21.33	7.78	0.93
2019-2020	44.86	22.11	1.21	20.87	10.45	0.5
2020-2021	43.13	26.83	1.26	16.28	12.01	0.48

Analysis of the data presented in Figure 7.11 implies a huge rise in the admission of the CBSE Board students to 22.66% in the Govt. seats in the post-NEET period from a meagre 0.100% in the pre-NEET, while the rate of admission of the TNSBSE students to the Govt. college fell from 70.11% in the pre-NEET to 46.77% in the post-NEET. The share of the Other Board candidates has also slightly increased from 0.243% in the pre-NEET to 1.763% in the post-NEET. A similar trend could be noticed in the case of Self-financed college admission. The correlations between the pre-NEET and post-NEET admissions shows a significant relationship (TNSBSE - Pearson's R value: -0.828 and Significance Value: 0.002; CBSE - Pearson's R value: 0.819 and Significance Value: 0.002, Tables 7.17, in Annexure)

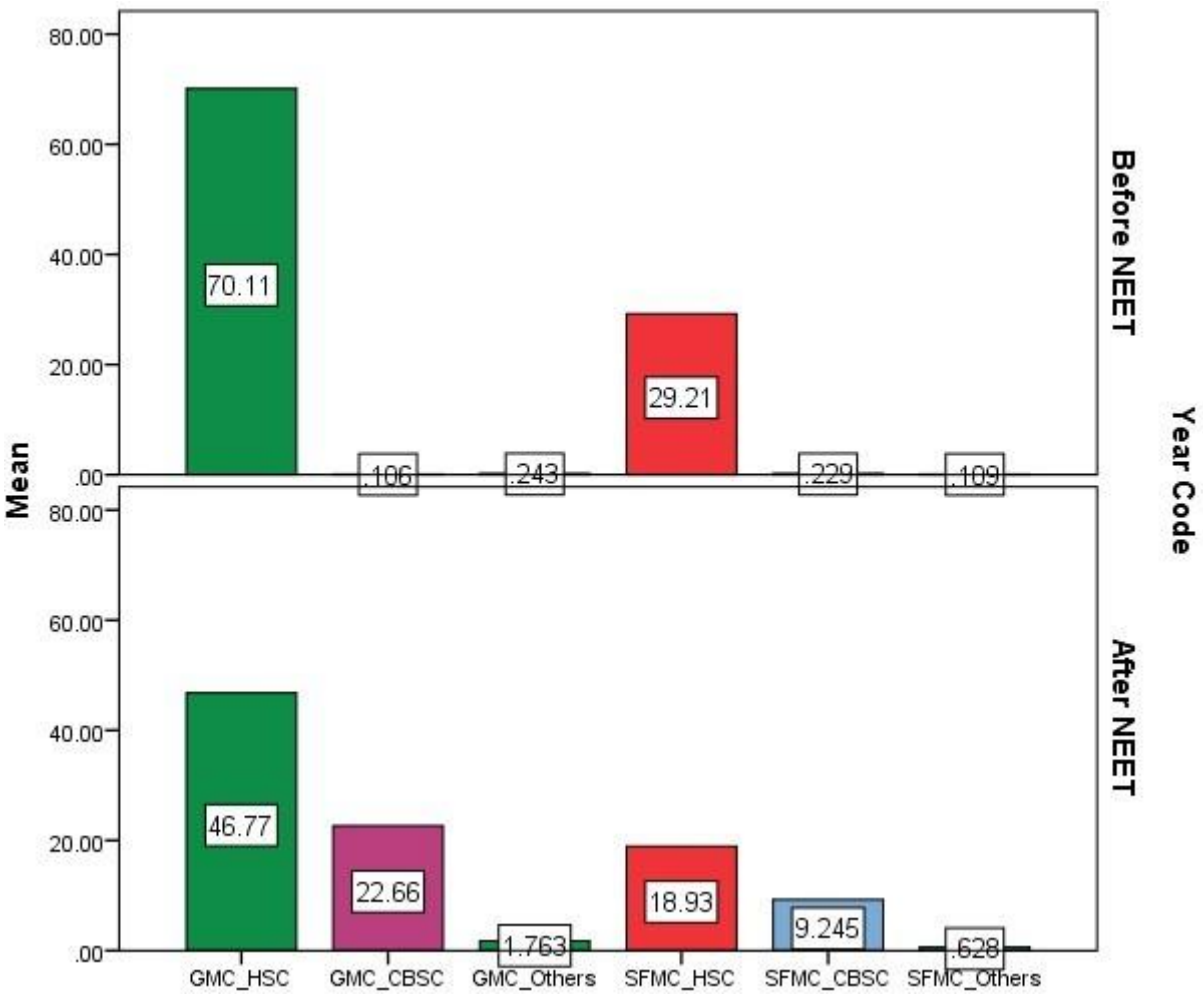


Figure 7.11. Pre & Post-NEET Comparison of Admissions – Boards of Secondary Education

This shows that the introduction of NEET as sole criteria for admission into medical colleges has adversely affected the share of seats which were historically enjoyed by the TNSBSE students. But it worked positively for the CBSE and other Board students probably because of the NEET's inclination towards the CBSE syllabus. Also, the growing disinclination towards applying for MBBS among the TNSBSE applicants, in the post-NEET period, shows that the NEET is the major obstacle that gradually prevents them from seeking admission. The impact of this should be analysed with respect to the nativity and domicile of the students who secured admissions. This would reveal if after graduation the students of other nativity and Tamil Nadu domicile would remain in Tamil Nadu and serve the state, and that too whether in public or private.

7.5.2. MBBS Admission Based on the Medium of Education (Thamizh/English/Others)

Admission data of the students in terms of their medium of education, viz., Thamizh, English and Others, is presented in Table 7.18 (Annexure). The percentage distribution of the students who have secured admissions in both the Government and Self-Financing colleges is displayed in Table 7.19, and the mean distribution of both Pre and Post NEET is depicted in Figure 7.12. It shows that in both Government and Self-Financed Colleges, English medium students secured admissions far greater than the Thamizh medium students in the post-NEET compared to the pre-NEET period. Also, within the same medium categories, the trend shows a drastic change in admissions between the pre-NEET and post-NEET periods.

For instance, in the Government lot, while the English medium students maintained an average of 56.02% in the pre-NEET and rose to 69.53% in 2020-21 in the post-NEET, the Thamizh medium students fared at least 14.44% average in the pre-NEET and ended up at only 1.7% in 2020-21 in the post-NEET (Table 7.19). Similarly, in the Self-Financed lot, the English medium group raised its share from the mean score of 26.15% in the pre-NEET to 28.34% in 2020-21 in the post-NEET, and the Thamizh medium share fell down from the pre-NEET average of 3.39% to 0.47% in 2020-21 in the post-NEET. It indicates, in both categories, compared to the pre-NEET period, the Thamizh medium segment was the worst affected segment which lost almost nine times of its share, that it enjoyed in pre-NEET, to the English medium group in the post-NEET.

Table 7.19. Percentage Distribution of Students Admission to MBBS: Mediums of Education Wise

YEAR	ALLOTTED IN MBBS GOVT. COLLEGES		ALLOTTED IN MBBS SF COLLEGES		TOTAL PERCENTAGE ALLOTTED MBBS	
	ENGLISH MEDIUM	TAMIL MEDIUM	ENGLISH MEDIUM	TAMIL MEDIUM	ENGLISH MEDIUM	TAMIL MEDIUM
2010-2011	55.64 %	16.26 %	24.56 %	3.53 %	80.2 %	19.79 %
2011-2012	53.64 %	13.33 %	28.31 %	4.72 %	81.95 %	18.05 %
2012-2013	54.56 %	14.48 %	26.86 %	4.1 %	81.42 %	18.58 %
2013-2014	55.19 %	14.42 %	27.36 %	3.03 %	82.55 %	17.45 %
2014-2015	56.15 %	15.28 %	24.72 %	3.84 %	80.87 %	19.12 %
2015-2016	62.39 %	15.15 %	20.66 %	1.79 %	83.05 %	16.94 %
2016-2017	54.55 %	12.14 %	30.57 %	2.74 %	85.12 %	14.88 %
2017-2018	74.24 %	1.17 %	24.17 %	0.43 %	98.41 %	1.6 %
2018-2019	67.54 %	2.42 %	29.19 %	0.85 %	96.73 %	3.27 %
2019-2020	66.8 %	1.38 %	31.51 %	0.31 %	98.31 %	1.69 %
2020-2021	69.53 %	1.7 %	28.48 %	0.29 %	98.01 %	1.99 %

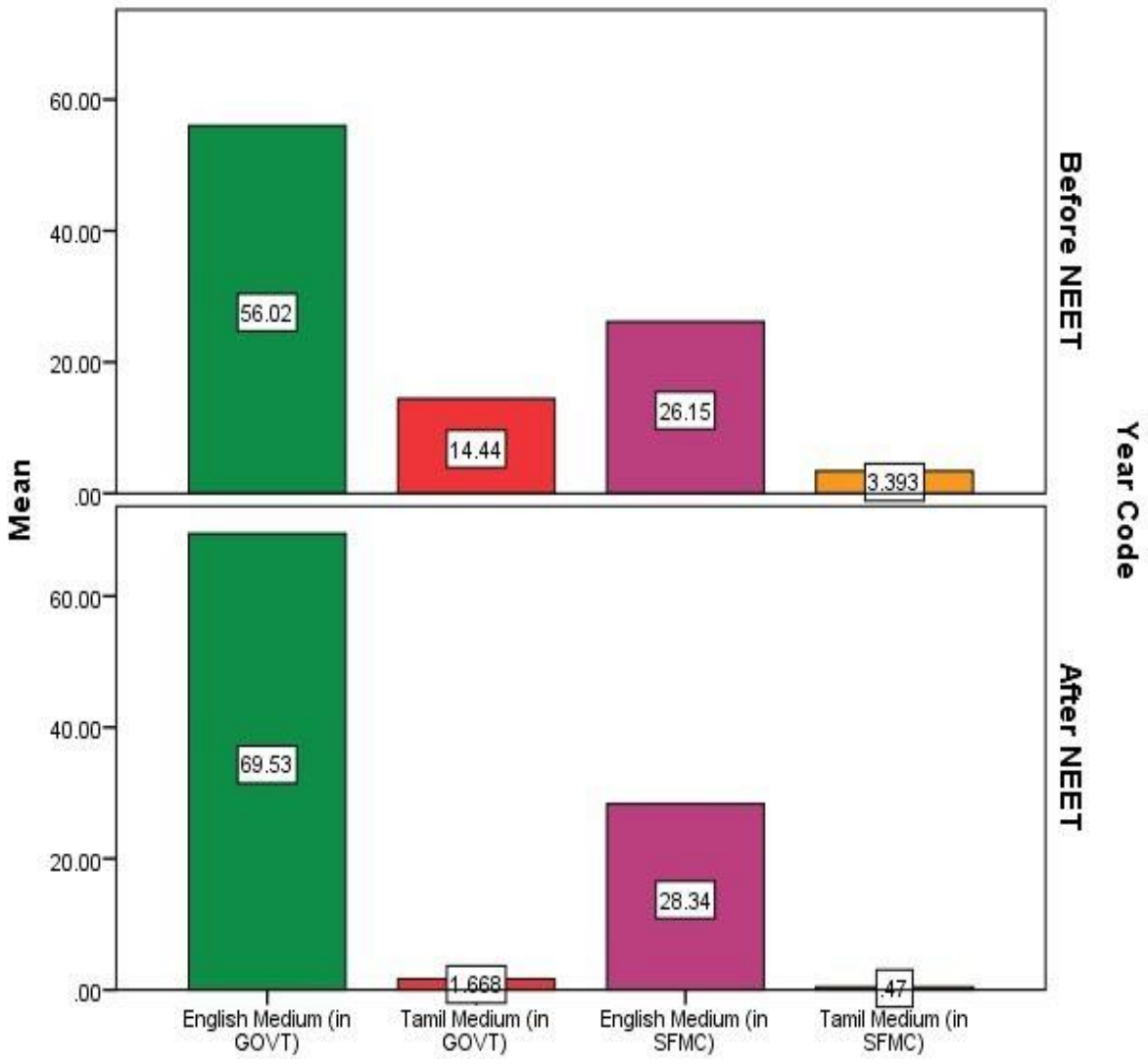


Figure 7.12. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET: Medium of Education Wise

The Pre-NEET and Post-NEET differences in the admission of Thamizh medium students to both the Government and Self-financed Colleges show a negative trend (Pearson's R: -0.986 and Significance: 0.000 for Government, and Pearson's R: -0.888 and Significance: 0.000 for Self-Financed Colleges), and of the English medium students to the Government colleges show a positive upward growth (Pearson's R: 0.919 and Significance: 0.000). However, the English medium, in the case of Self-financed admissions, fared insignificant differences (Pearson's R: 0.347 and Significance: 0.296) between the pre-NEET and post-NEET period, as the admissions rate in this segment, before and after the NEET was stable (Tables 7.20 in Annexure).

7.5.3. MBBS Admission by TNSBSE Govt. School 12thStd Students

Table 7.21illustrates the MBBS seat distribution of Govt. school students. It shows that the total number of seats has steadily grown over the past six years, of which a major chunk had gone to the non-government school students. The Table shows that the applicants of the Govt. school students in the post-NEET period drastically went down to one third compared to the pre-NEET period, which proves that the NEET has discouraged the students from contesting for medical seats. It could be noticed that at least the Govt. school students had very much a minor double digit share of medical seats in the pre-NEET period, but in the year 2017 when NEET was introduced in Tamil Nadu, they would probably had gone through a shock which led to a nil representation in medical studies. They did not seem to recover until the Govt. introduced a 7.5% share for them in the year 2020-21 which brought them 239 and 97 seats in Govt. and Self-financed medical colleges respectively. A great relief, thanks to the Govt. intervention. This proves that unless suitable remedies and interventions are made social justice could not be achieved in education.

Table 7.21. MBBS Admission by TNSBSE Govt. School 12thStd Students

NEET	Year	Applied	Govt. Medical Colleges	SF Medical Colleges	Total	Total MBBS Seats
Pre-NEET	2014-15	1798	26	12	38	2924
	2015-16	1641	33	3	36	3541
	2016-17	1173	31	3	34	3271
Post-NEET	2017-18	474	0	3	3	3745
	2018-19	415	4	1	5	3882
	2019-20	350	5	1	6	4053
	2020-21 (92.5%)	306	10	1	11	4129
	2020-21 (7.5%)	965	239	97	336	

7.5.4. MBBS Admission Based on Geographical Location (Rural vs Urban)

Table 7.22 (Annexure) presents the admission data of the students in terms of their geographical location. The percentage distribution of the students who have secured admissions in both the Government and Self-Financing colleges is displayed in Table 7.23 and Figure 7.13 (Govt. colleges) and 17.14 (Pvt Colleges) and the mean distribution of both Pre and Post NEET is depicted in Figure 7.15. It shows that in both Government and Self-Financed Colleges, Rural students secured admissions far less than the Urban students in the post-NEET compared to the pre-NEET period. Also, within the same geographical categories, the trend shows a drastic change in admissions between the pre-NEET and post-NEET periods.

For instance, in the Government lot, while the rural students maintained an average of 61.45% in the pre-NEET and fell down to 49.91% in 2020-21 in the post-NEET, the urban students who fared 38.55% average in the pre-NEET rose to 50.09% in 2020-21 in the post-NEET (Table 7.23). Similarly, in the Self-Financed lot, the rural group dropped its share from the mean score of 53.67% in the pre-NEET to 47.14% in 2020-21 in the post-NEET, and the urban share rose from the pre-NEET average of 46.33% to 52.86% in 2020-21 in the post-NEET period. It indicates, in both categories, compared to the pre-NEET period, the rural segment has lost its share of admission in the post-NEET that it once maximally enjoyed in the pre-NEET.

The percentage of the applicants belonging to the Rural and Urban segments (Table 7.22) also shows the same trend – i.e., Rural applicants showed less participation in the contest for admission in the post-NEET period as opposed to the pre-NEET period [58.45% (2016-17) to 47.53%(2020-21), whereas, the Urban applicants showed more participation in the post-NEET period [41.55% (2016-17) to 52.47% (2020-21)]. This shows that the rural students are discouraged by the NEET to even contest for admission.

Table 7.23. Percentage Distribution of Students Admission to MBBS: Geographical Location Wise

YEAR	ALLOTTED IN GOVT. MEDICAL COLLEGES		ALLOTTED IN SF MEDICAL COLLEGES	
	RURAL	URBAN	RURAL	URBAN
2010-2011	57.13 %	42.87 %	47.42 %	52.58%
2011-2012	61.48 %	38.52 %	57.38 %	42.62%
2012-2013	60.03 %	39.97 %	49.76 %	50.24%
2013-2014	60.82 %	39.18 %	54.28 %	45.72%
2014-2015	62.72 %	37.28 %	54.84 %	45.16%
2015-2016	62.80 %	37.2 %	53.55 %	46.45%
2016-2017	65.17 %	34.83 %	58.49 %	41.51%
2017-2018	55.45 %	44.55 %	42.54 %	57.46 %
2018-2019	48.02 %	51.98 %	43.73 %	56.27 %
2019-2020	49.84 %	50.16 %	43.46 %	56.54 %
2020-2021	49.91 %	50.09 %	47.14 %	52.86 %

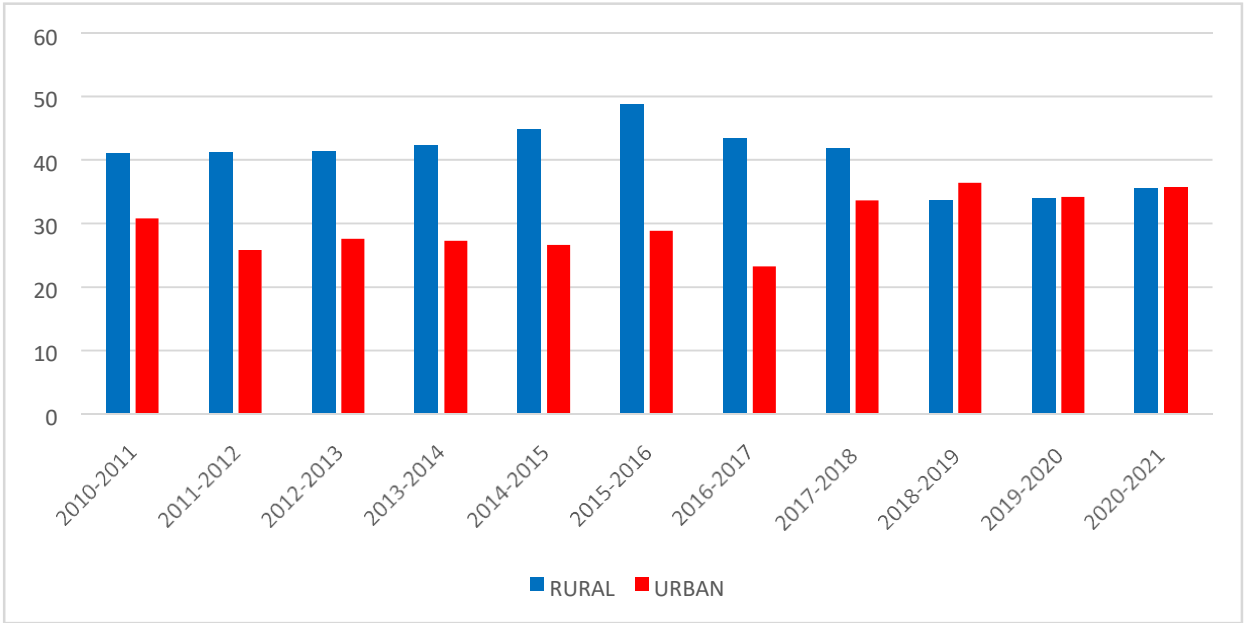


Figure 7.13. Percentage Distribution of Students Admission to MBBS in Govt. Colleges: Geographical Location Wise

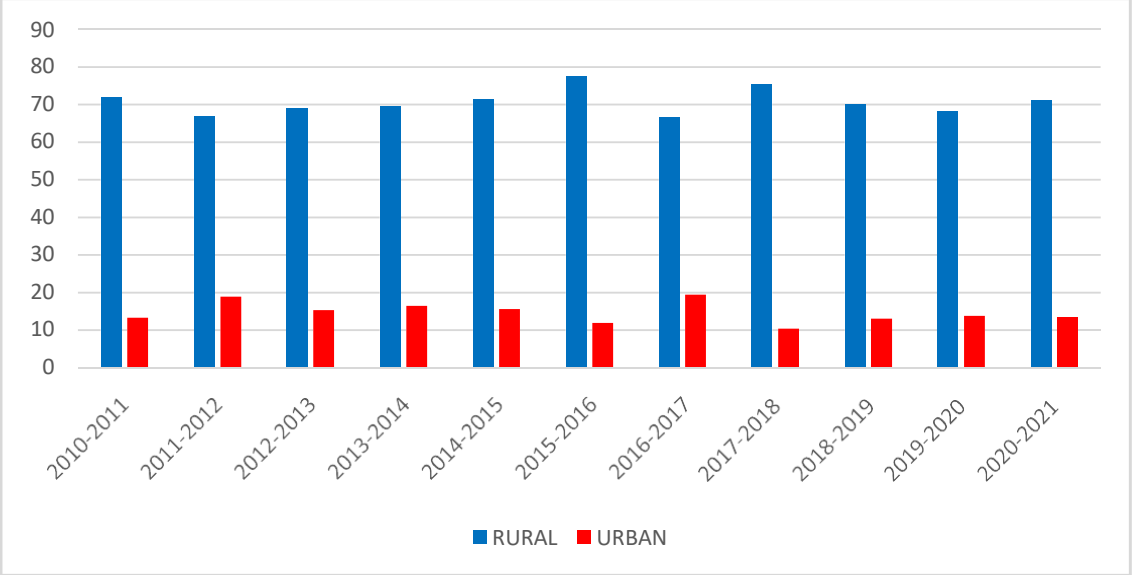


Figure 7.14. Percentage Distribution of Students Admission to MBBS in Self Financed Colleges: Geographical Location Wise

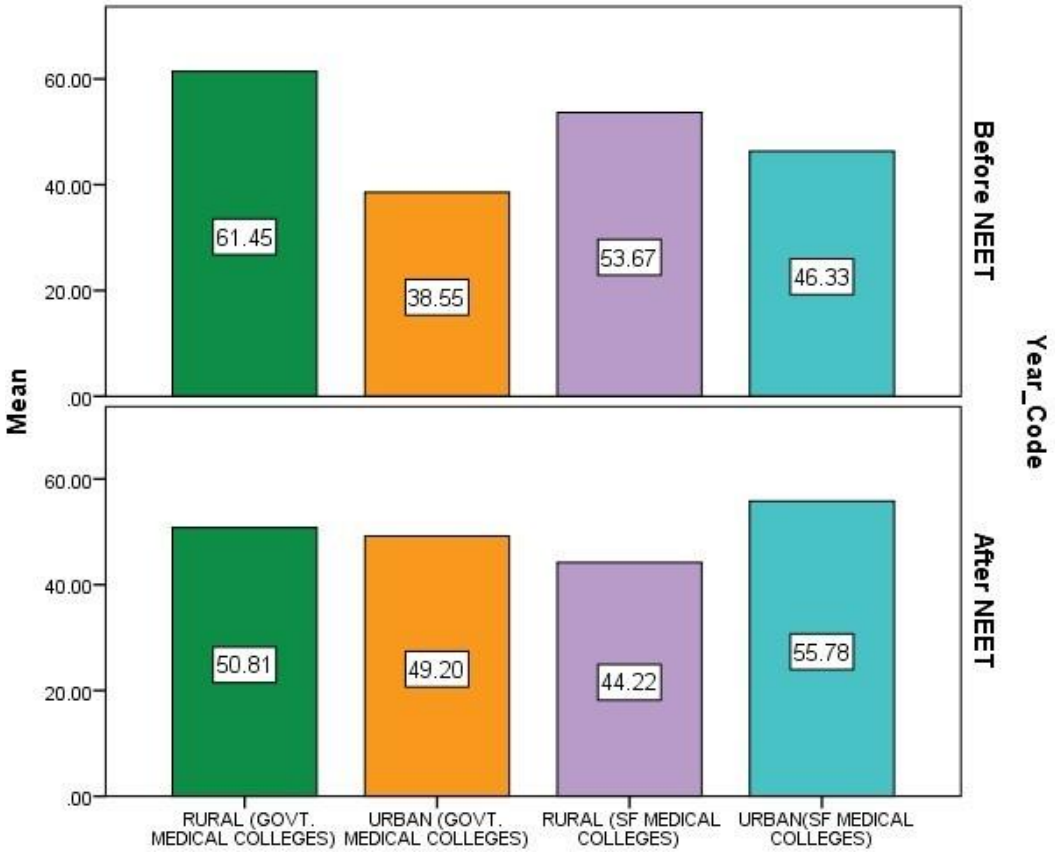


Figure 7.15. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET: Geographical Location Wise

The Pre-NEET and Post-NEET differences in the admission of Rural students to both the Government and Self-financed Colleges show a negative trend (Pearson's R: -0.898 and Significance: 0.000 for Government, and Pearson's R: -0.827 and Significance: 0.002 for Self-Financed Colleges), and of the Urban students to both the Government and Self-financed colleges show a positive upward growth (Pearson's R: 0.898 and Significance: 0.000 for Government, and Pearson's R: 0.827 and Significance: 0.002 for Self-Financed Colleges, Table-7.24). This trend might create a negative impact on rural healthcare with reduced medical professionals available to work rural.

7.5.5. MBBS Admission Trend: First Generation Graduate Vs Non-First Generation Graduate

Admission data of the students in terms of their becoming First Generation Graduate (FGG) or being from Non First Generation Graduate (Graduate) (Non-FGG) family is presented in Table 7.25 (Annexure). If the rate of applications is considered, the FGG's application was reduced in the post-NEET as opposed to increased rate of applications by the Non-FGG. The percentage distribution of the students who have secured admissions in both the Government and Self-Financing colleges is displayed in Table 7.26 , and the mean distribution of both Pre and Post NEET is depicted in Figure 7.16. The Frequency distribution of the admission to Govt. and Self-Financed colleges is presented in Figures 7.17 and 7.18 respectively. It shows that in both Government and Self-Financed Colleges, the Non-FGG students secured admissions far greater than the FGG students in the post-NEET compared to the pre-NEET period. Also, within the same medium categories, the trend shows a drastic change in admissions between the pre-NEET and post-NEET periods.

For instance, overall, percentage share of the FGG has reduced from 24.94% in 2016-17 to 14.46% in 2020-21 in the Government lot, while that of the Non-FGG rose to 85.54% in 2020-21 from 75.06% (Table 7.26). In the Govt. lot, while the Non-FGG students maintained an average of 50.96% in the pre-NEET and rose to 60.29% in 2020-21 in the post-NEET, the FGG who fared at least 19.49% average in the pre-NEET ended up only with 10.46% in 2020-21 in the post-NEET (Figure 7.26 and Figure 7.16). Similarly, in the Self-Financed lot, the Non-FGG group raised its share from the mean score of 22.61% in the pre-NEET to 24.78% in 2020-21 in

the post-NEET, but the FGG share fell down from the pre-NEET average of 6.93% to 4.01% in 2020-21 in the post-NEET. It indicates, in both categories, compared to the pre-NEET period, the FGG segment was the worst affected segment which lost almost 45% of its share that it enjoyed in pre-NEET to the non-FGG group in the post-NEET.

Table 7.26. Percentage Distribution of Students Admission to MBBS: per Family Educational Backgrounds

YEAR	ALLOTTED IN GOVT.. MBBS COLLEGES		ALLOTTED IN SF MBBS COLLEGES		TOTAL ALLOTTED IN MBBS COLLEGES	
	FGG	NON FGG	FGG	NON FGG	FGG	NON FGG
2010-2011	18.26	53.64	6.34	21.75	24.61	75.39
2011-2012	17.18	49.78	7.9	25.13	25.09	74.91
2012-2013	18.36	50.68	7.57	23.38	25.93	74.07
2013-2014	20.23	49.37	7.25	23.14	27.49	72.51
2014-2015	19.96	51.48	7.53	21.04	27.49	72.51
2015-2016	24.21	53.37	5.24	17.18	29.45	70.55
2016-2017	18.26	48.42	6.68	26.64	24.94	75.06
2017-2018	10.63	64.77	2.96	21.64	13.59	86.41
2018-2019	10.28	59.68	4.23	25.81	14.51	85.49
2019-2020	12.33	55.94	4.86	26.87	17.19	82.81
2020-2021	10.46	60.77	4	24.78	14.46	85.54

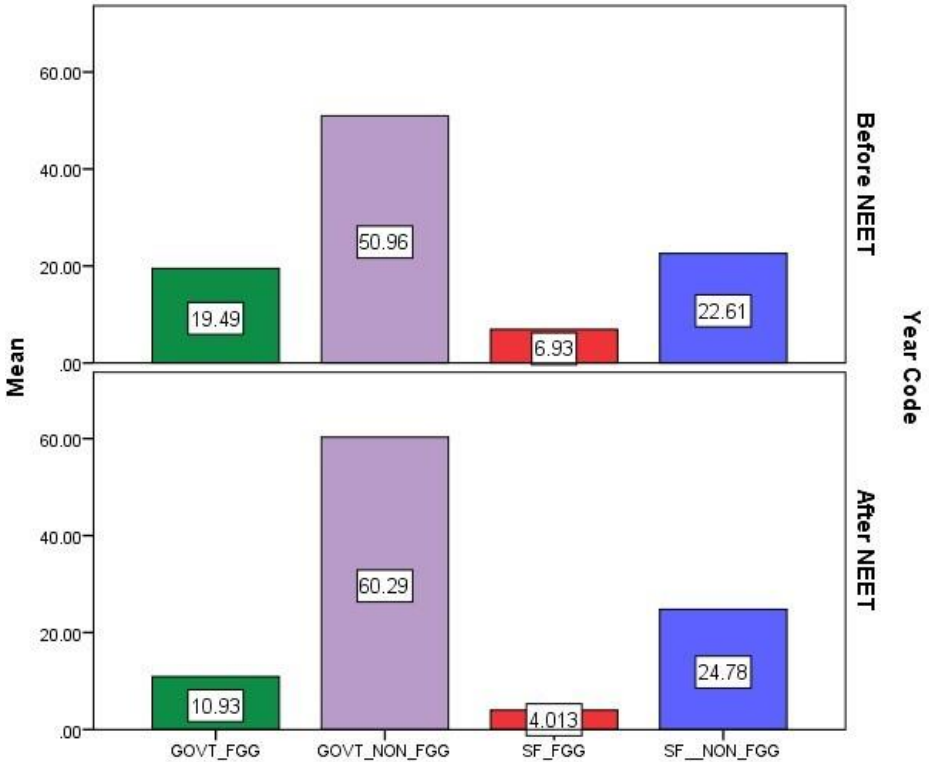


Figure 7.16. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET: FGG vs Non-FGG

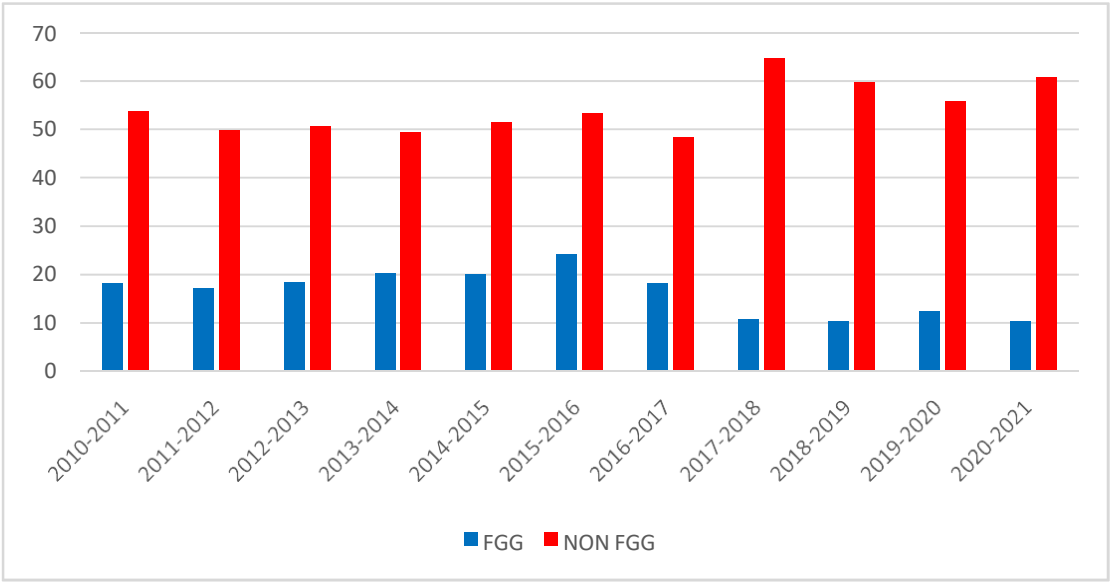


Figure 7.17. Percentage Distribution of Students Admission to MBBS in Govt. Colleges: FGG vs Non-FGG

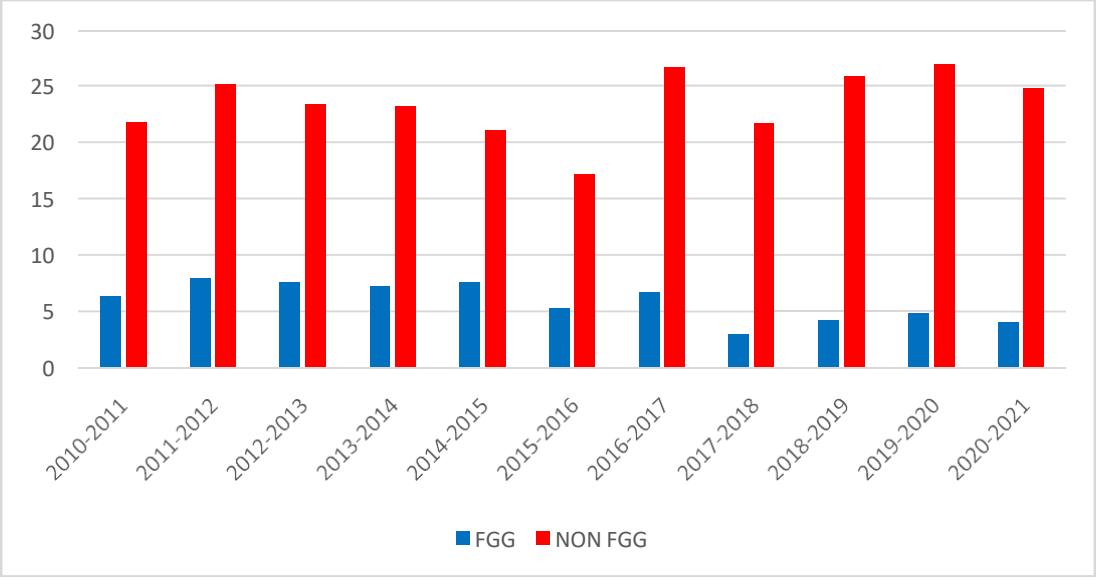


Figure 7.18. Percentage Distribution of Students Admission to MBBS in Self-Financed Colleges: FGG vs Non-FGG

The Pre-NEET and Post-NEET comparison in the admission of FGG students to both the Government and Self-financed Colleges show a negative trend (Pearson's R: -0.917 and Significance: 0.000 for Government, and Pearson's R: -0.870 and Significance: 0.000 for Self-Financed Colleges), and of the Non-FGG students to the Government colleges show a positive upward growth (Pearson's R: 0.882 and Significance: 0.000). However, the Non-FGG, in the case of Self-financed admissions, fared insignificant differences (Pearson's R: 0.379 and Significance: 0.251) between the pre-NEET and post-NEET period, as the admissions rate in this segment before and after the NEET is stable (Tables 7.27 in Annexure).

7.5.6. MBBS Admission per Students' Parents' Income (<2.5 Lakhs and >2.5 Lakhs)

Table 7.28 (Annexure) presents the admission data of the students in terms of their parents' income. If the data related to the number of students applying for admission is considered, it could be noticed that the students' Parental Income < 2.5 Lakhs diminished reasonably as opposed to those belonging to the group of >2.5 Lakhs whose share has increased after the NEET. The percentage distribution of the students belonging to these groups is displayed in Table 7.29 and their pre-NEET and post-NEET mean distribution is presented in Figure 7.19. It clearly shows the trend favouring the group of >2.5 Lakhs compared to the <2.5 Lakhs group by

at least 5% in difference before and after the NEET. Even though there was a similar trend before and after the NEET, but the gap between their shares has widened in the post-NEET compared to the pre-NEET. The statistical significance of this correlation, though insignificant, is depicted in Table 7.32.

However, if the overall parents' income of the students studying in the Govt. schools is considered (Table 7.5 and Table 7.30 (Annexure), majority of the students' (80%) parents' annual income is less than Rs. 50,000, and 96.9% parent's annual income less than Rs.100,000. Also, if parents' income levels of the different castes groups in the Govt. schools are considered, even the FC (Forward Caste) did not exceed the annual income of Rs. 55,000, and ST, the lowest of all did not exceed Rs. 32,000 (7.31, Annexure). In the case of aided schools, 92.3% of the parents' annual income is less than Rs. 100,000, which does not suffice to groom their kids for such a high stakes competitive examination. Only a few affluent in each of the groups are able to spend on their kids for different exposures and extra preparations like coaching.

Table 7.29. Percentage Distribution of Students Admission to MBBS: Per Parents' Annual Income (<2.5 Lakhs and >2.5 Lakhs)

YEAR	ALLOTTED GOVT./ SF MEDICAL COLLEGES		
	NOT MENTIONED	LESS THAN 2.5 LAKHS	GREATER THAN 2.5 LAKHS
2010-2011	0.55	32.91	66.54
2011-2012	0.35	33.74	65.91
2012-2013	0.52	34.98	64.5
2013-2014	0.37	36.42	63.21
2014-2015	0.13	51.03	48.84
2015-2016	0.3	51.38	48.33
2016-2017	0.47	47.42	52.11
2017-2018	5.89	30.64	63.47
2018-2019	2.83	30.21	66.96
2019-2020	0.07	42.55	57.38
2020-2021	0	41.05	58.95

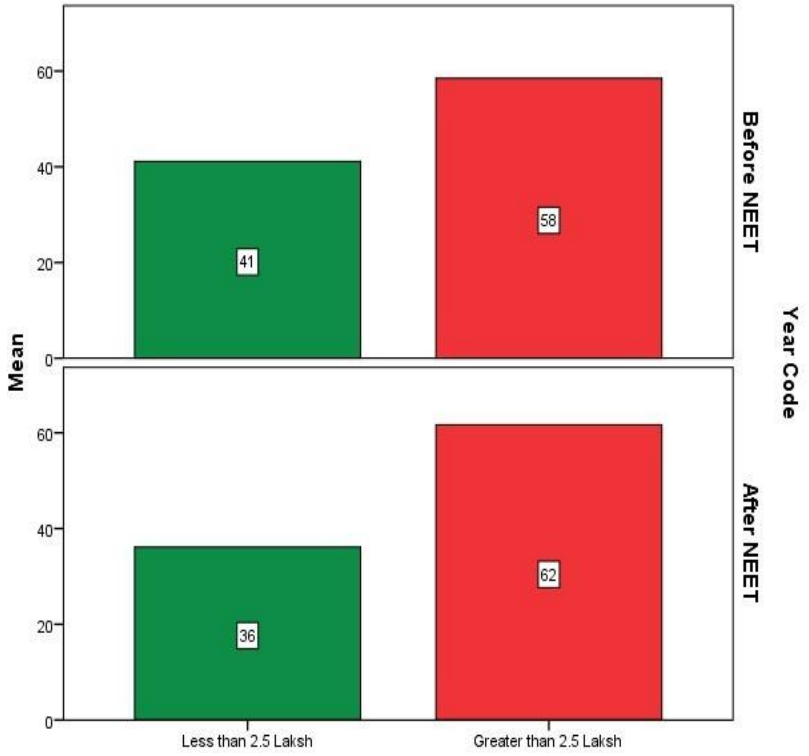


Figure 7.19. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET: per Parents' Annual Income

The Pre-NEET and Post-NEET correlation in the admission of students whose parents' income <2.5 Lakhs and >2.5 Lakhs shows a negative trend for the group of <2.5 Lakhs and positive trend for > 2.5 Lakhs group (Pearson's R: -0.321 and Significance: 0.335 for 2.5 Lakhs, and Pearson's R: 0.229 and Significance: 0.499 for > 2.5 Lakhs) but insignificant (Table-7.32). This shows that the poor parents have relatively become poorer and the rich have become richer.

7.5.7. MBBS Admission: Representation of Different Social (Castes) Groups

Table 7.32 (Annexure) presents the admission data of the students belonging to different social (caste) groups. The percentage distribution of the students who have secured admissions in both the Government and Self-Financed colleges is displayed in Table 7.33, and the mean distribution of both Pre and Post NEET is depicted in Figure 7.20. It shows a mixed trend of differences in various social groups between the pre-NEET and post-NEET periods – of them, the categories of Open Competition (OC) and Backward Class Minorities (BCM) show a positive upward growth significantly (Pearson's R: 0.775 and Significance: 0.005 for OC, and Pearson's R: 0.615 and

Significance: 0.044 for BCM) (Table 7.34). The Backward Class (BC) and Most Backward Caste/Denotified Class (MBC/DNC) shows a significant negative flow (Pearson's R: -0.623 and Significance: 0.040 for BC and Significance: 0.040 for BC, and Pearson's R: -0.755 and Significance: 0.007 for MBC/DNC). The other groups like Scheduled Caste (SC), Scheduled Caste Arundadiyar (SCA) and Scheduled Tribe (ST) show insignificant differences between pre-NEET and post-NEET, despite a little down turn in admission in these groups. As reservation is ensured to these groups, overall, their shares are expected to continue in the post NEET.

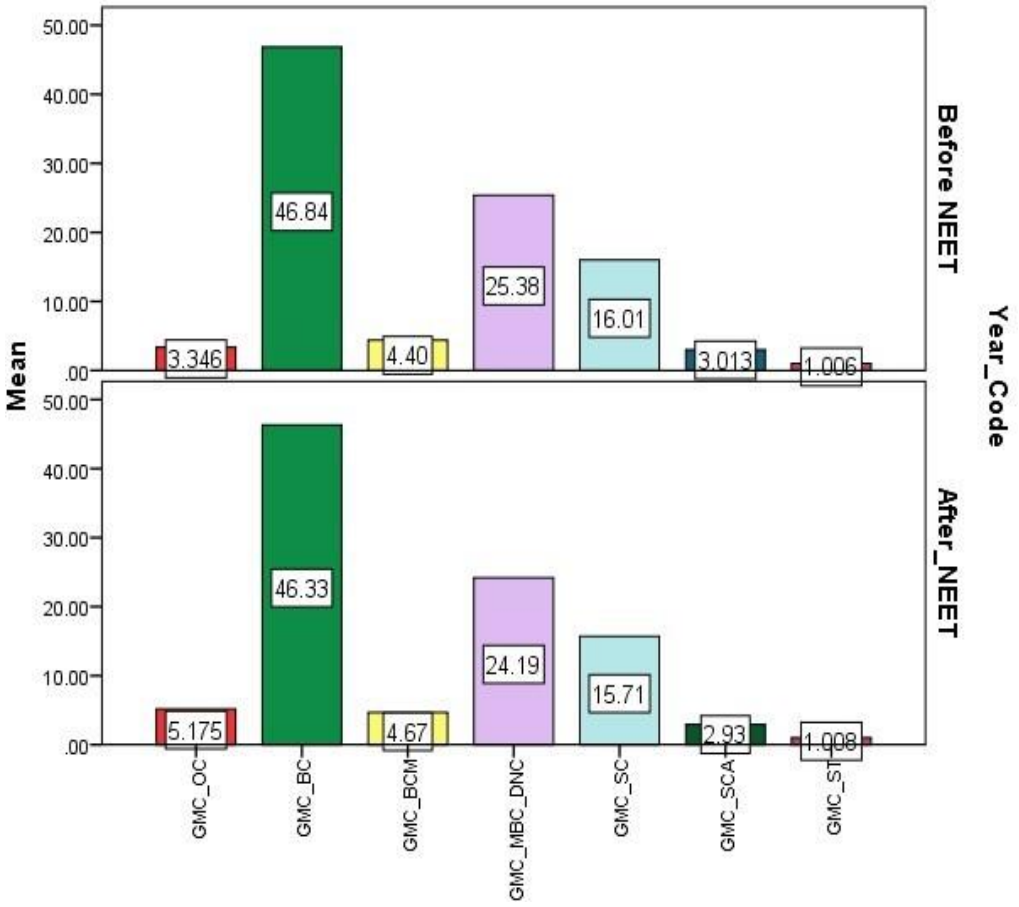


Figure 20. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET in Govt. Colleges: per Social Groups (OC/BC/BCM/MBC/SC/SCA/ST)

Table 7.33. Percentage Distribution of Students Admission to MBBS: Social Groups (OC/BC/BCM/MBC/SC/SCA/ST)

Year	Government College							SF College						
	OC	BC	BCM	MBC_ DNC	SC	SCA	ST	OC	BC	BCM	MBC_ DNC	SC	SCA	ST
2010-2011	3.73	46.89	4.32	24.99	15.87	3.26	0.95	7.42	50.30	3.79	20.00	14.70	2.88	0.91
2011-2012	3.76	46.62	4.52	25.31	15.62	3.11	1.06	5.83	51.43	3.57	20.24	15.00	2.98	0.95
2012-2013	4.01	45.69	4.39	25.41	16.53	2.94	1.02	4.65	52.63	3.58	20.17	15.16	2.86	0.95
2013-2014	3.34	46.31	4.40	26.08	15.96	2.90	1.01	5.74	50.96	3.83	20.44	15.11	2.92	1.01
2014-2015	2.49	46.80	4.27	26.02	16.33	3.07	1.02	9.23	48.61	3.45	20.13	14.91	2.78	0.89
2015-2016	3.51	48.14	4.49	24.20	15.82	2.86	0.98	4.29	52.81	3.55	20.41	15.09	2.81	1.04
2016-2017	2.58	47.46	4.41	25.64	15.96	2.95	1.00	5.41	51.58	3.58	20.13	15.64	2.66	1.00
2017-2018	7.24	43.51	5.02	24.28	15.99	2.94	1.02	18.50	39.31	3.58	19.65	15.14	2.77	1.04
2018-2019	6.09	46.01	4.32	23.73	15.87	2.99	0.98	14.18	43.28	3.66	19.85	15.19	2.84	1.01
2019-2020	3.77	48.31	4.61	23.91	15.50	2.90	1.01	9.72	46.97	3.74	20.57	15.18	2.77	1.05
2020-2021	3.60	47.47	4.73	24.82	15.47	2.89	1.02	9.09	48.15	3.62	20.12	15.24	2.78	1.01

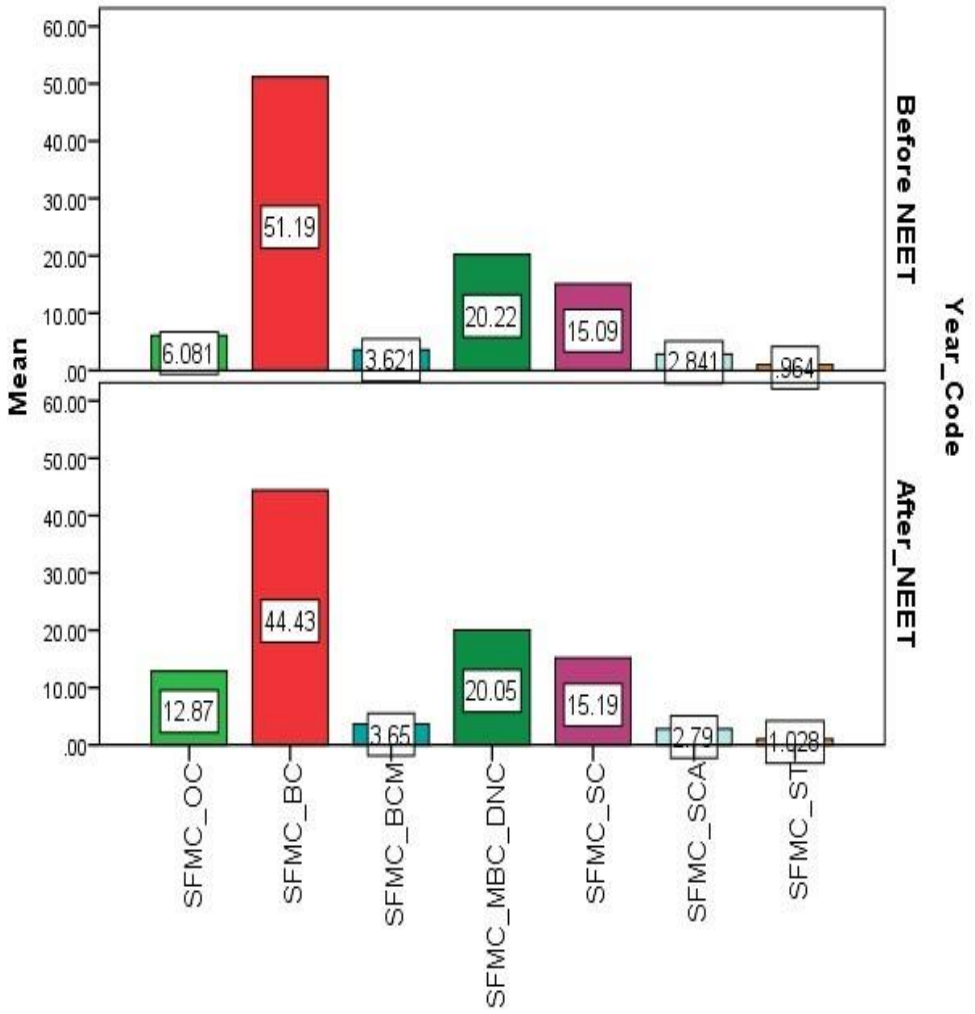


Figure 7.21. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET in Self-Financed Colleges: per Social Groups (OC/BC/BCM/MBC/SC/SCA/ST)

Of the all social groups, OC and BC have shown a contrasting difference significantly – with the mean OC's share increased to almost 5.17% (Govt.) and 12.87% (Self-Financed) in the post-NEET from 3.34% (Govt.) and 6.08% (Self-Financed) in pre-NEET respectively, while all the other, except BCM have shown negative trend, though insignificantly in the groups of SC, SCA and ST (Figure 7.20 and 7.21). This shows that the OC is benefitted more than any other groups after NEET, while the BC and MBC are the affected ones. However, their performance in the OC will show if they had to lose seats in this category after NEET.

Analysis of the OC quota shows that the students belonging to the BC/MBC/SC/SCA/ST had lost averagely respectively at least 3% (BC), 5% (MBC), 1.6% (SC), and 0.2% (SCA) when compared before and after NEET (Table 7.35 and Figure 7.22). It should be noted that the ST community has no share at all in OC. The statistical significance of these variations is presented in Table 7.36. The above analysis proves that both within their respective quota and their share in the OC, the backward and disadvantaged communities were affected because of the NEET.

Table 7.35. Details of Different Social Groups Obtained MBBS Under Open Competition

Years	FC	BC	BCM	MBC_DNC	SC	SCA	ST
2011-2012	8.25	66.99	3.45	18.04	2.69	0.38	0.19
2012-2013	9.08	63.70	2.97	18.50	5.24	0.35	0.17
2013-2014	7.18	65.80	3.02	20.55	3.16	0.14	0.14
2014-2015	6.07	66.47	2.60	19.80	4.19	0.72	0.14
2015-2016	8.22	71.31	3.34	14.35	2.79	0.00	0.00
2016-2017	8.31	67.56	2.95	18.23	2.68	0.27	0.00
2017-2018	23.39	54.81	4.87	13.89	2.80	0.24	0.00
2018-2019	19.65	61.47	2.92	13.05	2.53	0.38	0.00
2019-2020	12.16	70.38	3.60	12.61	1.24	0.00	0.00
2020-2021	11.62	67.54	4.06	15.57	1.10	0.11	0.00

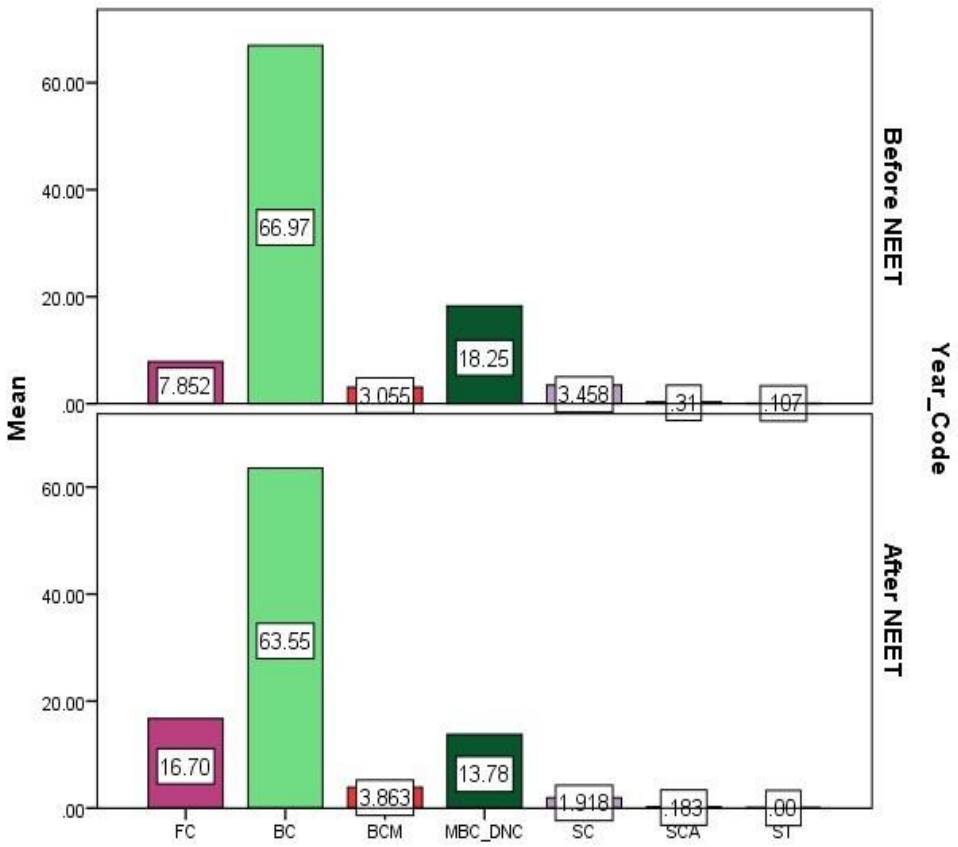


Figure 7.22. Comparison of Social Groups' Admission pre-NEET and post-NEET Under Open Competition

7.5.8. MBBS Admission: per Repeaters vs First Timers

'Repeaters' means those students who repeatedly appear for the NEET exams consequently until they succeed in getting admission to MBBS. Also, they undergo NEET coaching from 11th standard, sometimes from 8thstd onwards, for several years, along with school academics in Private coaching centres or Extra - Hours in Special Schools for NEET or as a part of extra coaching in the schools they study. This means the repeaters and coaching-goers are inseparable, both are one and the same. For convenience, the data presented in Table 7.37 (Annexure) labels them as 'current year students' (First timers) and 'Other than current year students' (Repeaters).

In Pre-NEET era, the repeaters' average admission rate was 8.12%, which eventually, after the NEET became 71.42% in 2020-21 (Table 7.38 and Figure 7.23).Whereas, the First-timers (current students) were reduced to 28.58% in 2020-21 from an average pre-NEET rate of 91.87%. This shows a significant negative flow for the current students (Pearson's R value: -

0.901, Significance: 0.000, in Table 7.39) and exactly diametrically opposite for the Repeaters (Pearson's R value: 0.901, Significance: 0.000). The trend is chronologically flipped topside down vice versa for the respective groups.

Table 7.38. Percentage Distribution of Students Admission to MBBS: Repeaters vs First Timers

SESSION	CURRENT STUDENTS	OTHER THAN CURRENT STUDENT
2010-2011	92.85 %	7.15 %
2011-2012	99.29 %	0.71 %
2012-2013	97.12 %	2.88 %
2013-2014	97.43 %	2.57 %
2014-2015	99.59 %	0.41 %
2015-2016	69.29 %	30.71 %
2016-2017	87.53 %	12.47 %
2017-2018	61.64 %	38.36 %
2018-2019	49.59 %	50.41 %
2019-2020	30.6 %	69.4 %
2020-2021 (92.5%)	28.58 %	71.42 %

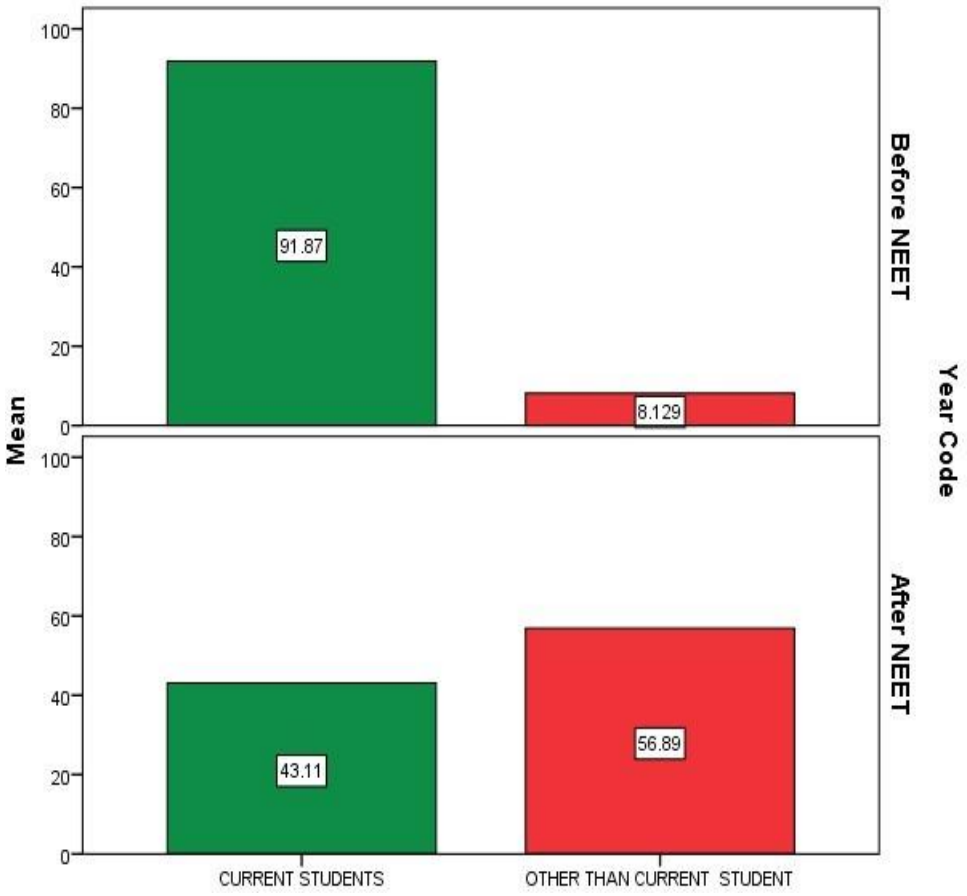


Figure 7.23. Comparison of Mean percentage distribution of Admission between pre-NEET and post-NEET: per Repeaters vs First Timers

This trend is alarming that except those students who are in urban, studied in English medium, in private schools, and whose parents are educated with high income levels, all others can only get a meagre share in the admission as they cannot afford to go for an expensive coaching affairs.

7.5.9. Impact of Coaching Centres on Students' Performance in NEET

Many coaching centres have mushroomed in Cities charging exorbitant fees for coaching NEET, which is easily affordable by rich class people in the city. NEET Coaching is a business overall flourishing across the country. The economics of NEET coaching classes is staggering, with the cost to a student in a popular Centre in Rajasthan, for example, amounting to at least Rs.5 lakh for higher secondary education and entrance coaching classes. Historically, it is evident that competitive exams revolve around the coaching class ecosystem, which, thus have grown around JEE and NEET in India. Tamil Nadu saw branches of every key coaching institute opening shop

in major cities and affluent rural areas in the wake of the compulsory implementation of NEET in 2016, which eventually led to increase of coaching institutes operating under the legal shell of a school.

Figure 7.24 depicts the details of the percentage of students who had gone through coaching in the year 2019-20. It signifies that of the students who secured admission in the year 2019-20, 99% students had received prior training before the NEET. Most of them are repeaters as well. Many of them are being coached from 8th standard onwards mentally preparing the students to concentrate on NEET Examination without giving much importance to the actual learning in their studies.

Rural students studying in Government Schools coming from economically weaker section find it difficult in joining the Coaching centres in the city where the fees are high and the boarding facilities are also not affordable to stay in the City to attend the coaching classes for NEET examination. Especially, poor students from rural backgrounds and those who have studied in the vernacular medium face great disadvantage, because of the trespassing coachers encroaching education. Comparatively students studying in State Board/CBSE/ICSE syllabus in the City have easy access to join coaching centres in the City where transportation facilities are available compared to the rural areas.

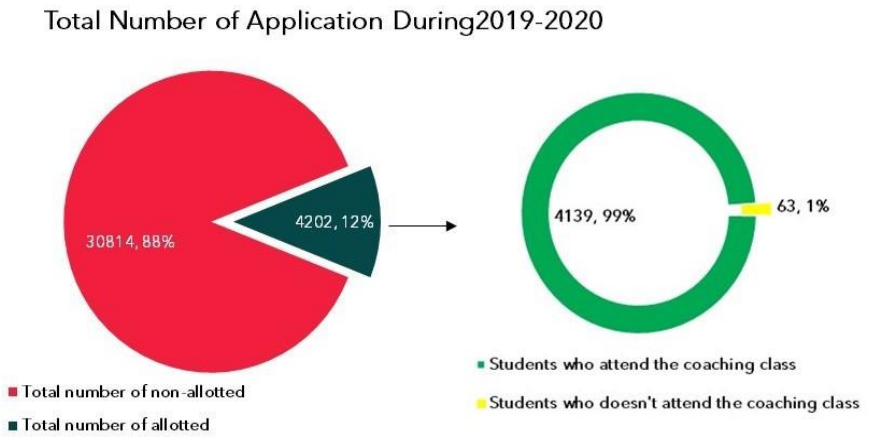


Figure 7.24. Rate of MBBS Students Who Had Pre-NEET Coaching

7.5.9.1. The Size of Coaching Market in Tamil Nadu

Chapter 3, inter alia, discussed how Common Entrance Examination (CEE) inflicts the coaching culture upon the educational system. As expected, coaching has already replaced learning, and medical aspirants, have started ignoring schooling in favour of coaching. Figure 7.24 shows that 99% students admitted in 2019-20 had undergone coaching for NEET. As opposed to schooling, they linger around the coaching centres in various manners including short term, long term and crash courses based on their needs. Table 7.39(Annexure) shows various packages of coaching offered by the popular coaching centres, and with respective fee structures. The abstract of the fee structure is presented in Table 7.40. For maintaining the anonymity of the coaching firms, their names are not mentioned; instead they are coded with numbers C1 to Cn. As far as our review is concerned there are about more than 400 active coaching Centres in Tamil Nadu.

Table 7.40. Short Term and Long Term Fee Structure of Popular Coaching Firms (In Rupees)

S.NO	Coaching Centres	Short Term Fee	Long Term Fee
1	C 1	35000-90000	100000-450000
2	C 2	30000-100000	100000-270000
3	C 3	15000-85000	85000-175000
4	C 4	10000-95000	95000-350000
5	C 5	20000-50000	50000-115000
6	C 6	20000-50000	550000-185000
7	C 7	25000-60000	65000-185000
8	C 8	12000-50000	60000-175000
9	C 9	13000-25000	28000-142000
10	C 10	10000-50000	60000-150000
11	C 11	25785-100000	115000-175000
12	C 12	16450-100000	130000-175000

It shows that the range of one month crash course fee is Rs.10,000-Rs.38,000, for one year (short term), it is Rs. 30,000-Rs.1,50,000, and for four years (long term) it is Rs. 2,50,000-4,50,000. Based on this and the data of the repeaters, the average cost of coaching of a student was arrived at Rs.95,033 /- and thus the average annual income of a Centre per year was 13,95,32,202 /-. Collectively, the total business of 400 plus coaching firms in Tamil Nadu is approximately Rs. 5750 crore, exclusively incurred on NEET. The actual figure would be higher than this if a detailed investigation is made on this issue.

It is surprising to learn that the actual fee (excluding the capitation or illegal surcharges levied by the private Colleges) paid by the medical students for their studies to the medical colleges, both government and private, would be much less than the money spent on coaching. This trend shows the financial muscle power of the affluent segment that succeeded in getting medical seats after the invention of NEET. More than 95% of the TNSBSE students cannot afford to go for coaching if the fee structure highlighted in Table 7.40 is compared to the average annual parental income of the students (Table 7.30). To conclude, coaching dependent entrance examinations like NEET will only help those who 'have' against the 'have-not' and those who can 'access' against those who 'cannot access', but whoever comes out successful out of this will have only test taking skills rather than highest levels of reasoning, analytical and psychosocial skills that are very much essential to study medicine. Such essential skills cannot be imparted through coaching but only through learning under a proper schooling system.

7.5.9. MBBS Admissions Based on HSC and NEET Marks: The Merit Syndrome

The dichotomy of meritness between the HSc (TNSBSE) and the NEET marks has been an issue on which the factions, favouring or opposing each other, are divided without weighing them in scientific terms. When learning assessment (achievement) is the measure of 'achieved ability and knowledge', as argued in the Chapter 5, and if entry into medical college is based on assessment of achieved ability, then unarguably, any test that assesses that ability without any bias or flaws should be the yardstick to measure the merit. This has been well articulated in the Chapter 5. However, the argument that the NEET mark, as opposed to HSc mark,'tests the standard of the student and signifies merit' is a baseless argument.

This section compares the performance of students who had applied and/or not succeeded in getting admission to MBBS based on their HSc(pre-NEET) and NEET (post-NEET) scores, and evaluates who (HSc or NEET) performed well. As the percentage score was the only yardstick used to adjudge on students' 'standard and merit' in admission, the same has been used for this analysis.

Table 7.41 displays the details of NEET scores of both MBBS allotted and un-allotted students in the post-NEET period. It shows that the average percentage scores of students who secured MBBS seats increased to 78.3% in 2020-21 from 47.89% in 2017-18 in Govt. Colleges and 71.15% from 37.69% in self –financed Colleges. The ranges of actual scores respectively for the period are also provided.

Table 7.41.Average Percentage NEET Score of Students (MBBS - Allotted & Un-allotted)

YEAR	Un-allotted Students		Allotted Students			
	Average (Range)	Average (%)	Government College		Self-Financed College	
			Average (Range)	Average (%)	Average (Range)	Average (%)
2017-2018	163.91 (107-656)	(22.76%)	344.8 (116-594)	(47.89%)	271.41 (140-397)	(37.69%)
2018-2019	190.80 (96-676)	(22.5%)	392.48 (96-613)	(54.51%)	325.12 (155-455)	(45.15%)
2019-2020	259 (107-685)	(35.97%)	486.3 (107-677)	(67.54%)	421.77 (197-533)	(58.58%)
2020-2021	344.47 (87-710)	(47.84%)	563.92 (113-681)	(78.3%)	512.32 (281-632)	(71.15%)

Table 7.42 (Annexure) shows the scores of both HSc and NEET of the students of both allotted and un-allotted for both the pre-NEET and post-NEET periods. In the Govt. category of allotted students, if the pre-NEET and post-NEET scores of both HSc and NEET are compared, it could be noticed that the high performing HSc students were admitted to MBBS programmes in the pre-NEET compared to the students who got admitted in the post-NEET period. The average HSc scoreof the pre-NEET students was 98.16% compared to 89.05% secured by the post-NEET students. This shows that the post-NEET students are below the pre-NEET students by 9% in their HSc scores. Also, if the pre-NEET HSc average (98.16%) is compared with post-NEET NEET average which is only 49.65%, the post-NEET students fall below the pre-NEET students by 48.51%. This means, by the yardstick of percentage score, the post-NEET students fared far below the pre-NEET students, which in turn means, the NEET is not able to attract the top performing students by both measures – HSc and NEET. A similar trend could be noticed in the

case of Self-financed college admissions as well. Now, the question remains before us is who is meritorious (in terms of percentage marks) - those who secured '98.16 % (HSc)' or those who secured'89.05% (HSc) and simultaneously 49.65% (NEET)'? Surely, it is 98.16% is the answer. Interestingly, if the HSc marks of the students who were not selected for MBBS in the post-NEET period are considered, it could be noticed that they had scored (HSc average - 80% average) at least 30% marks more than those (NEET average – 49.65) who had obtained MBBS seats. This seems to be like discriminating those who had secured higher marks in their HSc.

Comparison between the HSc and the NEET scores is like comparing orange with apple, but it is not in the wisdom of this Committee to compare this way, however, the Committee has to do so in response to the arguments of the critics of HSc who argue that NEET is the best assessor of students' standard and abilities, because of its assessment and syllabus superiority. To validate this no study has so far been done either by the agencies responsible for NEET or by any other academic authorities in the country. Therefore, this futile argument has no scientific validity.

7.5.10. Admissions Based on Domicile

Table 7.43shows the details of candidates (who studied from 6^{th} to 12^{th}std at other than Tamil Nadu state) admitted to MBBS course in the Tamil Nadu State Quota. In the pre-NEET period, the average number of applicants claiming Domicile, who studied from 6th to 12th in the other states, was 703. In this period, the average number of candidates allotted MBBS in government medical College and Self-financed College were 32 and 14 respectively.

In the post-NEET period, the average applicant size rose to 1564. Averagely, 220 candidates were admitted in the government medical College and 78 in the Self-financed College. The tally in the post-NEET has risen to approximately seven times. This raising trend should be seen cautiously to see any malpractices involved, as in the year 2020-21 there were nine litigations filed in the Madras High Court for the claim of domicile for the Tamil Nadu state MBBS seats.

Table 7.43. Details of candidates (who studied from 6th to 12thStd at other than Tamil Nadu state) admitted to MBBS course in the Tamil Nadu State Quota.

Year	Application	Government College	Self-financed College
2014-2015	677	29	15
2015-2016	747	39	12
2016-2017	697	37	20
2017-2018	1180	307	64
2018-2019	1436	191	88
2019-2020	2130	195	87
2020-2021 (92.5%)	1510	188	74

7.5.11. Predictability of NEET on the Future Performance of the Students

Predictability is one of the key features of a Common Entrance Examination (CEE), and that it should be able to predict more precisely the ability of the students to perform well in their future higher studies (Chapter 5). Table 7.44 (Annexure) displays the performance of the MBBS students, both pre-NEET and post-NEET, which shows that the there is a marginal increase in the pass percentage of the First year MBBS students compared to a marginal decrease in Second year MBBS in the post-NEET period. These two contrasting differences before and after the NEET do not indicate any significance. Therefore, it could be concluded that there is no performance improvement in the post-NEET period. If NEET attracted best students in MBBS admission, the performance of the students in the post-NEET in their MBBS studies would have shown better results, but it did not. Therefore, the NEET could not be considered as a best predictor.

7.5.12. Impersonation in NEET Examination

The NTA (National Testing Agency) which conducts the NEET examination has defined that an unfair means of practice is an activity that allows a candidate to gain an unfair advantage over other candidates. Inter alia, impersonation and related malpractices such as assisting other candidates directly or indirectly, and contacting or communicating or trying to do so with any person have become a regular affair in the NEET examination. Several newspapers and media have reported several forms of fraudulence in this regard including using proxies to write examination, fudging the NEET score, using double domicile, using fake HSc certificates, using modern technological gadgets, bribing the exam organizer and so on.

Unlike HSc, which has a track record known for fraudulence free, the NEET seems to have increased the chances of impersonation in the examination due to lack of a proper mechanism to curb all these. Multiple cases of impersonation have been reported in the Northern States of India. Professional brokers of northern states are available for a fee, who used to organize the identical persons to write the NEET Examinations. While many may have gone unnoticed those who were caught for impersonations/malpractice have been trialed in the court of law in Tamil Nadu. If such actions are not seriously taken in other States, then it might create a conflict of competition between the genuine candidates and fake candidates, resulting in the genuine ones losing the ground.

7.5.13. Impact on Medical Education &Medical Profession and Healthcare Service in Tamil Nadu

7.5.13.1. Healthcare Related Infrastructure, Service and Human Resource in Tamil Nadu

Historically, Tamil Nadu has been following a pattern of selection in MBBS admission based on apolicy that ensures equality in opportunity to the diverse population of the state, and so far as theState is concerned, it has reasonably achieved this well above any other States in India until theNEET was introduced. This section strives to analyse if after the NEET any change has beeninflicted upon the state of affairs of the healthcare system, medical education, healthcare professionals, and healthcare service in the State in terms of the landscape and population distribution.

Medical and Healthcare Infrastructure

Tamil Nadu is a state with 89. 5% of total landscape as rural area with 52% population identified as rural (census 2011). Among the Indian states, in Tamil Nadu 63. 3 % of rural population is dependent on the Government healthcare institutions for their health related ailments which is well above the national average of 32. 5%. (Health and Family Welfare Statistics 2019-20)

Basic health care needs of the rural population are primarily addressed by the Primary Health Centres (PHC) and Taluk / Non Taluk village based hospitals, which act as the first contact point between village community and the Medical officer. In **small towns and sub urban, 40.6% of the population are dependent on Public Health Services which are delivered by the district hospitals, urban community health centers and urban primary centers against national average of 26.2%** (Health and family welfare statistics 2019-20), which shows the quality of healthcare services in the State. To cater this service, the state has established Health centers at all geographical areas of the state, well above the national recommendation, with adequate infrastructure and Manpower. **The average Rural population covered by the PHCs in the state is 25,480 against the national average of 35, 730, as the accessibility and affordability to health is limited to that underprivileged population in the locality** (Rural Health statistics-2019-20).

Table:7.45 Total Primary Health Centres and MBBS Doctors Posts

	Rural	**Urban**
Total PHC	1807	320
Sanctioned MBBS Doctors Post	4886	328
MBBS Doctors in Position	4838	327
Vacant	47	1

Source: DPH ;June 2021

Table 7.45Shows the number of PHCs and MBBS Doctors in both rural and urban. Against the national average of 6.8% vacancy, the percentage of MBBS Doctors vacancy in

PHCs in Tamil Nadu is 0.94%. Similarly, Table 7.46 shows the distribution of Taluk, non-Taluk and District Head Quarter hospitals. This has been possible only with the robust system of policies over decades pertaining to reservations in medical education, giving equal opportunity to the poor rural area students to study MBBS, who after graduation willingly work in their native village areas.

Table 7.46.Taluk, Non-Taluk and District HQ Hospitals

Hospitals	Numbers (2020-21)
TALUK	206
NON TALUK	67
DISTRICT HQ HOSPITAL	29
WOMEN AND CHILD HEALTH HOSPITALS	7
DISPENSARY	11
TB HOSPITALS	2
LEPROSY AND REHABILITATION HOSPITAL	1

Source: TN Health and family welfare - performance budget-2018-19

Table 7.47 displays the Specialists and MBBS Doctors working in the Taluk, non-Taluk and District HQs. With 7% vacancies in these sub divisional hospitals primarily of specialist cadre, Tamil Nadu needs more specialists and that the selection criteria and admission process followed in the PG programmes should be conducive enough to identify, produce and retain the PG holders in the primary and secondary services. However, to ensure that no lives is lost for want of specialized health care at rural areas, the Taluk and Non Taluk hospitals which are primarily located in revenue villages are reasonably equipped with specialists like Obstetrician & Gynecologist, Anesthetist, Pediatrician, Physicians, General Surgeons, and Ophthalmologist to

perform safe institutional deliveries, surgeries, cataract operations and to diagnose medical conditions which need immediate referral for tertiary care. Such services are rare to see in any parts of India.

Table 7.47.Specialists & MBBS Doctors in Taluk-Non-Taluk-District HQ Got Hospitals

	Taluk Hospitals (Revenue Villages)	**Non Taluk Hospitals (Revenue Villages)**	**District HQ Hospital (Towns)**	**Other Annexed Institutions**	**Total**
SANCTION	2288	314	823	72	3497
IN POSITION	2112	286	790	61	3249
VACANCY	176	28	33	11	248
% VACANCY	7. 7%	8. 9%	4%	15%	7%

Source: DM RHS 03. 07. 21

Medical and Healthcare Services

Table 7.48 displays the performance of healthcare indicators of Tamil Nadu compared to India. The vital Health indices above read the on-field performance of caregivers who take the government policies to the grass root level. Tamil Nadu stands tall against the national average inall indices. This level of health performance did not occur by mere chance. To bring changes in the unscientific health practices of people due to limited awareness and accessibility to health needs, health personnel with mere qualifications are not sufficient. It needs immense integrity and willingness to impart the learnt knowledge to the needed people to bring changes in the understanding of health and health related practices, which is reflected in the Health indices of the State.

Table 7.48. Health Indicators – Tamil Nadu Vs India

Vital Health Statistics	Tamil Nadu	India
Infant Mortality Rate	15	32
Maternal Mortality Rate	60	113
Institutional Delivery	99. 9	94. 8
Immunisation Coverage	97	92

Source: SRS 2018;HMIS-2020-21

Table 7.49 shows the performance of medical services offered by different hospitals in Tamil Nadu. This has been possible because of the existing system that facilitates continuous retention of the PG Doctors at these hospitals. In the selection process in PG admission so far the in-service MBBS candidates working at difficult terrains were given incentives, and after their PG studies, they were allotted their choice of secondary/ tertiary levels of hospitals preferably at their native districts, to continue their service. This established cycle has facilitated the continuous flow of qualified doctors from MBBS to specialists into various levels of healthcare putting Tamil Nadu in the health map of the world.

Table: 7.49Performance of Taluk-Non-Taluk-District HQ Govt. Hospitals

Services	Year 2019-20
Average OP/day	241931
Average IP/day	23629
Caesarean section operation	98504
Major eye surgeries	27068
Family planning sterilization	67741

Source: DM RHS ;June 2021

Medical Education

DME (The Directorate of Medical Education), administers the tertiary care facilities of the entire state though its educational institutions and teaching hospitals, under which 25 state run medical colleges and 33 annexed institutions are functioning. Medical education in state run Medical colleges and 16 self-financing medical colleges are registered and administered under The Tamil Nadu DR. M. G. R Medical University, Chennai (Table 7.50). Table 7.51 shows the performance of institutions under DME.

Table 7.50.No. of MBBS Seats under The Tamil Nadu Dr. MGR Medical University

College Type	The Tamil Nadu Dr. MGR Medical University	Seats
State Govt. Medical Colleges	**25**	**3675 – Total Seats 2941 -state quota**
Self-Financing Medical Colleges	**16**	**2350 – Total Seats 1192 - state quota**

Source: DME, 2020-21

Table:7.51 Manpower and Performance of Institutions under DME

No. of specialists at medical colleges	**5651**
No. of Doctors including specialists at annexed hospitals	**1923**
Average outpatient/month	**1469376**
Average IP/month	**240385**
Total surgeries/month	**15767**
Total deliveries/month	**5599**

Source: DME 2020

As per the State's policy of establishing Govt. medical colleges at all districts to provide tertiary health care at every district level, the state has established 25 medical colleges with full infrastructure including specialists and teaching faculties. These institutions are the hub for producing and supplying the future specialists and faculty required for both healthcare services and medical education. If there is any imbalance between the demand and supply of this precious manpower, the healthcare services will face a serious problem.

7.5.13.2. An Evaluation of the Impact of NEET on the Public Health System

Following NEET, in the last 4 years, there has been an average decline of 11. 2% share of MBBS admission among the crucial social categories in the state (Table 7.52). The health system that has been ensuring equitable distribution of health related resources including qualified doctors across the state is expected to struggle due to decline in Doctors population willing to work in rural areas.

Table:7.52 Average percentage of Fall in MBBS admissions After NEET in Govt. Medical Colleges. (2017-2021)

Categories of Students	**Average percentage of fall** in MBBS admissions After NEET in Govt. medical colleges. (2017-2021)
First generation graduates	9. 74%
Rural candidates	12. 1%
Candidates with Parental Income < 2. 5 Lakhs	10. 45%
Tamil medium	12. 58%

Source: Department of school education; DME

If the diverse representation of the different disadvantageous segments, like rural, low parental income, and Tamil medium students who constitute a major portion of the society, in MBBS admission declines, over a period of time, then the public healthcare system will get a jolt due to a shortage of heath care manpower. Especially, healthcare in the rural landscape will be affected

due to this shortage, as the growing trend, shown in the analysis in the previous sections, indicates that the graduating Doctors will prefer working in urban and corporate hospitals instead of the traditional trend of working in the public healthcare system. As the majority medical seats, in the post-NEET period, are occupied by the students of an affluent segment of the society who are characterised by non-government schools, English medium, CBSE students, higher levels of parental income, higher levels of parental education, and urban background, they are expected to prefer working in the urban corporate sector.

A Comparison between High HDI (Human Development Index) and Low HDI Districts

To illustrate how the NEET has affected the diverse enrolment in MBBS and how the health system would be affected because of the falling trend of admissions of the aforesaid crucial population, the trend of MBBS admission, before and after the NEET, has been analysed for few selected districts, based on their status of Human Development Index (HDI). The aim is to see if the NEET is against either of the High or Low HDI districts in terms of MBBS admission.

HDI is a summary measure of an average achievement in key dimensions of human developments like life expectancy at birth (representing long and healthy life), educational attainment (representing knowledge) and per capita income in purchasing power parity Rupees (representing a decent standard of living). To study the causal effect of Human Development on MBBS admission during both pre-NEET and post-NEET, few districts of highest HDI and few of lowest in the State have been considered for the analysis. Table 7.53 and Table 7.54 show the pre-NEET and post-NEET admission share of those students belonging to the respective districts.

Table 7.53. Average percentage MBBS seats secured by the High HDI Districts (2013-2021) in Govt. Colleges

District with High HDI in TN (State Human Development Report-2017)	HDI VALUE	Percentage Seats Before NEET	Percentage Seats After NEET
Kanyakumari	0. 944	2. 26%	3. 02%
Virudhunagar	0. 855	2. 15%	2. 07%
Thoothukudi	0. 852	1. 85%	2. 29%
Chennai	0. 847	3. 54%	10. 76%
Kanchipuram	0. 845	2. 15%	3. 49%

Source: DME -June 2021

The data indicates that the high HDI districts consistently increased their seats in MBBS. Among them, the most urbanised districts with access to coaching centers with trained faculties at cities like Chennai and nearby town Kanchipuram show high performance. The correlation between the pre-NEET and post-NEET performance is statistically significant.

Table 7.54.Average percentage MBBS seats secured by the High HDI Districts (2013-2021) in Govt. Colleges.

District with lowest HDI in TN	HDI VALUE	Percentage of Seats BEFORE NEET	Percentage of Seats AFTER NEET
Thiruvarur	0. 568	0. 77%	0. 73%
Villupuram	0. 561	3. 57%	2. 87%
Theni	0. 539	1. 96%	1. 57%
Perambalur	0. 447	1. 69%	0. 73%
Ariyalur	0. 282	1. 71%	0. 73%

Source: DME -June 2021

In the case of low HDI districts they are facing a little down turn in their share in the pre-NEET compared to post-NEET period. All the districts with Low HDI who already have poor representation in MBBS admission have reduced their share further in Govt. medical colleges during the post-NEET period. But Ariyalur and Perambalur districts have lost almost 50% of the share that they had in the pre-NEET period. The trend of the low HDI districts indicates that there will be a lack of diverse demographical representation in the healthcare professional service, which will affect the public health care system in the state.

The trend shows that the urbanised communities already enjoying representation in the society through good health, sound knowledge and economic security are easily accessing the resources – like the coaching centers and CBSE pattern of learning – that helped them achieve at least incremental increase in their share of seats. With cumulative effect over coming years, the impact would be perceptible, questioning social justice in terms of equal opportunity for pursuing medical education among poor rural students of the state.

Super Specialty Professional and Public Healthcare System

With the commitment of policy makers of the state, the medical and surgical super specialty courses were created with required infrastructure well ahead of most states of the Nation. Table 7.55 shows the details of the Super Specialty courses and total number of seats in the State.

Table 7.55. Super Speciality Courses in the State

Number of Super speciality courses in theTN state colleges	Total number of seats(2020-2021)
31	413

Source: DME, 2021

It is to be noticed that the State offers nearly one third of the total Super Specialty seats of the Nation, delivering high end care to the needy people of the state and to even people of other states. Understanding the importance of providing Super Speciality care to the people, the State has steadily increased the expenditure on developing the infrastructure including qualified doctors and other manpower required for providing such high end care. Table 7.56 displays the performance of the Super Specialty Centres of the State till June 2021, which is far higher than the other Indian States.

Table 7.56. Performance of the State Super Specialty Centers till June 2021

S. No	High end procedures	Number of procedures
1	Cardiothoracic surgeries	1351
2	Angioplasty	37597 (2018-2020)
3	Renal Transplantation	476 (2016-2021)
4	Organ transplantation	452 (last 10 years)

Source: DME, 2021

Table 7.57 shows the percentage of the Super Specialty seats shared between the Tamil Nadu Doctors and the other Doctors. Since 2017, the year of introduction of NEET, there has been a consistent decline in the percentage of State doctors securing super specialty seats in the State's colleges. Since 2016, the share of the Tamil Nadu Doctors started declining when the super specialty seats of the state were opened up for all India candidates, till then it was retained exclusively for the state students. As a result, almost two thirds of the seats were lost to the others.

Table 7.57. Percentage Distribution of Super Specialty Seats of the TN State Colleges between the State Doctors and Others

Year	Tamil Nadu (%)	Others (%)
2013-2014	99	1
2014-2015	100	0
2015-2016	100	0
2016-2017	76	24
2017-2018	**38**	**62**
2018-2019	**31**	**69**
2019-2020	**29**	**71**
2020-2021	**34**	**66**

Source: DME Chennai

A similar trend could be observed in the seat sharing between the In-service (Govt.) candidates and Non-In-Service candidates. It is evident from Table 7.58 that the In-service candidates working for the State health system for years are struggling to secure the super specialty seats with steady decline to a whooping difference of about 50% of that of non-service candidates. This pattern cannot be simply overlooked just because of the fact that the cause had stemmed from the court order but in consideration to its impact on the admissions and the due adverse effect it created as highlighted above, it should be seriously reviewed.

Non-In-Service candidates also include the fresh MBBS candidates who directly transit from MBBS to PG and Super Specialty programmes without much experience. The NEET has made them to sit and prepare for the exam instead of gaining knowledge through experience. A fresh Non-In-Service candidate's theoretical knowledge cannot be compared with an In-service candidate's practical knowledge gained over years. Negating the reservation for in-service

candidates of the state will take the state towards acute shortage of in-service super specialists and faculties to teach new post graduates in coming years. If this pattern continues in super specialty, the infrastructure created for delivering high end care to the state people would go unutilized and the ailments needing super specialists would remain unaddressed, degrading the health system of the state at higher order.

The point to be pondered over is that the resultant admission in the Super Specialty programmes should have diverse representations but should not be allowed to be amazed significantly by those who are socially upward, and economically secured. If continues, it will only lead to commercialisation of and corporate domination in the healthcare services.

Table 7.58. Percentage Distribution of Super Specialty Seats between In-service Candidates and Non-In-Service candidates

Year	Percentage **In-service** candidates	percentage of N**on-In-Service** candidates
2013-2014	42. 1%	57. 9%
2014-2015	47. 1%	52. 9%
2015-2016	**39. 3%**	**60. 6%**
2016-2017	**28. 12%**	**71. 88%**
2017-2018	**5. 1%**	**94. 9%**
2018-2019	**34. 6%**	**65. 3%**
2019-2020	**25. 9%**	**74. 1%**

Source: DME, Chennai.

7.6. Discussions and Conclusions

This Chapter has been devoted exclusively to study whether the NEET based admission process has adversely affected the social, economic and federal polities and the students of rural and urban poor, those who studied in Thamizh Medium or any other section of students in Tamil Nadu; and the effect of mushrooming NEET coaching centres on the educational system in Tamil Nadu. In this pursuit, the major factors of the Socio Economic and Other Demographic Status (SEODS) that attributed to significant influence on the students outcome in the NEET and thus their admission into MBBS was investigated and the analysis and results were presented in the foregoing sections. Various dimensions of impact on the NEET based admission in Tamil Nadu show seriously an alarming future trend that might cause dangerous consequences on the very future and quality of medical education, medical profession and medical and health services in Tamil Nadu. The results obtained from the analysis of the impact are discussed and key findings are highlighted as follows.

Impact of NEET on Students Enrolment and Performance in 12thStd

The pre-NEET and post-NEET analysis on the 12thstd (TNSBSE) students' profile and their performance in their 12thStd examination and thus in the NEET indicates that in every aspect the trend has taken a negative turn. In general, the declining overall students size in the 12thStd, amounting to 12.7% loss, loss of Thamizh medium students by 24.8% and rise of English medium by 8.4%, and 18.5% drop in Govt. school students and significant rise in the English medium students in the post-NEET (after 2017) period indicates that there is changing trend in the mindset of the people to migrate to other Boards of studies like CBSE, shift to English medium and to private schools. Overall, this trend reflects the market conditions and ever-growing commercialisation of education. As the causes may be many, yet NEET could also be a triggering factor for this trend as this trend became so significant rapidly after the NEET.

If the Science stream (Maths+ Science and Pure Science) students are taken into account, similar trend could be observed. The percentage of these students in the post-NEET period has dropped down from 43.03% to 35.94%. All subcategories like Govt., Govt.-Aided, and Thamizh medium all recede down a few percentage in the post-NEET period. This indicates that these students are discouraged to pursue this stream in HSc for the same reason as cited above. If the trend

continues, only those from the affluent communities from urban areas and English taught would dominate the HSc (TNSBSE) and in addition, migration from HSc to CBSE all would result in disproportionate medical applicants from diverse social backgrounds. Thus, the health and medical sector would face disproportionate share of medical professionals representing all social backgrounds.

Boards of Education and their Influence on Students Performance

The four year impact of the NEET has revealed that it has laid down the foundation stone to shift the axis of education from the TNSBSE to CBSE, and on its part, the NEET, at least in science stream, has reasonably played its role. As CBSE students are on the rise to avail more MBBS seats in Govt. colleges, to the tune of 26.83% in 2020-21 (post-NEET) from a meagre 0.11% in pre-NEET and the HSc students fared down from >65% to 43.13% in 2020-21, everyone is tempted to pursue CBSE and those studying in the Govt. TNSBSE schools lose confidence in their studies. That is why the percentage of the TNSBSE students applying for admission in MBBS fell down by approximately 30% but that of the CBSE students increased by 31% in the post-NEET period. The dichotomy between HSc and CBSE as to their quality and superiority is meaningless as both are two different matters; like an apple and orange, they cannot be compared. Both are good as long as students are given proper equitable learning opportunities. However, as the NEET's syllabus is skewed towards the CBSE syllabus, there is an element of biasness against the HSc students. This is a gross violation of the principle of education and discrimination against the state Board students.

Medium of education and Discrimination of Thamizh Medium Students

Naturally, the Thamizh medium students are attributed with disadvantaged social background, poor background, poor parent income, and with poor educational and related material inputs in their studies. Besides all these adversities, they rose above historically and proved as a worthy lot. This is evident if the data of the students presented earlier in the Chapter are reviewed.

However, the NEET has discriminated them (Govt. students) further as their MBBS share in the post NEET has fallen down from 14.44% average in the pre-NEET to a negligible 1.7% in 2020-21 in the post-NEET. This is a clear indication that NEET is medium biased, and it favours only

the English medium students as they increased their share from 56.02% in the pre-NEET to 69.53% in 2020-21. The main culprit for their 7 fold fall in their share between pre-NEET and post-NEET is mainly because of the NEET, such that, their failure cannot be attributed to the popular claims made by some critics that both the Thamizh medium students and their state syllabus are substandard. Because, with only the same standard, they managed to get at least 14.44% in the pre-NEET period. Historical educational backwardness of the Thamizh medium students, and their predominant rural location and their socio economic conditions, all may be the causes for their overall educational performance. But evidently, the NEET has punished them further for the matters for which they are not responsible. However, proper educational interventions and provision of equitable educational inputs would certainly enable and empower them to improve their educational standards and performance further.

Discrimination of Govt. School Students

Until the government intervention by the introduction of 7.5% quota for the Govt. school students, they were at far remote in getting their due share in the MBBS seat. However, further studies should be undertaken to see who were indeed benefitted from the 7.5% quota. When the percentage students who got admitted under this category is considered as regards their repetitive appearance for NEET, which is 70.71%, it clearly indicates that they were not first timers but after repeated attempts they got succeeded. This means they would repeatedly have undergone coaching in commercial coaching centres to achieve this. This in turn means they are affordable financially to afford the exorbitant coaching fee. Therefore, this needs to be studied further to reveal the actual beneficiaries and accordingly, remedial measures can be taken further to make this provision work really for the needy.

However, overall, the Govt. students were historically already discriminated, but the advent of NEET had further aggravated their participation. These are the lot which constitute other disadvantaged features like discrimination by medium, by rural background, and low parent income. If the parental income level of this lot is considered, it is far less than their counterparts like those from urban, English medium and private schools. Therefore, the performance of the Govt. students in getting admission to MBBS programme is underpinned with several other disadvantages. Until they are rectified, their improvement is only a far distant dream. Measures

should be taken to improve their educational performance so that their share in medical admission will rise.

Disadvantage Caused by Rural Location

Approximately a 12 % (from 61.45% to 49.91%) drop in the share of rural students and a 12% rise in the share of urban students in the post-NEET show that NEET has pushed the rural lot down in their admission. Probably because of inaccessibility to coaching for and lack of training on the NEET examination the rural lot would have fared low. As coaching and prior preparation are the preparatory factors that are known for success in the NEET, and naturally, when a rural student is deprived of these un-educational activities, how can one expect them to win the race, especially, when it is so an expensive and sophisticated affair. If a test is based on the 'achieved ability' of the students which in turn was based on the 'achieved learning', which is possible only in the school learning, then the students of all sorts can be subjected to that test. Whereas, when it is unrelated to the students' learning and that too warrants extra coaching, away from school learning, it cannot be successfully competed by those who face these extra things as adversities.

First Generation Graduate Students/Parent Education

Analysis has proved that the First Generation Graduate (FGG) students lost approximately 10% seats in the post-NEET as opposed to 10% gain for the non-FGG students into the Govt. seats, and overall, it lost more than 40% seats between pre-NEET and post-NEET. It is not a surprise as the non-FGG students having a graduate background in the family would have got the exposure and training within the family. Especially, if their parents themselves are graduates they would have got the required financial and other supports to get them trained for the NEET. However, the data shows that most of the parents are less educated and daily wage workers who cannot afford to prepare their kids for such a high stake competitive examinations. The private school students' parents are capable to fund their children in the preparations required for NEET, because of this, the private students are doing well in the NEET.

Parental Income

In high stake competitive examinations, financial strength of the family plays a major role as the fund required for prior preparations (coaching) is very much essential for achieving success. Almost 97% of the Govt. school students' parents' annual income is less than Rs. 100,000, and that their BC/MBC/DNC/SC/SCA/ST counterparts' income is less than Rs. 40,000. In such a condition, when coaching demands >Rs. 3 Lakhs per year, how can they equip their kids for NEET? Wider literature findings also confirm that parents' income plays a major role in their children's education. When majority of these families struggle for fulfilment of basic life like food and shelter and their livelihoods are in constant problem, nationally universal competitive examinations are not conducive and their constant quest for improving their financial strength is an adversity for them to participate successfully in such examinations. That is why, the students of less parental income are downplayed in the NEET exam as it could be noticed in the analysis, the gap between the shares in MBBS achieved by the groups of <2.5 Lakhs and >2.5 Lakhs is ever increasing since the introduction of NEET.

Social Disadvantages and Impediments

Hierarchical social configuration of the Indian society is a major setback for education to pursue its agenda, that has done globally an unparalled damage to the educational achievement of the children in India. In general, since the deepened segregation between different castes, India has been downplaying in major parameters (like knowledge productivity, innovation and so on) that are supposed to be driven by education, and that if the education system is sound, equitable and democratic, and the society is conducive to these, India will do better on these parameters. Whereas, it did not, that is the reason the disadvantaged communities have been safeguarded with constitutional rights, i.e., reservation, to access better education. So, the affected communities like SC/SCA/MBC and others have got their due share quantified by the respective quota.

However, what remains to be answered is that whether these communities had performed well in the OC (Open Competition) quota, and whether adversities like rural location, parents' education, parents' income, and educational inputs they receive in their schooling affect their performance respectively. If the results are seen, the disadvantaged social groups like

ST/SCA/SC/BC have reasonably lost their share of medical seats in the post-NEET lesser than what they achieved in the pre-NEET. The lost seats were taken over by the upper and affluent communities. Therefore, it can be concluded that the NEET is a disadvantage for these communities in spite of their reservation. Also, further analysis should be done as to the intra-community impact by the other adversities like rural, low income, less parental income and so on, to see if these parameters have played a significant role in creating any disadvantages within the community as regards NEET exam.

Repeated NEET appearance and Loss of Learning

The growing repeated NEET test-takers bagging most of the MBBS seats is a great cause of concern for a country which is still in the developing (not developed) growth trajectory. When a country is at development path and yet to achieve its destiny, especially, socio economic justice, education is the tool that should be carefully handled, because, it is the key for reclaiming all other facets of the growth including economy, livelihood, health, welfare and so on. When the fundamental aspect of education – i.e. learning – is distorted and replaced by coaching, especially, in medical education, we would not produce Doctors but extended health care machines, who may not have all relevant skills and reasoning capacities required to take the highly demanding judgement in medical profession. Because, repeaters spend their time with coaching centres few years right from 8^{th}Std onwards and a couple of years post 12^{th}std to get reasonable score in the NEET and thus get admission. Since learning is lost and test-taking training is what focused, the future Doctors cannot think but apply their intellectual and reasoning disposition in their profession, and eventually they become an extended machine in the healthcare system. This is the contribution made by the NEET. It is alarming that the repeaters' average admission rate was 8.12% in the pre-NEET, which after the NEET became 71.42% in 2020-21.

If this trend is seen together with the other parameters, the most conducive conjoining parameters that facilitate the growth of repeaters include students' urban locality, medium of instruction-English, parents' high level education, higher parental income, and private schooling. This would suffice to conclude that this is anti-social, anti-disadvantaged, and anti-education. Only the affluent well-off families would have the privilege to have Doctors in India.

Coaching Culture and Commercialisation

The analysis signified that of the students who secured admission in the year 2019-20, 99% students had received prior training/coaching before they appear in the NEET. Most of them had repeatedly taken the examination to get admission to MMBS. Many of them are being coached from 8th standard onwards, mentally preparing the students to concentrate on NEET Examination without giving much importance to the actual learning in their studies. As argued above it affects learning and that students are prevented from being groomed in all aspects which is very much essential for producing Doctors with all relevant skills. The 'achieved ability' during the schooling time is crucial for preparing good Doctors during their studies. This means achieved ability attained during schooling is a prerequisite for studying medicine, which has been absolutely scrapped by the growing coaching culture caused by the NEET.

The coaching culture has also created a host of coaching factories mushrooming in India and Tamil Nadu. This has led to large scale establishments mushroomed throughout India, with retail coaching franchise, offering a variety of coaching services like 5 year packages, 2 year packages, 1 year packages, 3 months, and 2 months crash courses, with various slabs of fee. This coaching market has become a multi-billion industry, having enough financial muscle to even interfere into policy matters in its favour. This has now led to a situation where the medical and health services are largely market driven and as a result the medical profession has been transformed from its noble status to a commercial one. Where ever huge investments are involved, there occurs commercialisation. Already, the exorbitant fee structure levied by the private medical colleges are beyond the affordability of a common man, and along with market penetration attributed by coaching culture will only make medical education a commercial venture and thus the medical and health services as well. Therefore, medical education should be spared from such ventures, which is possible, inter-alia, that the high stake NEET be abolished.

Merit syndrome

Predicting merit through a one-off assessment for entry into higher studies is an everlasting subject of debate. It depends on the principles, strategies and academic underpinnings on which the test is conducted. Without analysing this one cannot predict or evaluate the ability of a testing framework to predict merit. However, without giving much thought to it, critics argue that NEET as opposed to the HSc examination is standard and evaluates precisely the academic credentials of the students wishing to study medicine. This is a fallacy and has no substance. It has been justified in the report that compared to the average HSc marks based on which medical admissions were conducted in the pre-NEET period, the average NEET score on which admissions were made is much less. Therefore, HSc marks seems to be a good predictor to assess the potential of the students, as this evaluation yielded students with (admission) cut-off marks as high as 99% compared to the NEET's (admission) cut-off whose centrality concentrates around only 50% to 60%.

Misuse of Domicile Status

The issue of domicile under which students seek admission should be cautiously handled so that this avenue is not misused by the defaulters, and also to ensure that the rights of the eligible candidates are protected. This has become a concern because of the growing litigations related to it in recent times. The worry is why this share of seats has increased, especially in the Govt. quota, in the post-NEET period as opposed to the pre-NEET. Further investigation on this matter is required.

Predictability of NEET and Post NEET Students Performance in MBBS

Predictability as argued in the Chapter 5 is a factor that any competitive entrance examination must meet in order to prove that it precisely assesses and predicts the 'readiness' and 'achieved ability' of the student who wish to further his/her higher education. The agencies or the authorities that govern the affairs of the NEET examination so far do not seem to have studied the predictability of that exam. However, the analysis on its predictability presented in the

Section 7.5.11 indicates that NEET could not attract the best students in admission to MBBS as it so predicted during the admission.

In the absence of any other parallel study that disproves the above findings, the government should not continue to implement NEET in an arbitrary manner. Anything which is unscientific, and its validity is not known, it shall not continue to exist, especially on matters related to education. Similar competitive examinations like SAT conducted all around the world have been tested periodically for their effectiveness in predicting the potential of the competitors. Accordingly, several modifications and amendments were made in the past. Without such experimental approach and a pilot investigation no such competitive examinations had been implemented vehemently overnight anywhere. Without testing its veracity, validity, predictability, biasness, no such tests shall be implemented. In the case of the NEET no such reviews and investigations seem to have been done so far.

Impersonation

Rising incidents of impersonation and malpractices all around India has caused concerns among the genuine candidates who work hard to succeed and genuine States that honestly curb such incidents. As much significance is attached to the MBBS degree both socially and economically, a massive centralised activity like NEET is expected to be exploited for and misused by the greedy individuals. Especially, considering the rising such incidents of impersonation in the States, where law and order is not respected and the civic attitude is mischievous, NEET may not do justice to the States that abide by rules and laws and societies that adhere to ethics and principles.

Psychological Barrier, Anxiety and Stress

Due to NEET, several medical aspirants hailing from rural areas commit suicide due to stress and anxiety every year. The suicidal incident of S.Anitha, a NEET aspirant from Ariyalur who had scored 1176 out of 1200 in the State Board's Higher Secondary examination but failed in the NEET, was a turning point when the validity of the NEET on its bias-less-ness was questioned. It is not the stress and anxiety alone that it caused but its bias against the good performing state Board students. Such suicidal attempts are cause of helplessness caused by the NEET. As of

September 12, 2020, 13 students had taken their lives due to NEET exams. How many others have been facing mental agony and trauma due to this is not known. But stress caused by the NEET among the medical aspirants is visibly and widely prevalent elsewhere. Until further detailed studies are done on this matter, the impact on their learning, emotions and psych will not be known.

Impact on Medical education, Medical Profession and Health care Service in Tamil Nadu

The enduring social justice policy has been a driving force for the State to ensure that medical education is available to the deserving students of all sections of the society so that they can reach the tertiary education from MBBS through PG to Super Specialty and thus serve the diverse society in difficult rural areas. This made the population of qualified doctors from all social levels and that with value for their nativity and better understanding on complex social structures and beliefs, the generation of Doctors from the state in the last sixty years have immensely contributed to the state healthcare.

With alarming change in the profile of students admitted to MBBS following the NEET, the results of the analysis throughout this Chapter indicate that the underprivileged, socially backward, rural and small town students are deprived of the opportunity to pursue medical education, as the level playing field is not established as per the law of equality.

It is evident from the analysis in Section 7.5.13 that the awareness, accessibility, affordability and familial backgrounds of the candidates from the High HDI districts seem to have more chances of clearing NEET exams compared to those belonging to the less developed districts. Moreover, 70% reduction in Super Specialty seats among the Tamil Nadu Doctors and 50% reduction in the same category among the In-Service Doctors as opposed to a rising share of the Non-In-Service Doctors, before and after the NEET period, indicate one thing that most of these Super Specialty Doctors would prefer working in urban and private healthcare sector. This would create a demand for specialists and their critical role in delivering specialized care at rural (52% of the total population) and semi urban districts in the future, putting the lives of the underprivileged at stake.

7.6.1 Conclusions

This Chapter embarked upon the question if the NEET had adversely affected the different student populations of Tamil Nadu. Detailed investigations resulted in findings that prove the doubts claimed early in the Chapter 5 that the NEET: is biased (against the State Board) and not based on common core standards; does not measure the chronologically developed academic abilities by the students; could not predict the success of students in their higher studies (MBBS); and promotes coaching as opposed to learning; and is vulnerable to charges of cultural, regional, linguistic and socio-economic biases.

To conclude, the NEET seems to have clearly undermined the diverse societal representation in MBBS and higher medical studies, favouring mainly the affordable and affluent segment of the society while equally thwarting the dream of pursuing medical education by the underprivileged social groups. The analysis in multiples of dimensions related to Socio Economic and Other Demographic Status (SEODS) of those who have competed for medical education has proved this fact. In particular, the NEET has deserted the representation of the social and other demographic groups having low SEODS in medical education. Those social groups who were highly affected were the students of Tamil medium, rural background, government schools, parental income less than 2.5 Lakhs, and socially depressed and disadvantaged groups like MBC, SC, SCA, and ST. Therefore, the Committee concludes that the NEET is against these disadvantaged groups.

Also, as NEET is successful mainly and predominantly for the repeaters (71% in 2021) and those students who have gone through coaching (99% in 2020), fresh or first time applicants are highly discouraged and discriminated by those who were going through a long term coaching curve. Therefore, it is also against the first time fresh students. The Committee therefore strongly condemn the growing culture of ‘coaching’ as it is gradually replacing ‘learning’ which is very much essential for the would-be-Doctors (medical aspirants) to acquire all round skills including reasoning, decision making, judgemental, analytical and psychosocial skills. These skills are possible only in the schooling-learning, not in the coaching.

NEET, to majority students (both successful and unsuccessful), is an excruciating experience that creates anxiety and stress and inculcates diffidence among the students aspiring for MBBS. Further, with prevailing malpractices, dual domicile exploitations, and impersonation facing a great threat to the genuine contenders, the NEET in totality reduces confidence of the students and affects their psych.

The NEET does not seem to ensure merit or standard of the students being offered MBBS under its purview. The findings indicate that the NEET has only enabled and empowered comparatively the low performing (in NEET scores and HSc scores) students to get admission to MBBS. Therefore, the question of NEET ensuring quality and merit of the students is to be ruled out. Comparatively, it has been observed that the HSc marks based on which admissions were offered during the pre-NEET period ensured entry of quality and meritorious students.

The 50% PG seats and 100% Super Specialty seats brought under the All India Quota (AIQ) has already radically reduced the In-service candidates in the higher studies, which would in the near future affect the State's public healthcare system. As the Super Specialty seats were filled fully under the purview of the AIQ, the OBCs (Other Backward Class) were deprived of getting their due share that they once enjoyed under the State's reservation system. This is against the social justice philosophy that the State has nurtured in all spheres of development.

Finally, having gone through such a discriminative examination, as evident from the findings observed, the HSc TNSBSE students seem to have lost faith in and confidence on the process and criteria being adopted in medication admission. The consequence presumably seems to reflect in the enrolments in HSc Science Stream by the Tamil Nadu students in the post-NEET period.

The aftermath effect of the NEET has already embarked with signs of changing profile of the Doctors between the pre-NEET and post-NEET period, creating a generation of doctors and teaching faculties from mainly the privileged communities- the affluent, the creamy, the urban genre who are well away from the grass root realities of the diverse social structure - the implication of which will be palpable in the society in years to come if not intervened at the

earliest. While the reasons and interventions may be multi-dimensional including academic reforms and bottom up socio economic uplift, if the pre and post NEET scenario is considered, the aftermath effect has aggravated the divide and worsened the medical and healthcare sector in all its tributaries; like medical education, medical profession, and public healthcare system and service.

CHAPTER-VIII

CONSTITUTIONAL PROVISIONS RELATING TO EDUCATION

8.1 Constitution and Education

8.1.1 Amplitude of the term Education

Within the word 'education', the proposal to start a educational/ teaching institution, identification of the site therefore, construction of building, admission of students, appointment of teachers, determination of syllabus, governing body of the institution, conduct of examinations, declaration of results, issuance of certificates, Creation of University, qualification for admission into any course run by it, conferment of degree or diploma etc. etc. That is, the amplitude or concept or field of education is very, very wide. Solution to every problem, every challenge starts with education. What one can depend is on what one learns.

8.1.2 Constitutional Scheme in 1950

The Constitution of India, when it came into force in 1950, did not confer the power to make law over the entire field of education, either on the States or on the Union. The field was distributed between the two instrumentalities. Under Entry 11 List-II, the field of **'education including universities'** was allocated to States; but it was subjected to entries 63 to 66 List -I and also to Entry 25 List -III.

8.1.3 Establishment and Regulation of Universities

The field of 'Incorporation' (Establishment) of University and the 'regulation' thereof was demarcated and exclusively allocated to States under Entry 32 Lit-II. To be more emphatic, and for more certainty, the same field was excluded from the field allocated to the Union. That is the Union has no power to establish any university and the power to regulate any University is not within the legislative competency of the Parliament; That is so provided under Entry 44 List-I. The field of vocational and technical training of labour was allocated to both the Union and the States under Entry 25 List III.

8.1.4 Establishing a university

A university comes into existence by a legislation, enacted by the State Legislature, by an Act of a State. Madurai Kamaraj University, The T.N. Dr. M.G.R. Medical University etc. were all established only in that manner. The Act specifies the powers and duties of various authorities of the university, like Syndicate , Senate, etc. constituted by the Act. This power not found allocated to the Union under the List-I of the VII Schedule.

8.1.5 Regulation of university

Regulation of university, means and includes, admission of students to the courses conducted by it, appointment of teaching faculty, conduct of examination, declaration of results, conferment of degrees etc. All those areas in the fields are covered by Entry 32 List-II. That is an exclusive field allocated to the States. Also, the same field is excluded from or denied to the Union under Entry 44, List -I. A combined reading of both the said entries, 32 & 44, makes it clear that the field and power to establish and regulate a university has been conferred only on the States.

8.1.6 Principles of Interpretation of Constitution

The cardinal principles of interpretation of any constitution are:

i. No provision in the constitution should be ignored;

ii. every provision should be given widest amplitude of the language;

iii. where there are overlapping or conflicts between two provisions, the doctrine of 'harmonious construction' should be adopted;

iv. Where harmonious construction is not possible, the doctrine of 'reading-down', should be adopted.

That is, a provision should be restricted in its application in order not to violate any of the provisions of the constitutional. According to Hon'ble Supreme Court, *"It is permissible to* ***'read-down'*** *a provision in order to so understand it as not to attempt something beyond the competence of the legislative body".*

8.1.7 'Co-ordination and Determination of standards'

The field of 'coordination and determination of standards in higher education', was allotted to the Union under Entry 66 List I. The Oxford Dictionary defines 'coordinate' to mean ***'negotiate with others in order to work together effectively'***. The word 'coordination' is given the meaning, 'the action or process of coordinating'. The parties coordinating have equal status. No one is subordinate to any another. The Hon'ble Supreme Court, by a constitutional Bench, in Gujarat University vs Krishna Ranganath[AIR 1963 SC 703] has ruled that ***"****The word* ***coordination does not merely mean evaluation*** *but* ***also harmonizing relationship for concerted action".***

In entry 66 List-I, the word '**coordination**' and '**determination'** must be read together, just as the words 'establish' and 'administer', is interpreted in Article 30, The word '**and'** must be read conjunctively not disjunctively. Therefore, the entry 66 List -I, requires or directs the Union Government to 'determine the standards' of higher education, by coordination with the other stake holders, *viz.,* the States. That is, without such consultation with the State governments and treating them as equal partners, the Union government cannot decide by itself any standard and impose that on the States. As held by the Hon'ble Supreme Court in State of Gujarat vs Krishna, referred above, ***"****The word* ***coordination*** *does not merely* ***mean*** *evaluation but also harmonising relationship for* ***concerted action".***

8.1.8 Entry 11 List -II

Originally the subject of 'Education', was an exclusive State subject, included as Entry 11, List-II (State List).That entry read thus: ***"Education including Universities subject to Entries 63 to 66 List I and entry25 List III".*** Entries 63 to 65, relate to specific institutions, as summarized by the Hon'ble Supreme Court, in State of Tamil Nadu vs Adhiyaman college of technical education [1995(4) SCC 115], in paragraph 11, as follows:

"Entry 63 of List I relates to the Benares Hindu University, the Aligarh Muslim University and the Delhi University; the University established in pursuance of Article 371-E, i.e, Central University in Andhra Pradesh, and other institutions declared by Parliament by law to be an institution of national importance. Entry 64 of the said List refers to institutions for scientific or technical education financed by the Government of India wholly or in part and declared by the

Parliament by law to be institutions of national importance and Entry 65 relates to the Union agencies and institutions for [a] professional, vocational or technical training, including the training of police officers; or [b] the promotion of special studies or research; or [c] scientific or technical assistance in the investigation or detection of crime".

8.1.9 Factually, subjected only to Entry 66 List-I

From the above observation of the Hon'ble Supreme Court, Entry 11 list -II factually was subjected only to Entry 66 of List -I,***"Coordination and determination of standards in institutions for higher education or research and scientific and technical institutions".***

That means, even prior to the 42nd Amendment, States' field over 'education', under Entry 11 of List II, was subjected, in effect, only to Entry 66 of List I. As per this entry, the field of operation for the Union over education was **only to prescribe standards in institutions of higher education, by co-ordinating with the States.** There was no other exclusive 'field' allocated to the Union government, within the widest field of 'Education'.

8.1.10 Entry 32 List-II

Similarly, within the 'whole field' of education, States were also conferred an exclusive area of the field by Entry 32 List II. That field is *"**Incorporation**, **regulation** and winding up of ……..**universities; .....** ".*That is emphasised by a negative term in Entry 44 List I, in these words by providing *"**Incorporation**, **regulation and winding up**, of corporations……..**not including universities**".* This constitutional scheme remains unaltered, right from 1950.

8.1.11 Entry 25 List-III

The Entry 25 list III, prior to 42nd amendment, was just **"Vocational and technical training of labour.** After the 42nd Amendment, it is: "Education, including technical education, medical education, and universities, subject to the provisions of entries 63,64,65, and66 of List-I; vocational and technical training of labour". On closer look, it becomes clear that only the words ***'technical education medical education and'*** were newly added, after the words 'Education

including' and 'universities'. That does not, in anyway, alter the content or field of the original entry 11 of List-II

8.1.12 No overlapping

It can be seen, when carefully read, that each entry, prior to the 42nd amendment, covered a distinct field. There was no overlapping of any two or more entries. That is, creating and regulating or governing 'Universities', continue to be within the exclusive field of the States. Union has no power to create any University or to regulate any of the activities of the universities. That power is vested in its entirety, on the States. The other content, 'Vocational and technical training of labour' was always in the concurrent field. 'Coordination and Determination of standards in higher education', was with the Union. That was the constitutional scheme till the 42nd Amendment was made, in 1976. None of the fields overlapped with another field. Therefore, by shifting entry 11 List-II to Entry 25 List -III, only the lawmaking instrumentalities or organs was changed, but the area of the field, or contents of the lists, were not altered.

8.1.13 Gujarat University Vs Krishna Ranganathcase [1963]

When the State of Gujarat passed, a legislation empowering the Gujarat University to determine its medium of instruction and subsequently when the university prescribed only Gujarati and Hindi as its medium of instruction, the Hon'ble Supreme Court ruled that such a power was not conferred on the university, by the said legislation. It also held that Entry 66 of List -I extends *'to all ancillary and subsidiary matters which can be fairly and reasonably comprehended by it, such as disparities resulting from the adaption of a regional medium of instruction resulting in a falling of standards in higher education'*. It was further observed, by majority, that 'If a legislation imposing a regional language or Hindi as the exclusive medium of instruction is likely to result in lowering the standards, it must be necessarily fall within item 66of List-I and be excluded from item 11 of List-II'. But, Justice K. SubbaRao, did not agree with this. According to him Medium of Instruction was included in Entry 11 List-II. The Hon'ble Supreme Court did not find that these entries overlap. All that was said was, if there is any overlapping the doctrine of harmonious construction must be applied to resolve the issue.

8.1.14. 42nd Amendment did not alter legislative fields

By 42nd Amendment, Entry 11 was deleted from List II and was included as Entry 25 in List III as follows:***"Education, including technical education, medical education and universities, subject to the provisions of entries 63, 64, 65, and 66 of List I; vocational and technical training of labour".*** Prior to the said 42nd Constitutional Amendment, Entry 25 of List III was just "Vocational and technical training of labour". Also, the Entry-11 List II was subjected to Entries 63 to 66. Therefore, the inclusion of the phrase 'subject to provisions of entries 63,64,65 and 66 of List I, in the entry 25 itself, does not alter or create any new scope for a different interpretation or to enlarge the legislative field in any of the entries.

8.1.15. Legislative field under Entry 11 List-II not enlarged under Entry 25 List III

The field was the same as was under Entry 11 List- II. Only the words ***'technical education, medical education, and'*** are newly added. As it existed earlier till the 42nd amendment, the field relatable to 'universities' *viz.*, the field of 'incorporation' of, 'regulation' of and 'winding up' of the universities that were carved out and placed in Entry 32 List II, remains the same. That is, power to incorporate, to regulate and for winding up of all or any of the universities, **were and are**, within the exclusive domain of the States. The 42nd amendment had not altered this area of operation, in any manner. Therefore, the word 'universities' found in Entry 25 List III, refers to the same field it covered as Entry 11 List II. The 42ND Amendment did not alter the extent of the legislative field.

8.1.16 . Entry 32 remains unaltered

That is, the field covered by Entry 32 List II remains the same right from 1950. Similarly, the legislative fields covered by Entry 11 List-II, Entry 25 List-III and entries 63 to 66 of List-I also continue to remain the same. The newly added phrases, "*the technical education, medical education"* as well as the words *"subject to the provisions of entries 63,64,65 and 66 in List- I"*, in the entry 25 List III are only superfluous. They are covered by Article 246 itself. The original Entry 11 List-II was just shifted to List-III, as Entry 25; the legislative field was not in any way enlarged. The field of other related entries *viz*., Entry 32 in List II and Entries 44,63,64,65, and66 of List I, also remains unaltered. Therefore, the field covered under Entry 25 List-III, did not under go any change vis-a-vis Entry 11 of List-II by the 42nd amendment.

FIELD OF EDUCATION: 1950

ENTRY 32 LIST II and 44 LIST I	ENTRY 11 LIST II	ENTRY 25 LIST III	ENTRY 66 LIST I	ENTRIES 63, 64, 65 LIST I
1	2	3	4	5

AFTER 42nd AMENDMENT - (2) & (3) – Merged

ENTRY 32 LIST II and 44 LIST I	ENTRY 11 LIST II	ENTRY 25 LIST III	ENTRY 66 LIST I	ENTRIES 63, 64, 65 LIST I
1	2	3	4	5

1. Incorporation, winding up & Regulation' of Universities - Exclusive State Subject.
2. Education including Universities - (Subject to Entries 63-66 List I and Entry 25 List III)
3. Vocational Training in labour.
4. Co-ordination and determination of standards - Exclusive union subject in Institutions of Higher Studies Aligar Muslim University, Delhi University, Andhra University.

After 42nd Amendment, (2) & (3) – Merged. - as one field.

(1) Stands as it was from 1950

8.2. Admission of students

8.2.1 Falls within Entry 32, List-II

Universities were established by States as autonomous bodies, by legislative enactments. The university Act governs the entire activities of the university and the colleges affiliated to it. Every university has a syndicate, Senate and other statutory organs, with demarcated powers and functions. Admission of students to all courses, conducted by the Universities, are governed by the specific provisions in the University Acts, covered by the legislative field of Entry 32. Therefore, admission of students to university courses is always covered only by Entry 32 List-II.

8.2.2 The Union Government Cannot regulate Universities[Entry 44 List-I]

All the above aspects are covered only by Entry 32 List-II. It is an exclusive State subject. At the same time the same aspects are specifically excluded from the purview of and denied to, the Union Government under Entry 44 of List-I. A combined reading of both the Entries 32 of List II and 44 of List-I, makes it crystal clear that the Union government cannot establish or control any University, which are established and regulated or controlled by the States. That is, the Union Government has no power to interfere with the process of admission of students to any of the courses conducted by the Universities established and controlled/regulated by the States.

8.2. 3 Interpretation of the Entries

Inspite of such definite demarcation of powers, at times, dispute arises due to conflict of laws made by the State legislatures and Parliament. As early as 1951 State of Bombay vs. Balsara (AIR 1951 SC 318)., such a dispute went up to Hon'ble Supreme Court. In that case, the Hon'ble Supreme Court held categorically that while determining the competency of the legislatures, the entries of different lists in the 7th schedule should be read together without giving a narrow meaning to any of them. The Hon'ble Supreme Court reiterated in 1963 in Ramakrishna Rai vs. State of Bihar (AIR 1963 SC 1667) when the argument was advanced that certain entries must be given wider interpretation vis-à-vis other entries, the Hon'ble Supreme Court rejecting that contention, held that there can be no reason to give a broader interpretation to one power than the other. Further, in State of Bombay vs. Narottom Das JethaBhai (IR 1951

SC 69), the Hon'ble Supreme Court held that when one item is general and another is specific, the latter will exclude the former. In another case, APSWI Society vs. Labour court AIR 1987 SC 182, the Hon'ble Supreme Court held that in case of conflict between entries in List I and List II, the question is not of repugnancy but of competence.

8.2.4. Widest meaning should be given to all entries

From the above axiomatic principles laid down by the Hon'ble Supreme Court, it can be safely concluded that all the entries found in the three lists in 7th schedule are to be given the widest meaning. An Entry in List I cannot be given a wider meaning than an entry in List II or vice versa. Similarly, an Entry in List III cannot be interpreted to widen its power when there are specific restrictions found in List I or List II. Therefore, only that legislative body, which has been conferred with the power to make law on a subject by the constitution, can make law on the subject matter. Otherwise, the law made by any legislative body would be void and ultra vires the constitution.

8.2.5. 'University' is found in three entries

In the Constitution of India, the word University is found in the following three entries only:

Entry 44 – List I – Incorporation, regulation and winding up of corporations, whether trading or not, with objects not confined to one State, but not including universities. Entry 32 – List II – Incorporation, regulation and winding up of corporations, other than those specified in List I, and universities; unincorporated trading, literacy, scientific, religious and other societies and associations, co-operative societies.

Entry 25 - List III – Education, including technical education, medical education and universities, subject to the provisions of entries 63, 64, 65 of List I ; vocational and technical training of labour.

Entry 11 was clubbed with Entry 25, List III only by the 42nd amendment in the year 1976. The 42nd Amendment was passed without any discussion in Parliament. Few persons know the contents of the 42nd Amendment. Prior to that, 'Education' was found in Entry 11 of List II. That is, all matters relating to education, (subject to Entries 63, 64, 65 and 66 of List I) were within the legislative competency of the States.

Entry 44 in List I shows that power to make law relating to "incorporation, regulation, winding up of corporations" are not conferred on the Parliament. This entry specifically excludes "universities" from the purview of the Parliament. That is, incorporation, regulation and winding

up of universities are not included in this entry. The Entry 32 in List II relates to "incorporation, regulation and winding up of corporations (other than those specified in List I) and universities. That is "incorporation, regulation and winding up" of universities are within the competence of state legislatures. Therefore, in so far as universities are concerned, power of incorporation, regulation and winding up is conferred only on state legislatures. 2-Reading entry 44 (list I) and entry 32 (list II) together, makes it clear that incorporation, regulation and winding up of universities are conferred only on the State and that power has been specifically excluded from the union or central government. That is, central government and Parliament have no power to make law on matters relating to incorporation, regulation and winding up of universities. This power has been specifically conferred only on the state legislatures. That is, Parliament cannot make law incorporation or regulating or winding up any university.

The effect of transferring the subject of education from List II to III by 42nd amendment would mean that both the state and Parliament will have power to make law relating to education including technical education, medical education and university education. But the power of the state legislatures on this subject is subjected to the entries 63, 64, 65 and 66 of List I. Here, the word 'education including universities' does not include the power to make law relating to "incorporation, regulation or winding up" of universities. Since these aspects have been specifically covered under entry 44, List I and entry 32, List II, these aspects are excluded from entry 25 List III. Therefore, central government have no power to incorporate, regulate or winding up of universities as per the scheme of distribution of legislative powers.

8.2.6. Incorporation

The University Grants Commission Act, 1956 in Section 3 provides that the Government of India can, on the recommendation of UGC, declare any institution as "Deemed to be a University". That is because central government has no power to incorporate any university. Incorporation means an act of forming or creating, it is nothing but establishment. Therefore, it is more probable that the central government was aware of the fact that it cannot establish a university and therefore, by section 3 of UGC Act, it conferred the status of "Deemed to be a University" on certain institutions like IIT.

8.2.7. Regulation

The word regulation means ‘a rule or order for management’ – ‘a rule or directive made and maintained by an authority’. To regulate means to control or supervise by means of rules and regulations. Management means administration, control, supervision, guidance etc.

8.2. 8. Winding up

Winding up means ‘closing’ any institution or organization. Therefore, as per the provisions of the constitution, the federal or union government has no power to make law on the above said aspects.

8.2. 9. Admission to colleges Falls within Entry 32, List-II

Universities were established by States, as autonomous bodies, by legislative enactments. The university Act governs the entire activities of the university. Every university has a Syndicate, Senate, Academic Council, Controller of Examination and other statutory organs, with demarcated powers and functions. Admission of students to all courses, conducted by the Universities, are governed by the specific provisions in the University Acts, covered by the legislative field of Entry 32. Therefore, admission of students to university courses is always covered only by Entry 32 List-II.

8.3. History of entrance examinations:

When the IIT, IIM, BITS (Pilani) etc. were established those institutions started admitting students on the basis of marks obtained in the entrance examination conducted by each of them separately. That was because their syllabus was different in the pre-degree courses, conducted by different universities in India. In Tamil Nadu since the demand for admission to Engineering and Medical courses, exceeded the seats available in those institutions, common entrance examinations [CET] was conducted for that purpose, for some years starting from 1984. Thereafter, the Medical Council of India (MCI) started controlling every affairs, starting from granting permission to start a medical college, and the number of students to be admitted. Then it also wanted to control the admission to Under-graduate and Post Graduate [PG] courses. For that the MCI issued number of notifications, starting from 1997.

On the experience gained and the consequences the entrance examination caused on the students, especially from rural areas, Tamil Nadu (T.N.) Government took a policy decision to abolish all

such entrance examinations. Hence, TN Legislative Assembly passed "Admission in Professional Educational Institutions Act 2006". That Act got the assent of the President of India in 2007. Consequently, the Act was numbered as Act 3/2007. Thereafter, in TN all entrance examinations, for admission to all the professional institutions like medical and engineering colleges etc. were abolished. Students were admitted to such institutions based on the marks obtained by them in their qualifying examinations (viz.) 'Plus Two' examination.

8.3.1. Entrance Examinations in T.N.

When the demand for certain courses increased and exceeded the number of seats available, various methods were evolved by the Universities and by the respective State Governments. One such method, evolved in 1984, by the State of Tamil Nadu [T.N.], was to conduct of Common entrance examinations for admission to engineering and medical institutions. Thereafter, from 1997, the Union government wanted to control the admissions of students to medical institutions all over India and hence issued a number of 'Notifications' through the Medical Council of India [MCI]

8.3.2. T.N. Act 3 of 2007: Abolition of entrance examinations

After some years, T.N. Govt. took a policy decision to abolish all entrance examinations and hence T.N. Legislative Assembly enacted **"Tamil Nadu Admission in professional educationalinstitutions Act 2006" [Act 3 of 2007].** That law was given assent by the President of India. Consequently, all entrance examinations for admission to all professional institutions, were abolished in T.N. Students were admitted, to such institutions and courses, based on the qualifying marks, in accordance with the respective University Acts. The validity of this Act was challenged before the Madras High Court. That writ petition was rejected and dismissed by a Division Bench of Madras High Court. When an appeal by Special leave filed before the Hon'ble Supreme Court, the S.L.P. was dismissed at the admission stage itself.

8.3.3. Admission of students not covered by Entry 66 List-I

The Hon'ble Supreme Court has considered the aspect of admission of students in Modern Dental college Vs State of Madhya Pradesh. The legal validity of M.P. law relating to admission of students to higher educational institutions was challenged. It was contended that State do not

have that power and the power vests with the Union Government. A constitution Bench of Five judges held as follows:

"93. To our mind, **Entry 66 List -I** is a very specific and limited scope. It deals with coordination and determination of standards in institutions of higher education or research as well as in scientific and technical institutions. The word coordination and determination standards would mean laying down the said standards. Thus, when it comes to prescribing standards for such institutions of higher learning, exclusive domain is given to the Union. However, that **would not include conducting examination, etc. and admission of students to such institutions of higher education etc."**

In the same case, Justice Bhanumathi, in a separate judgment made it more elaborate, as follows

> "I have no hesitation in upholding the vires of the impugned legislation which empowers the state government to regulate admission process in institutions imparting higher education within the state. **In fact, the State being responsible for welfare and development of the people of the State, ought to take necessary steps for welfare of its student community. The field of "higher education being one such field which directly affects the growth and development of the state, it becomes prerogative of the State to take steps which further the welfare of the people and in particular pursuing higher education.** In fact, the **State Government should be the sole entity to lay down the procedure for admissionand fee etc. governing the institutions running in that particular state except the centrally funded institutions like IIT, NIT etc. because no one can be a better judge of the requirements and inequalities-in-opportunity of the people of a particular state thanthat state itself. Only the State legislation can create equal level playing field for the students who are coming out from the State Board and other streams".**

8.3.4. T.N. Medical Officers Associated Case (2020) (5 Judges)

The same view has been reiterated by the Hon'ble Supreme Court ON 31-8-2020, in the case of **T.N. medical officers Association** Vs Union of India while explaining Modern Dental college case as follows

"37.in the case of Modern dental college…..it has been observed , referring to earlier Entry 11 of List II, that the state had exclusive power to legislate with respect to all aspects of education barring determination of standards and coordination by the Parliament..…… It has been observed in the judgment of Modern Dental college… that except the determination of minimum

standards and coordination, State's power in regulating medical education was preserved. When the said entry (I.e. Entry 11 of List II) was brought to the concurrent List by 42nd amendmentto the Constitution of India, the form of State's power remained the same, provided of course there was no repugnancy of a State statutory instrument with any Union legislative provisions covering the same subject".

8.3.5. Admission and conduct of Examination do not come under Entry 66 List I

That is, **Entry 66 List-I,** *would* ***not include admission of students*** and **'conduct of examination'.** They are not covered within the field of 'co-ordination and determination of standards' found in Entry 66 List I. Admission of students and determination of standards for the courses run by it are within the powers of the States and they both, do fall only under entry 32 list-II. Reading the Entries 32 List-II, Entry 44 List-I, Entry 66 List-I and Entry 25 List -III, would lead only to the to the inescapable conclusion that admission of students into universities and the conduct of examination are covered under the field of 'Regulation' of universities. Therefore, they fall within the exclusive State field.

8.4. T. N. Act 3 of 2007

8.4.1 Act under Entry 32 list II and Entry 25 List III

The T. N. Act 3 of 2007 has been passed under Entry 32 List II and Entry 25 List III. That is, some area of the legislative field was covered by entry 25 List III and some area of the legislative field was wholly within the exclusive State-legislative field.The Act was assented to by the President of India, in order to get the protection Article 254.On the date of Sankalp Order (28.4.2016) T.N. Act No.3 of 2006 wasin force. The Constitutional validity of Act 3/2007 was upheld by a Division Bench of the Madras High Court. The Hon'ble Supreme Court has dismissed the Special Leave Petition filed against that order.

Only a "Law made by Parliament" can have an overriding effect on the T.N. Law, as per Article 254(2). Since the **Notification** issued on 21-12-2010 was **not a "law"** made by Parliament, it did not override T.N. Act 3/2007.

The definition of 'law' found in Article 13(3)(a), which include ordinance, order, rule etc., applies only to Part III of the constitution. That definition does not extend to any other Part of the Constitution. Therefore, neither Article 254(2) come to play. Therefore T.N. Act 3 of 2007

held the field relating to admission of students to medical courses in T.N. on the date of Sankalp Judgment.

The T.N. Dr. M.G.R. Medical University Act regulates admission of students to its affiliated colleges. Such admissions cannot be regulated by the Union Government, in view of the **prohibition under Entry 44 List-I.** Method of admission to medical courses to the affiliated Medical Colleges, and Admission to University Examinations are provided for under Section 35 and 36 respectively, of the said Act. That is an exclusive legislative field of the State. Union Government cannot make any law over that legislative field. Therefore, there is no scope for the union even to make any law over that field as it falls outside the Entry 25 List III. In case a law is made the provisions of Article 254 (2) would not apply. Therefore, the T.N. Act 3 of 2007 wasthe only law that can apply to admission of students to the affiliated colleges of the TN Dr. M.G.R. Medical College.

8.4.2. NEET cannot be applied to State Universities and its affiliated Colleges

So viewed, NEET cannot be made compulsory, to any of the Medical colleges affiliated to Dr. M.G.R. Medical University Act. Therefore, NEET cannot be made compulsory to any college affiliated to any other University established by a State legislature. That appears to be the scheme of the constitution.

8.4.3. Notification cannot override T.N. Act 3 of 2007

Inasmuch as no other Notification was issued after 11-4-2016, the date of recall order. Therefore, conduct of NEET in that year cannot be said to be legal, since Section 10D was inserted only on 25-4-2016.

8.5. Constitutional validity of Section 10D MCI Act not challenged

The validity of MCI Amendment Act 2016 by which S.10D and 33(mb) were inserted on 25-4-2016, should have been challenged as ultra vires the Constitution. But no one, till date, has challenged that Constitutional validity of the amendment. In fact, Tamil Nadu government had presented a Writ Petition challenging both Sections 10D and 33(mb) before the Hon'ble Supreme Court. But it was returned for certain corrections. Later the Petition was not re-presented and brought before the court. The matter lies there as it is.

8.6. Notifications cannot be valid without authority of Law

The MCI Amendment Act that inserted Sections 10D and 33 (mb) on 24.5.2016, did not confer retrospective legislative sanctity to the Notification issued in 2010. But, the Medical Council of India Amendment Notification dated 22nd January 2018 – **Preamble-** paragraph 1 reads thus:

"…. Indian Medical Council (Amendment) Act 2016 has inserted Section 10 D and Section 33(mb) …. By virtue of this Amendment **Parliament has provided legislative sanctity to the** National Eligibility cum Entrance Test. Included in the Graduate Medical Education **Regulations 1997, by Amendments notified in the Official Gazette on 27th December 2010, February 2012, and 23rd 2013".**

This appears, not a correct statement of the law. A Regulation / notification is only an executive order passed, exercising a power conferred by a statute. In the absence of a law conferring legislative authority, the executive order would be invalid. It may even be termed as 'still-born'. To such a still born Notification, 'life' cannot be infused, on a later day, when a law was made conferring such authority. A fresh Notification should have been issued. Also, the **'Doctrine of Eclipse' does not apply to executive orders and regulations.** Any executive action will only have prospective validity. Therefore, the above statement of law made in the Preamble to the Notification issued on 22.01.2018 will not confer legal sanctity to the Notifications issued in 2010.

8.7. NEET – legally becomes mandatory only from 22-1-2018

MCI Amendment Ordinance 2016, dated 24th May 2016 became Act 39 of 2016 on 4th August 2016, When Section 10D and Section 33 (mb) were added to the MCI Act. Section 10D reads thus: "There shall be conducted a uniform entrance examination to all medical educational institutions **……"** Section 33 (mb) confers the Rule making power to MCI. Neither of these provisions make NEET compulsory for admission to medical courses. Only the Notification dated 22-01-2018 makes NEET compulsory. Further in S.10D there is no provision to conclude that admissions shall be done only on the basis of the marks obtained in the NEET. Therefore the rules to the contrary found in the Notification dated 22-1-2018 can also be contended as having no legislative authority.

8.8. T.M.A. Pai foundation explained in P.A. Inamdar case

Matters relating to admission of students to any minority institution cannot ignore the decision in T.M.A. Pai Foundation case, rendered by 11 Judges Bench. Therefore, 'Sankalp' decision appears to be contrary to the decision of T.M.A. Pai Foundation Case. Though there were ample grounds to challenge the validity of the 'Sankalp' judgement by filing the review or curative petition, that was not done by any of the petitioners / States.

Final judgment on C.M.C. case was pronounced by the Hon'ble Supreme Court on 29.4.2020. In that, the Hon'ble Supreme Court has considered only the rights of the minorities. In fact, the Transferred Writ Petitions No. 110 and 111 of 2012 filed by State of Tamil Nadu were also dismissed. But there is no mention of the grounds raised by Tamil Nadu. That is those issues were not considered. This may even be considered as denial of 'judicial remedy'. It also seems to violate the principles of common-law '***audi-alterampartem***' (hear before deciding).

The Sankalp judgement has lost its importance once the National Medical Commission Act has been passed in 2019 and has come into force from 8.8.2019.

Be that as it may, no useful purpose will be served by going into those judgements. The reason being MCI Act has already been repealed by National Medical Commission Act [NMC Act] 2019. Therefore, the judgements rendered under the MCI act becomes redundant and need not be considered in depth. At present SANKALP judgement of 2016 and CMC decision in 2020 has become part of history.

All that are stated above has now become purely academic, after the commencement of NMC Act 2019.

8.9. Percentage and 'Percentile'

8.9.1. 2010 Notification was as follows

The notification dated 21st December 2010 in No.MCI-31(1)/2010-Med./49068 – In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous approval of the Union Government, hereby makes the following regulations to further amend the "Regulations on Graduate Medical Education, 1997" namely :--

Clause-6 reads as follows :-- "In Chapter-II, sub-clause 5, under the heading "Procedure for selection to M.B.B.S Course shall be as follows", shall be substituted as under :-

There shall be a single eligibility cum entrance examination namely 'National Eligibility-cum-Entrance Test for admission to M.B.B.S Course' in each academic year. The overall superintendence, direction and control of National Eligibility-cum-Entrance Test shall vest with Medical Council of India. However, Medical Council of India with the previous approval of the Union Government shall select organization/s to conduct 'National Eligibility-cum-Entrance Test for admission to MBBS course.

In order to be eligible for admission to MBBS Course for a particular academic year, it shall be necessary for a candidate to obtain minimum of 50% (fifty percent) marks in each paper of 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes, the minimum percentage of marks shall be 40% (forty percent) in each paper and in respect of candidates with locomotory disability of lower limbs, the minimum percentage of marks shall be 45% (forty five percent) in each paper of 'National Eligibility-cum-Entrance Test to MBBS course'.

Provided, when sufficient number of candidates belonging to respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to MBBS Course, the Union Government in consultation with Medical Council of India may at its discretion lower the minimum marks required for admission to

MBBS Course for candidates belonging to respective categories and marks so lowered by the Union Government shall be applicable for the said academic year only.

No Candidate who has failed to obtain the minimum eligibility marks as prescribed in Sub Clause (ii) above shall be admitted to MBBS Course in the said academic year.

All admissions to MBBS course within the respective categories shall be based solely on marks obtained in the National Eligibility-cum-Entrance Test.

8.9.2. 2018 Notification is as follows

By the Notification dated 22nd January 2018 in No. MCI-34(41)/2017-Med./169873 – In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Union Government, hereby makes the following regulations to further amend the "Regulations on Graduate Medical Education, 1997" namely :--

PREAMBLE

The Parliament of India has amended the Indian Medical Council Act, 1956 by the Indian Medical Council (Amendment) Act 2016. This Amendment Act after receiving the assent of the President has been notified in the Gazette of India on 5th August 2016. The Indian Medical Council (Amendment) Act, 2016 has inserted section 10 D and section 33 (mb) to the Indian Medical Council Act, 1956. The said provision provides for a uniform entrance examination to all medical educational institutions at the under graduate level and post graduate level by the "designated authority". By virtue of this Amendment the Parliament has provided legislative sanctity to the National Eligibility-Cum-Entrance Test [hereinafter "NEET"] included in the Graduate Medical Education Regulations, 1997 by Amendments notified in the Official Gazette on 27th December 2010, 27th February 2012 and 23rd October 2013.

Earlier, the provisions relating to NEET were quashed by the Hon'ble Supreme Court vide its *judgment dated 18th July 2013 in Christian Medical College Vellore &Ors. vs. Union of India &Ors. [TC (C) No. 98 of 2012 and other 114 connected Petitions]*. However, on a Review Petition preferred by the Medical Council of India and the Union of India, the Hon'ble Supreme Court vide its *order dated 11th April 2016 in Review Petition (C) Nos. 2059-2268 of 2013*

*captioned as Medical Council of India vs. Christian Medical College Vellore &Ors.*has revived NEET Regulations. Furthermore, in pursuance of the *Order dated 28th April 2016 of the Hon'ble Supreme Court in Writ Petition (Civil) Nos. 261 of 2016, captioned as Sankalp Charitable Trust &Anr. vs. Union of India &Ors*, the National Eligibility-cum-Entrance Test for admission to the MBBS course were conducted for the academic year 2016-17. For admission to MBBS for academic year 2017-18, in terms of the Indian Medical Council (Amendment) Act, 2016 the National Eligibility-cum-Entrance Test is the uniform entrance examination to all medical educational institutions at the undergraduate level and shall continue to be the uniform entrance examination to all medical educational institutions at the undergraduate level.

In Clause 4, under the heading Admission to the Medical Course – eligibility criteria, and in sub-clause 4(1) and 1(A), the following shall be substituted:

8.9.3. Admission to the Medical Course-Eligibility Criteria

No candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery course until he /she has qualified the National Eligibility Entrance Test, and he/she shall not be allowed to appear for the National Eligibility-Cum-Entrance Test until:

He/she shall complete the age of 17 years on or before 31st December of the year of admission to the MBBS.

(1A) He/She has obtained a minimum of marks in National Eligibility-Cum-Entrance Test as prescribed in Clause 5 of Chapter II.

In Chapter II under the heading "ADMISSION, SELECTION, MIGRATION & TRAINING" in the clause 4, in 'Admission to Medical Courses - Eligibility Criteria' the following shall be added as under,

Provided further that in order to be eligible, the upper age limit for candidates appearing for National Eligibility Entrance Test and seeking admission to MBBS programme shall be 25 years as on the date of examination with a relaxation of 5 years for candidates belonging to SC/ST/OBC category and persons entitled for reservation under the Rights of Persons with Disabilities Act, 2016.

…

In Chapter-II Clause 5 under the heading "Procedure for selection to MBBS course shall be as follows" shall be substituted as under :-

8.9.4. Procedure for selection to MBBS course shall be as follows

In order to be eligible for admission to MBBS Course for a academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th**percentile** in 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at **40th percentile**. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, in terms of Clause 4(3) above, the minimum marks shall be at 45th percentile for General Category candidates and 40th percentile for SC/ST/OBC candidates. The percentile shall be determined on the basis of highest marks secured in the All-India common merit list for admission in 'National Eligibility-cum-Entrance Test for admission to MBBS course.

Provided when sufficient number of candidates in the respective categories fail to secure **minimum marks** as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to MBBS Course, the Union Government in consultation with Medical Council of India may **at its discretion lower the minimum marks** required for admission to MBBS Course for candidates belonging to respective categories and marks so lowered by the Union Government shall be applicable for the said academic year only.

4.3. All admission to MBBS course within the respective categories shall be based solely on the **marks obtained** in the 'National Eligibility-Cum- Entrance Test."

From reading of the above two notifications dated 21st December 2010 and 22nd January 2018, it is seen that in 2010 Notification the admission was to be decided on the basis of **"Percentage of Marks**" obtained by the student in the entrance examination. But in 2018 Notification it is to be decided **based on the "Percentile"** of the student. Percentile means ranking among the groups. Normally, the concept of percentile is used in statistics.

Oxford dictionary gives the meaning of percentile as "each of the 100 equal groups into which a population can be divided according to the distribution of values of a particular variable. Each of

the 99 intermediate values of a random variable which divide a frequency distribution into 100 such groups".

How this principles of statistics would come into play, for determining the eligibility of a student. Though Clause-5 refers to percentile, Clause-8 specifically states that the students are to be admitted based on "**MARKS"** obtained in the examination.

The Notification dated 22-1-2018 specifically states that the Notification was issued 'with the previous sanction of the Union government'. The following information has been received through RTI Act on 19.12.2018;

"This is to inform you that since the file regarding change from percentage to percentile system is not traceable, hence the information / documents cannot be provided".

This was in reply to a request made through the RTI for the following information.

Sl.No.	Query	Reply
1.	Kindly provide the certified copies of the notings, note sheets and correspondences, from initiation to the finalization, through which the decision was taken to change from % age system to percentile system for determining the merit of the candidates for selection into the Medical Colleges and Dental Colleges through NEET	This is to inform you that since the file regarding change from percentage to percentile system is not traceable, hence the information/documents cannot be provided.
2.	Was any change incorporated in the provisions of the Medical Council Act for effecting the change from % age to percentile system for determining the merit of NEET. If yes then provide the certified copies of all the relevant documents	

In the 2010 Notification the admission of students depended on his scoring 50% marks in all subjects. Under this system of calculation of ranks the top score obtained by a student shall be taken 100 or 99 percentiles. In case there are 1000 candidates 50^{th} percentile is the 500^{th} person that is median is to taken as 50^{th} percentile.

In case, in a year the top score is 360 out of 720 then the 50^{th} Percentile would be definitely lesser than 360. That is lesser than 50% of 720. In which case all the students who get admission to Medical Colleges would have scored less than 50% marks. Can such students be considered meritorious ? Can such a system be considered superior to the 'percentage' system ?

Further, under the NEET system, admission shall be given only on the basis of marks scored in NEET. The marks scored in the qualifying examination would be of no use. Therefore, the learning of subjects in +2 classes would be affected. The learning process itself would deteriorate in due course. Such is not quality education.

It is not known under what circumstances, such a crucial, decision, a shift in the admission process was taken. As seen from the letter dated 19.12.2018, from the Information Commissioner, such an important file became 'not traceable', within 11 months of date of issue of the notification dated 22.1.2018.

8.10. National Medical Commission Act - 2019

Under the National Medical commission Act 2019, Section 14 of the Act relates to NEET and Section 15 relates to 'NEXT'. Section 14 of the NMC Act provides as follows :

As on date, only the NMC Act needs to be considered to decide to what extent the NEET would be valid. Under the NMC Act Section 14 provides as follows :

8.10.1. Section 14. National Eligibility cum entrance test

Section 14 of the National Medical Commission Act, 2019 relates to National Examination, which reads as follows:-

"(1) There shall a uniform, National Eligibility-cum-Entrance Test for admission to the undergraduate and postgraduate super-speciality medical education in all medical institution which are ***governed by the provisions of this Act.***

Provided that the uniform National Eligibility cum-entrance Test for admission to the undergraduate medical education shall also be applicable to all medical institutions ***governed under any other law*** *for the time being in force.*

(2).The Commission shall conduct the National Eligibility-cum-entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.

(3).The Commission shall specify by regulations the manner of conducting common counseling by the designed authority for admission to undergraduate and postgraduate super-speciality seats in all the medical institutions which are governed by the provisions of this Act.

Provided that the designated authority of the Central Government shall conduct the common counseling for all India seats and the designated authority of the State Government shall conduct the common counseling for the seats at the State level.

8.10.2. Parliament will never encroach State's field

When Parliament makes a Law, it will never encroach the legislative field that falls under the States' Legislative field. Therefore, by no stretch of imagination, it can be argued that in this Section, Parliament intended to encroach the State Legislative field. i.e., the National Medical Council Act Section 14 applies only to the Institutions controlled by or comes under the control of Union Government. In as much as the Deemed to be Universities, has got that status under Section 3(1) of the Universities Grants Commission Act, they also come under the Central Government authorities and the Central Government has power to make law to control those institutions.

8.10.3. Any other law refers only to laws made under List I or List III

Clause-1 provides that National Examination shall be conducted for undergraduate and postgraduate super-speciality in all medical institutions, ***which are governed by the provisions of this Act.*** The proviso to Clause-1, provides that this Act shall also be applicable to all medical institutions governed under **"any other law".** This being a Parliamentary law, and the Parliament has got the power to legislate only on the subjects relating to matters enumerated in Entry 1 and List III. The Parliament would not have intended to legislate on the matters that falls within the exclusive legislative field in the State list. Therefore, it appears that this Act does not cover any other Medical Institutions which is not governed by any **other parliamentary law.** That is this Act does not cover any institution governed exclusively by any State law that falls under the exclusive State legislative field.

8.10.4. TN Dr. MGR Medical university Act -enacted under List-II

To be more specific, it appears that this law (NMC Act) does not regulate any Medical Institutions governed by any State University Act. In so far as Tamil Nadu is concerned the medical education is governed and regulated by the Tamil Nadu Dr. M.G.R. Medical University Act. It has a number of colleges affiliated to it. All those Institutions are regulated by Tamil Nadu Dr. M.G.R. Medical University Act. It is an Act passed over the exclusive field of the states. Therefore, it appears that, Section 14 of the NMC Act is not applicable to the colleges affiliated to the Tamil Nadu Dr. M.G.R. Medical University, which are governed by the law made under List -II.

8.10.5. Same argument applies to Section 15 also

Section 15 is "National Exit Test". A common final year undergraduate medical examination is called as the 'National Exit Test'. A pass in that test is necessary for granting license to practice medicine as Medical Practitioners and for enrolment in the State Register or the National Register. The National Exit Test conducted by the Commission shall be the basis for admission to the postgraduate broad-speciality medical education in medical institutions which are governed by the provisions of this Act or under any other law for the time being in force. All the arguments advanced and the reasons stated against section 14 squarely applies to Section 15 also.

Therefore, it appears that the National Exit Test also has no application to the affiliated colleges under Tamil Nadu Dr. M.G.R. Medical University Act.

8.10.6. NMC Act not applicable to colleges governed by law made under List-II

So viewed, it appears, that the National Medical Commission Act has no application or will not apply to colleges affiliated to Tamil Nadu Dr. M.G.R. Medical University. In view of the fact that Entry 32 List II, an exclusive State legislative field (power), provides for regulation of universities and at the same time that power (field) is specifically excluded from the purview of the Union, (that power is denied to the Union), it is plausible to contend that Sections 14 and 15of the NMC Act do not apply to State universities and its affiliated colleges. Because that is a power and field allotted exclusively to States. A combined reading of Entry 32 List II and Entry 41 of List I would make it clear that Parliament has no power to establish any University or to control or to regulate any University.

If it is so concluded, Sections 14 and 15 of the NMC Act may not apply to or regulate State Universities and hence the NEET and NEXT may not apply to the affiliated colleges to the T.N. Dr. M.G.R. Medical University.

8.10.7. TN Act 3of 2007 still governs TN Universities and its affiliated colleges

T.N. Act 3 of 2007 has been enacted exercising the powers conferred under Entry 32 List II as well as Entry 25 List III. Only under Entry 25 List III, all the 'deemed to be universities' were also controlled by Act 3/2007. After the NMC Act, all the 'deemed to be universities' would go out of T.N. Act 3/2007. That is, T.N. Act 3 of 2007 may apply, after the NMC Act, only to the affiliated colleges of T.N. Dr.MGR Medical University. The NMC Act do not override the T.N. Act-3 of 2007, in so far as it relates to the field covered under Entry 32 List II. Section 14 of NMC Act. Unless this stand is taken section 14 of NMC Act of NMC Act cannot be challenged has not application Tamil Nadu.

The above arguments are stated herein, because, so far, the scope of entries 32 List-II and 44 List-I have not been considered by any Court. The state of TN can raise this argument.

8.10.8. New law similar to Act3 of 2007 and President's assent necessary

If the above argument is not appealing and not acceptable, in order to over-ride the NMC Act, T.N. needs to make a law, similar to Act 3 of 2007 and obtain the President's assent. The legislation must cover both the affiliated colleges under the TN. Dr. M. G. R. Medical University and the deemed to be the universities.

8.11. Equality

One of the basic structures of the constitution is equality. The State shall ensure equality in all aspects.

Act.14 provides: "State shall not deny equality before law and equal protection of laws". Concept of equality does not mean perfect equality at all times. Permanent Court of International Justice in 1935 declared that enforcement of perfect equality will perpetuated inequality.

Concept of Equality has 3 facets.

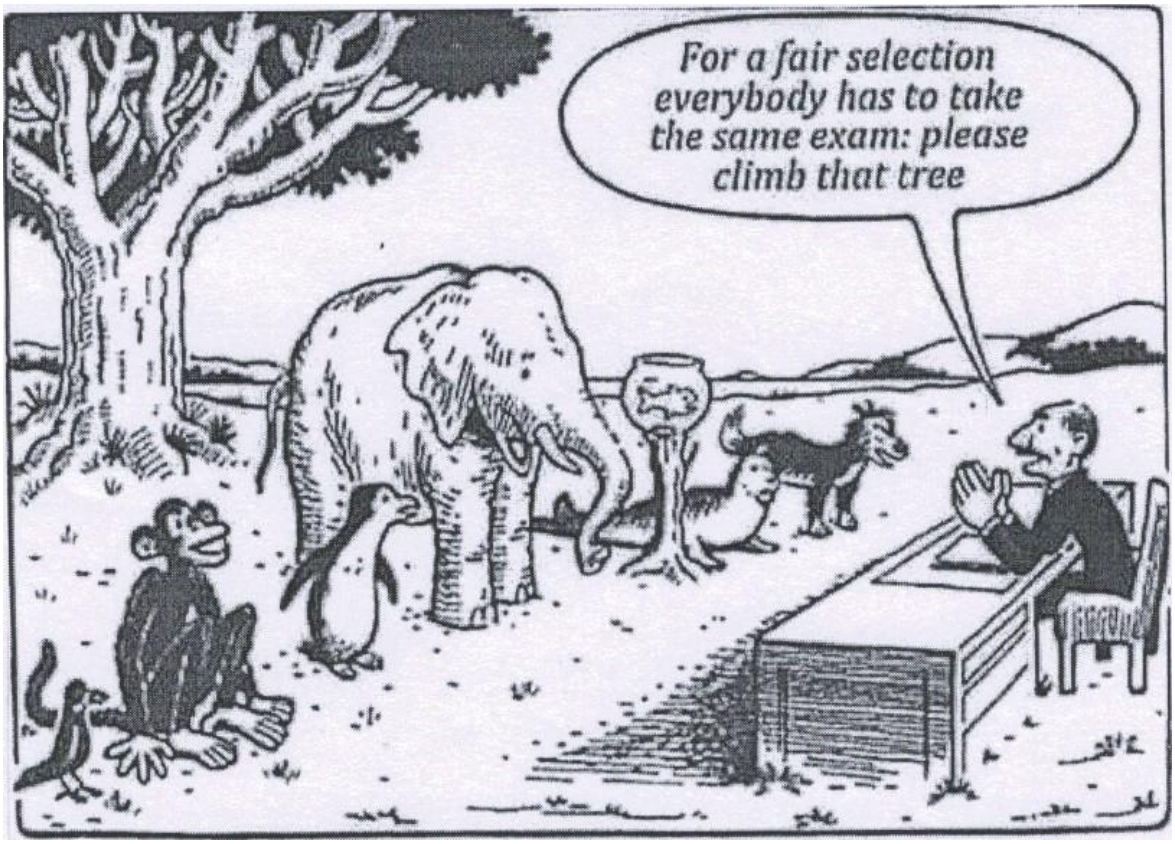
1. Equality in law
2. Equality in fact
3. Equality in outcome.

When any law is made it shall apply equally to all these are equally situated. Unequal cannot be treated equally. A race horse and cart pulling horse are not equal. They cannot be treated equally. That apart, the resultant effect also should confirm equality. If by application of a law or a Rule, the result does not show equality, the reason for non- equality in the ultimate result shall be examined and appropriate remedial measures shall be taken to ensure that the outcome of the law produces or effected equality among all the beneficiaries. That is, affluent and non-affluent, rural and urban, aristocratic and ordinary all must be represented. That is equality in outcome.

When NEET has reduced the number of Tamil medium students getting into Medical Colleges after 2017. The student, who studied in coaching centres for at least one year get into Medical College, first generation or fresh candidates.

Wealthy and powerful rigged the system of NEET to perpetuate their privilege. The professional classes have figured out how to pass their advantage to their children, converting meritocracy into hereditary aristocracy.

Meritocracy is a myth, a perfect meritocracy would not be just. Even willingness to make an effort, to try is itself dependent upon social circumstances.


For a fair selection everybody has to take the same exam: please climb that tree

8.12. Other Legal Dimensions

8.12.1. T.N. Dr. M.G.R. Medical University Act

1. In Tamil Nadu, Dr. M.G.R. Medical University [the first Medical university of India] was established in 1987, exclusively to regulate the Medical education in Tamil Nadu. Section 35and 36 of the Act relate, respectively, to 'Admissions to University courses', and conduct of examinations. They, respectively, read as follows:-

S.35:"Admission to University Courses.-

(1) No person shall be admitted to a course of study or training in a College or University laboratory or an approved institution to appear for any examination held by the University for conferring any degree, diploma or other academic distinction unless he,--

(a) has passed the qualifying examination prescribed therefore by the university; and

(b) fulfils such other conditions as may be prescribed by the regulations,

"36. Admission to University examinations:

(1) No candidate shall be admitted to any University examination unless,--

(a) he is enrolled as a member of a University college, university laboratory, affiliated college or approved institution; and "

Thus, the T.N. Dr. M.G.R. Medical University Act regulates and prescribes the method of admission to medical colleges and institutions within the State of Tamil Nadu.

2. Madras University Act and every other university Act similarly fixes the qualification for admission of students, conduct of examinations etc. to under graduate and post graduate studies. Thus, admission to a university and conduct of examinations are matters regulated or controlled by the respective University Acts. The power to regulate such matters, are vested in the States by the Constitution. Union Government do not have those powers.

Scope of Entry 25 List III :-

3. A misleading argument is being advanced, that after the 42nd Amendment, since the entry "Education" is not in the State List, the Union Government have all the powers on education. Such arguments ignore the existence of Entry 44 List I and Entry 32 List- II. Transfer of "Education" to concurrent List did not affect the above entries.

Entry 25 List- III reads as follows:-

" Education, including technical education, medical education and universities, subject to the provisions of entries 63, 64, 65, and 66 of List I; vocational and technical training of labour."

Entry 63 relates to Banaras Hindu University, Aligarh Muslim University, [Delhi University, the university established under Article 371E]; and any other institution declared as institution of National Importance. Entry 64 relates to institutions of scientific or technical education financed by the Union government and dedicated by law by Parliament to be institutions of national importance. Entry 65 relates to union agencies and institutions for professional, vocational or technical training and other related things. Entry 66 reads *"Co-ordination and determination of standards in institutions for higher education or research and scientific and technical institutions"*

4. The Hon'ble Supreme Court in Modern Dental college case has held that the power under entry 66 List-I is limited to determination of standards in institutions for higher education or research and scientific and technical institutions and coordination by the Union Government under entry 66 List I. Admission of students is not included in this entry.

5. The words "education" and "universities", found in Entry 25 List III when read together, would mean only 'university education'. But this is deliberately misinterpreted, to deprive the States of their powers. Only the uncovered aspects by Entry 44List I and Entry 32 List II are covered under Entry 25 List III. That is, power to regulate or control Universities is outside the scope of Entry 25 list III.

8.12.2. NEET and NEXT Examinations (Sections 14 and 15) NMC Act

Admissions to medical education, at under- graduate level and post-graduate level, are to be regulated by conduct of NEET [National Eligibility cum Entrance Test]under Clause 14. Passing out and awarding university degrees are to be governed by conduct of National Licentiate Examination,[NEXT]as per Clause 15.

The combined effect would be, that a student cannot be admitted without passing NEET and even after such admission and even after completing the course and even after passing the examinations conducted by the respective universities, a student cannot be conferred with the degree by the universities, unless the student also passes an exit examination, named National Licentiate Examination. The Union government agreeing with the recommendations of Departmental Select Committee have decided to conduct a common final year examination at National level NEXT, instead of separate examinations by each university for the final year students.

The power to regulate Universities is within the exclusive domain of the State legislatures; by that power States have established Universities and conferred all necessary power on it by law. Union Government is prohibited to establish or regulate a university. Therefore the Union Government cannot make a law regulating or controlling Universities. The matters relating to admission of students into any university, or conduct of examinations are matters under the exclusive domain of Universities. Therefore these restrictions, appear to be outside the scope of the Union Government.

8.12.3. Opposed to Federal Structure

The conduct of NEET and NEXT would be tantamount to Union Government taking complete control of all the universities established by State Legislatures by law and subjugating the State government to the Union Government in all matters on education. That amounts to alteration of one of the “BASIC STRUCTURES” of the constitution. Such alterations cannot be done even by a Constitutional amendment. When that being so, it is unimaginable, that it can be done by a mere Act of Parliament. Therefore, for these reasons, the above provisions in Sections 14 and 15 are likely to be struck down, *inter ali*as violative of the Basic Structure of the Constitution, by

the Hon'ble Supreme Court, as and when it is properly presented before the Hon'ble Supreme Court.

8.12.4. Public health and Hospitals State Subject

There is yet another aspect to be considered. List–II, Entry-6, is *"Public health and sanitation, hospitals and dispensaries*". That is, the power and the constitutional duty to maintain hospitals, public health and sanitation are imposed only on the States. For manning hospitals in rural areas students from rural areas must be admitted into medical colleges and courses. The NEET and the NEXT will be a stumbling block for the students from rural areas. Unless the States have the right and power to admit students from the rural areas, in the medical colleges, the States cannot discharge their Constitutional obligation imposed on the States by Entry- 6, State List.

8.12.5. Rural Hospitals cannot get qualified medical practitioners

The Union Cabinet has approved certain official amendments on the original Bill. One of them is to remove the provision relating the 'BRIDGE COURSE' and to leave "to State Governments to take necessary measures for addressing and promoting primary health care in rural areas". That means the Union Government wants courses similar to the 'Bridge Courses' to be introduced to cater the rural areas. That is once this Act of Parliament, comes into force, in future, all the Primary Health Centres in rural areas, may not get qualified medical practitioners. Only' bear-foot' doctors would be serving in the Primany Health Centres.

8.12.6. Aptitude for service to backward people is also "MERIT"

In Jagdish Saran vs. Union of India (AIR 1980 SC 820) Justice V.R. Krishna Iyer has stated that: If potential for rural service or aptitude for rendering medical attention among backward people is a criterion of merit-and it, undoubtedly, is in a land of sickness and misery, neglect and penury, wails and tears-then, surely, belonging to a university catering to a deprived region is a plus point of merit. *Excellence is composite and the heart and its sensitivity are as precious in the case of educational values as the head and its creativity*

and social medicine for the common people is more relevant than peak performance in freak cases". Merit cannot be measured in terms of marks alone, but human sympathies are equally important. The heart is as much a factor as the head in assessing the social, value of a member of the medical profession. This is also an aspect which may, to the limited extent possible, be borne in mind while determining merit for selection of candidates for admission to medical colleges ..... ". (emphasis supplied).

Only the State government would be able to ascertain the problems and solutions there for. T.N. in its wisdom have developed a system by granting incentives to such medical practitioners who opt to serve in the rural areas by giving preference in admission to Post-graduate studies. But the Act will be a retrograde step in providing quality medical care to the rural areas.

Each and every provisions of the Constitution, including the entries in the VII Schedule, must be interpreted widely. Wherever they overlap, principle of harmonious construction should be resorted so as to give effect to all the provisions. Therefore, in the present issue harmonious interpretation must be made giving space for operation of each and every entry.

Entry 32 List II and Entry 44 Union List –ignored:

The present situation has arisen because Entry 32 List II and Entry- 44 Union List were ignored by all concerned and not properly placed before authorities and before the Hon'ble Supreme Court. The Hon'ble Supreme Court, on 2nd May 2016, in the Modern Dental College Case upheld the power of the State to conduct common entrance examination. It upheld the law made by State of M.P. under Entry 25 List III; not under Entry 32 List -II. That decision was prior to MCI Amendment Ordinance dated 24th May 2016. It appears that the counsels on either side had not drawn the attention of the Hon'ble Supreme Court to Entry 44 List –I. The NMC Act-l also has not taken note of Entry -44 Union List in the Constitution.

8.12.7. Entries must be liberally interpreted

In Board of Trustees Vs State of Delhi (AIR1962SC458) held that Entry 32 List II must be given a liberal construction. In Prof. Yashpal& another Vs State Of Chhattisgarh, 2005 (5) SCC 420 SC held Para 22 ; right to confer degrees – (1) The right of conferring or granting degree shall be exercised only by a University established or incorporated by or under a Central Act, a Provincial Act or a State Act or an institution deemed to be a University under Section 3 or an institution specially empowered by an Act of Parliament to confer or grant degrees.

The "university" as a topic of legislation has not been introduced for the first time in the Seventh Schedule of the Constitution but was already there in the Government of India Act, where Entry 13 of List I related to Banaras Hindu University and Aligarh Muslim University and Entry 17 of List II was education including Universities other than those specified in Entry 13 of List I. The framers of the Constitution n had the same concept of "University" in their mind as was there in the Government of India Act when they make the relevant entries in the Seventh Schedule of the Constitution. Keeping in view the principles of legislative practice, the word University" should be given the same meaning as it was generally understood at the relevant time having due regard to what is ordinarily treated as embraced within that topic or subject.

University is a whole body of teachers and scholars engaged at a particular place in giving and receiving instructions in higher branches of leaning: and as such persons associated together as a society or corporate body, with definite organization and acknowledged powers and privileges an d forming an institution for promotion of education in higher or more important branches of leaning and also the colleges, building and other property belonging to such body. Other necessary attributes of University are plurality of teachers teaching more than one higher faculties and other facilities for imparting instructions and research, provision for residence and must have certain standard of instructions providing for graduate and post-graduate levels of study. It pre-supposes existence of a campus, classrooms, lecture theatres, libraries, laboratories, offices, besides some playgrounds and also sport facility for overall development of personality of the student.

Therefore the word University in Entry 32 has the same content and meaning as that of Aligar Muslim University, Banaras Hindu University, Delhi University etc. are that is 'University' both

under Entry 32 List II and Entry 63 to 65 List I has the same content and meaning. Therefore Parliament cannot make law to regulate any act of State University.

This Section 14 and 15, are in conflict with the powers of the States and also the powers of the Universities relating to admission of students and conduct of examination in its affiliated medical colleges. The Union Government's power does not extend to make regulations for the admission of students to any affiliated colleges including medical colleges and conduct of examinations by the universities. If all these facts are properly brought to the notice of the Courts, the Courts would pass appropriate orders. Courts are the saviours of rule of law, Constitution and democracy.

8.12.8. Conclusion

From what has been stated above it can be seen that, if NEET continues for a few more years. The Health care system of Tamil Nadu will be very badly affected. There may not be enough doctors for being posted at the various Primary Health Centre's. There may not be enough expert doctors for being employed in the Government Hospitals. Further the rural and urban poor may not be able to join the medical courses. Ultimately Tamil Nadu may go back to pre-independence days, where in small towns and in villages only 'bare-foot' doctors were catering for the needs were available. Tamil Nadu as a State would go down in the rank among States, in the Medical and Health Care system.

CHAPTER - IX

RECOMMENDATIONS

The analysis presented throughout the report justifies with substantial evidence our recommendations. Accordingly, the Committee makes the following recommendations.

1. The State Government may undertake immediate steps to eliminate NEET from being used in admission to medical programmes at all levels by following the required legal and/or legislative procedures.
2. Government may take a stand that the words 'University education' found in Entry 25 List III is a 'general provision and 'Regulation of Universities" in Entry II is a 'special' provision: Entry 32 is an exclusive State subject, that cannot be ignored. Therefore, Article 254 cannot be invoked to override Act 3/2007 insofar as it relates to entry 32. Hence the admission to affiliated colleges under the Tamil Nadu Dr. M.G.R. Medical University are governed by Act 3 of 2007 and hence admission to those seats will be filled as per the provisions of that Act. (S.14 of NMC Act has no application to those seats). In this regard, the State may follow the required procedures to satisfy the legal and constitutional provisions.
3. Alternatively, the State Government may pass an Act, similar to the Act 3/2007, indicating the need for elimination of NEET at all levels of Medical Education, and get the President's assent for the same. This will ensure social justice and protect all vulnerable student communities from being discriminated in admission to medical education programmes.
4. The HSc (Higher Secondary) scores shall become the sole admission criteria for admission to First Degree medical programmes, and that to ensure equality in opportunity to students from different Boards of Education, normalisation of scores may be followed.
5. The socio, economic and other demographic 'adversities' that cause poor performance of all relevant students, mainly the disadvantaged and underprivileged, in their HSc examination shall be identified, and according to the degree of intensities of adversities, re-profiling of scores can be done using a pre-developed framework of 'Adversity Score'.
6. The school education, up to the level of HSc, shall be reformed such that 'learning' as opposed to 'coaching' is fostered, and that right from curriculum through teaching and learning to learning assessment (Board Examination), all shall be tweaked toward enabling and empowering students with subject knowledge and higher order skills including

reasoning, decision making, social disposition and so on. Especially, the rote form of learning assessment that leads to coaching shall be eliminated and that the acquired knowledge and skills shall be focussed.

7. So far as the 'Deemed Universities' is concerned, an Act has to be passed by the Tamil Nadu assembly to bring all the Deemed Universities of Tamil Nadu under its purview, as under Act 3/2007 and the President's assent has to be obtained.

Justice Thiru A. K. Rajan
(Retired High Court Judge)

Dr. G. R. Ravindranath
General Secretary,
Doctor's Association Social Equalities.

Professor L. Jawahar Nesan
Former Vice-Chancellor.

Dr. J. Radhakrishnan
Principal Secretary to Government,
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School Education

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LIST OF ABBREVATIONS

Sl. No.	ABB	ABBREVIATIONS
1	ACT	American College Testing
2	AIEEE	All India Engineering Entrance Examination
3	AIPMT	All India Pre-Medical Test
4	AIQ	All India Quota
5	BC	Backward Class
6	BCM	Backward Class Muslims
7	BMAT	Biomedical Admission Test
8	CEE	Common Entrance Examination
9	CEE	Common Entrance Examination
10	CEE	Common Entrance Examination
11	CET	Courses Common Entrance Test
12	CET	Common Entrance Test
13	CMC	Vellore Christian Medical College
14	DCI	Dental Council of India
15	DME	The Directorate Of Medical Education
16	FC	Forward Caste
17	FGG	First Generation Graduate
18	FGG	First Generation Graduate
19	GAMSAT	Graduate Medical School Admission Test
20	GATE	Graduate Aptitude Test In Engineering
21	GER	Gross Enrolment Ratio
22	GMAT	Graduate Record Examination, Graduate Management Admission Test
23	GPA	Grade Point Average
24	HDI	Human Development Index
25	JEE	Joint Entrance Examination
26	MBC/DNC	Most Backward Caste/ Denotified Class
27	MCAT	Medical College Admission Test
28	MCAT	Medical College Admission Test
29	MCI	Medical Council of India

30	NATA	National Aptitude Test In Architecture
31	NBT	National Benchmark Test
32	NCEE	National College Entrance Examination
33	NEET	National Eligibility cum Entrance Test
34	NET	National Exit Test
35	NMC	National Medical Commission Act
36	NTA	National Testing Agency
37	OBC	Other Backward Class
38	OC	Open Competition
39	OECD	Organisation For Economic Cooperation And Development
40	PHC	Primary Health Centers
41	PSC	Parliamentary Standing Committee, in its 92nd Report, entitled "The functioning of Medical Council of India"
42	SAT	Scholastic Assessment Test
43	SC	Scheduled Caste
44	SCA	Scheduled Caste Arunthathiyar
45	SEODS	Socioeconomic And Other Demographic Status
46	SEODS	Socio Economic And Other Demographic Status
47	ST	Scheduled Tribe
48	TANCET	Tamil Nadu Common Entrance Test
49	TNPCEE	Tamil Nadu professional Courses Entrance Examination
50	UCAT	University Clinical Aptitude Test
51	UGC	University Grants Commission
52	UK's UCAT	UK Clinical Aptitude Test
53	USE	Unified State Exam
54	WFME, 2015	World Federation for Medical Education
55	WTO-GATS	World Trade Organisation - General Agreement on Trade in Service

ANNEXURES

Table 7.15. Data of MBBS Admission – Per Different Educational Boards (TNSBSE/CBSE)

Management of Schools

Sl.No.	Session		APPLIED STATE BOARD	APPLIED CBSE	APPLIED OTHERS	TOTAL	Government			Total	Self- Financing			Total
							State Board (HSC)	CBSE	Others		State Board	CBSE	Others	
1	2010-2011	PRENEET	17518	489	241	18248	1685	3	1	1689	647	11	2	660
2	2011-2012		20192	484	190	20866	1698	0	5	1703	835	2	3	840
3	2012-2013		27526	644	184	28354	1860	6	3	1869	832	6	0	838
4	2013-2014		28311	1042	215	29569	2267	0	7	2274	984	4	5	993
5	2014-2015		27001	862	190	28053	2245	0	3	2248	895	2	2	899
6	2015-2016		30777	1151	256	32184	2327	0	12	2339	669	2	5	676
7	2016-2017		24448	1234	336	26018	2369	14	23	2406	1175	21	6	1202
8	2017-2018	POSTNEET	27491	3418	720	31629	1696	876	80	2652	607	237	21	865
9	2018-2019		21335	5487	1413	28235	1850	611	84	2545	776	283	34	1093
10	2019-2020		23288	9843	1885	35016	1885	929	51	2865	877	439	21	1337
11	2020-2021 (92.5%)		15556	7808	841	24205	1781	1108	52	2941	672	496	20	1188
12	2020-2021 (7.5%)		965			965	239				97			

Tables 7.15. Significance of Admission Comparison – Between Different Educational Boards

	Pearson's R Value	Approx. Sig.
TNSBSE	-.828	.002
CBSC	.819	.002
OTHERS	.829	.002

Table 7.18. Data of MBBS Admission – Per Medium of Instruction (Tamil/English Medium)

TAMIL/ENGLISH MEDIUM CANDIDATES ALLOTTED IN MBBS COURSE

YEAR		APPLIED ENGLISH MEDIUM	APPLIED TAMIL MEDIUM	APPLIED OTHERS	ALLOTTED IN MBBS GOVT COLLEGES		ALLOTTED IN MBBS SF COLLEGES	
					English Medium	Tamil Medium	English Medium	Tamil Medium
2010-2011	**PRE NEET**	12963	5277	8	1307	382	577	83
2011-2012		15644	5204	18	1364	339	720	120
2012-2013		21622	6725	7	1477	392	727	111
2013-2014		22592	6967	10	1803	471	894	99
2014-2015		21962	6082	9	1767	481	778	121
2015-2016		24507	7557	120	1878	456	622	54
2016-2017		20920	5085	13	1968	438	1103	99
2017-2018	**POST NEET**	29247	2365	17	2611	41	850	15
2018-2019		26749	1476	10	2457	88	1062	31
2019-2020		33794	1180	42	2807	58	1324	13
2020-2021 (92.5%)		23294	898	13	2871	70	1176	12
2020-2021 (7.5%)		269	694	2	93	146	26	71

Table 7.20. Significance of Admission Comparison – Between Thamizh and English Medium

Symmetric Measures	Pearson's R	Value	Approx. Sig.
Govt. Colleges	Tamil Medium	-.986	.000
	English Medium	.919	.000
SF Colleges	Tamil Medium	-.888	.000
	English Medium	.347	.296

Table 7.22. Data of MBBS Admission – Per Geographical Location (Rural/Urban)

Sl. No.	Session		Applied rural	Applied urban	Total	Government		Total	Self- Financing		Total
						Rural	Urban		Rural	Urban	
1	2010-2011	PRE NEET	10051	8197	18248	965	724	1689	313	347	660
2	2011-2012		11788	9078	20866	1047	656	1703	482	358	840
3	2012-2013		15028	13326	28354	1122	747	1869	417	421	838
4	2013-2014		16091	13478	29569	1383	891	2274	539	454	993
5	2014-2015		15377	12676	28053	1410	838	2248	493	406	899
6	2015-2016		18417	13767	32184	1469	870	2339	362	314	676
7	2016-2017		15208	10810	26018	1568	838	2406	703	499	1202
8	2017-2018	POST-NEET	19172	12457	31629	1471	1182	2653	368	497	865
9	2018-2019		15341	12894	28235	1222	1323	2545	478	615	1093
10	2019-2020		15902	19114	35016	1428	1437	2865	581	756	1337
11	2020-2021 (92.5%)		11505	12700	24205	1468	1473	2941	560	628	1188
12	2020-2021(7.5 %)		791	174	965	184	55	239	83	14	97

Table 7.24. Significance of Admission Comparison – Between Rural and Urban

Symmetric Measures		Pearson's R Value	Approx. Sig.
Govt. Colleges	Rural	-.898	.000
	Urban	.898	.000
SF Colleges	Rural	-.827	.002
	Urban	.827	.002

Table 7.25. Data of MBBS Admission – FGG vs Non-FGG

YEAR		APPLIED FGG	APPLIED NON FGG	ALLOTTED IN MBBS - FGG		ALLOTTED IN MBBS - NON FGG	
				GOVT	SF	GOVT	SF
2010-2011	PRE- NEET	6625	11623	429	1260	149	511
2011-2012		7810	13056	437	1266	201	639
2012-2013		10649	17705	497	1372	205	633
2013-2014		10905	18664	661	1613	237	756
2014-2015		10258	17795	628	1620	237	662
2015-2016		125552	19632	730	1609	158	518
2016-2017		9401	16617	659	1747	241	961
2017-2018	POST-NEET	7292	24337	374	2278	104	761
2018-2019		6157	32078	374	2171	154	939
2019-2020		8823	26193	517	2346	204	1127
2020-2021 (92.5%)		3849	203656	432	2509	165	1023
2020-2021 (7.5%)		414	551	99	140	37	60

Table 7.27. Significance of Comparison of Admission – Between FGG and Non-FGG

Symmetric Measures		Pearson's R Value	Approx. Sig.
Govt. Colleges	FGG	-0.917	0.000
	NON FGG	0.882	0.000
SF Colleges	FGG	-0.870	0.000
	NON FGG	0.379	0.251

Table 7.32. Data of MBBS Admission – per Social Groups
(OC/BC/BCM/MBC & DNC/SC/SCA/ST)

YEAR	APPLED OC	APPLED BC	APPLED BCM	APPLED MBC/DNC	APPLED SC	APPLED SCA	APPLED ST	TOTAL
2010-2011	1104	7265	1001	3803	4296	623	156	18248
2011-2012	1233	8415	1144	4450	4760	682	182	20866
2012-2013	1601	12032	1563	6387	5694	877	200	28354
2013-2014	1735	12380	1554	6566	6137	979	218	29569
2014-2015	1636	11709	1444	6016	6109	914	225	28053
2015-2016	1593	13181	1732	6868	7397	1096	317	32184
2016-2017	1352	10723	1455	5434	5862	953	239	26018
2017-2018	2422	15977	1679	6548	4306	545	152	31629
2018-2019	3382	12952	1490	5642	4138	490	141	28235
2019-2020	5291	14872	1864	7030	5127	636	196	35016
2020-2021 (92.5%)	1943	10684	1382	5279	4153	593	171	24205
2020-2021 (7.5%)	3	334	38	332	199	55	4	965

Table 7.34. Significance of Comparison of Admission – Between Social Groups

Symmetric Measures	Pearson's R Value	Approx. Sig.
OC	.775	.005
BC	-.623	.040
BCM	.615	.044
MBC/DNC	-.755	.007
SC	-.392	.234
SCA	-.377	.254
ST	.392	.233

Table 7.36. . Significance of Comparison of Admission of Different Social Groups within OC Quota

	Pearson's R Value	Approx. Sig.
FC	0.800	0.005
BC	-0.372	0.290
BCM	0.622	0.055
MBC/DNC	-0.774	0.006
SC	-0.652	0.041
SCA	-0.304	0.392
ST	-0.657	0.039

Table 7.32. Significance of Comparison of Admission – Between groups of Parental Income

Symmetric Measures	Pearson's R Value	Approx. Sig.
LESS THAN 2.5 LAKHS	-.321	.335
GREATER THAN 2.5 LAKHS	.229	.499

Table 7.34. Significance of Comparison of Admission – Between Parents' Income Groups

Table 7.39. . Significance of Comparison of Admission – Between Repeaters and First Timers

	Pearson's R Value	Approx. Sig.
CURRENT	-.901	.000
OTHER THAN CURRENT	.901	.000

Table 7.31. Annual Income of Parents of Students: Community Wise

Type of Schools	Community of Students							
	ST	**SC-A**	**SC**	**DNC**	**MBC**	**BCM**	**BC**	**FC**
Government	32,541	43,487	38,473	40,804	39,432	51,060	47,073	54,206
Aided	42,437	53,226	51,148	53,801	57,091	65,036	65,477	109,655
Un-Aided Others	72,161	90,025	87,617	84,563	89,824	97,195	114,524	200,870
Matriculation	107,014	108,530	111,863	117,449	106,993	110,861	131,360	199,250
Central Government	148,268	206,176	255,513	253,789	174,531	226,048	311,757	404,029
CBSE	311,622	282,515	307,446	271,244	295,659	285,251	354,788	586,045
ICSE	229,848	257,810	310,275	423,057	379,696	312,544	403,015	595,539

Table 7.30. Annual Income of Parents of Students: Boards Wise

School Type	Upto 12000 p.a	12000 to 50000 p.a	50000 – 100000 p.a	100000 to 200000 p.a	200000 to 500000 p.a	500000 to 1000000 p.a	> 1000000 p.a	Parent Income not Disclosed	Total
State Government	272261	3307723	799329	67978	24008	10331	831	35216	**4517672**
Aided	94207	1292873	670102	88921	43953	15629	2040	21267	**2228993**
Central Govt	1534	8108	6421	5412	14092	7277	1493	14734	**59071**
Matriculation	71236	940129	1406208	752071	394730	87106	17076	190007	**3858564**
CBSE	6549	76644	139293	190696	325797	161893	69772	159299	**1129943**
ICSE	273	4507	9856	9838	23909	13743	6216	12752	**81094**
UnAided-Others	39792	487053	538950	187966	93443	30162	5424	58155	**1440945**
Grand Total	**485852**	**6117037**	**3570159**	**1302882**	**919932**	**326141**	**102852**	**491430**	**13316282**

Table 7.28. Data of MBBS Admission – per Parents' Annual Income

DETAILS OF CANDIDATE ALLOTTED TO MBBS COURSE (ANNUAL INCOME OF THE PARENT)													
YEAR		APPLIED NOT MENTIONED	APPLIED LESS THAN 2.5 LAKHS	APPLIED GREATER THAN 2.5 LAKHS	TOTAL	ALLOTTED GOVT MEDICAL COLLEGES NOT MENTIONED	ALLOTTED GOVT MEDICAL COLLEGES <2.5 LAKHS	ALLOTTED GOVT MEDICAL COLLEGES >2.5 LAKHS	TOTAL	ALLOTTED SF MEDICAL COLLEGES NOT MENTIONED	ALLOTTED SF MEDICAL COLLEGES < 2.5 LAKHS	ALLOTTED SF MEDICAL COLLEGES >2.5 LAKHS	TOTAL
2010-2011	PRENEET	271	7937	10040	18248	11	605	1073	1689	2	168	490	660
2011-2012		285	9113	11468	20866	7	608	1088	1703	2	250	588	840
2012-2013		494	12049	15811	28354	10	687	1172	1869	4	260	574	838
2013-2014		388	12825	16356	29569	8	909	1357	2274	4	281	708	993
2014-2015		338	15862	11853	28053	2	1177	1069	2248	2	429	468	899
2015-2016		431	18134	13619	32184	8	1260	1071	2339	1	289	386	676
2016-2017		651	13868	11499	26018	12	1272	1122	2406	5	439	758	1202
2017-2018	POSTNEET	5937	11504	14188	31629	169	951	1732	2852	50	188	627	865
2018-2019		4370	9594	14271	28235	68	821	1656	2545	35	278	780	1093
2019-2020		73	17628	17315	35016	3	1262	1600	2865		526	811	1337
2020-2021			11785	12420	24205		1266	1675	2941		429	759	1188

Table 7.4. Percentage of Community-wise Enrolment of Students in all Schools in Tamil Nadu for 2019-20

School Type	BC Other	BCM	MBC	ST	SC	SCA	OC	DNC	Not Disclosed	Total
State Govt	23.0	4.2	31.6	2.6	26.5	5.9	0.8	5.3	0.0	**4517672**
Aided	37.2	8.2	19.1	1.1	22.9	3.9	1.6	5.9	0.0	**2228993**
Central Govt	29.9	2.4	7.3	4.4	18.6	2.6	27.2	0.9	6.7	**59071**
Matriculation	44.8	8.8	24.2	0.6	13.5	1.4	3.9	2.7	0.1	**3858564**
CBSE	50.1	4.7	16.5	0.6	7.9	0.6	16.8	1.5	1.2	**1129943**
ICSE	52.5	5.4	8.4	0.7	6.0	0.5	20.4	1.6	4.6	**81094**
Unaided Others	38.7	10.2	25.7	1.0	16.6	1.8	2.6	3.1	0.2	**1440945**
Total	35.9	6.9	25.2	1.4	19.3	3.3	3.6	4.1	0.2	**13316282**

*** Source: Parent Teacher Association**

Table 7.5. Annual Income of Parents and Children Enrolled in Different Types of Schools in Tamil Nadu 2019 – 2020

Category of Income	Upto 12000	12000 to 50000	50000 - 100000	100000 to 200000	200000 to 500000	500000 to 1000000	> 1000000	Not Disclosed	Total
State Government	6.0	73.2	17.7	1.5	0.5	0.2	0.0	0.8	**4517672**
Aided	4.2	58.0	30.1	4.0	2.0	0.7	0.1	1.0	**2228993**
Central Govt	2.6	13.7	10.9	9.2	23.9	12.3	2.5	24.9	**59071**
Matriculation	1.8	24.4	36.4	19.5	10.2	2.3	0.4	4.9	**3858564**
CBSE	0.6	6.8	12.3	16.9	28.8	14.3	6.2	14.1	**1129943**
ICSE	0.3	5.6	12.2	12.1	29.5	16.9	7.7	15.7	**81094**
UnAided-Others	2.8	33.8	37.4	13.0	6.5	2.1	0.4	4.0	**1440945**
Grand Total	3.6	45.9	26.8	9.8	6.9	2.4	0.8	3.7	**13316282**

*** Source: Parent Teacher Association**

Table 7.39. Approximate Fee Profile of Popular Coaching Centres

Particulars	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	Total	Average
4 Year Regular Course	441272.00	269850.00	170000.00	350000.00	115000.00	175000.00	180000.00	165000.00	65000.00	175000.00	168500.00	175450.00	2450072.00	204172.67
3 Year Regular Course	396949.00	245000.00	165000.00	295000.00	99000.00	135000.00	150000.00	157500.00	59000.00	145000.00	155500.00	173253.00	2176202.00	181350.17
2 Year Regular Course	347457.00	150000.00	150000.00	250000.00	89850.00	125000.00	120000.00	135750.00	29600.00	140000.00	145670.00	165000.00	1848327.00	154027.25
2 Year Regular Course + Maths	347457.00	190000.00	130000.00	125000.00	75000.00	95000.00	115000.00	120000.00	25000.00	150000.00	145000.00	155000.00	1672457.00	139371.42
1 Year Medical Course	146648.00	150000.00	100000.00	110000.00	73000.00	70000.00	85000.00	100000.00	20000.00	135000.00	120000.00	153500.00	1263148.00	105262.33
1 Year Regular Course	115015.00	154000.00	75000.00	150000.00	49850.00	60000.00	60000.00	75000.00	142000.00	137000.00	125000.00	151572.00	1294437.00	107869.75
1 Year Regular Course + Maths	146648.00	196000.00	120000.00	97000.00	45000.00	57500.00	55000.00	69500.00	23000.00	139500.00	115000.00	145750.00	1209898.00	100824.83
1 Year Regular Course (12th Passed)	115015.00	158000.00	75000.00	113000.00	35000.00	55000.00	50000.00	65580.00	17500.00	133500.00	99500.00	135750.00	1052845.00	87737.08
Crash Course	45000.00	35200.00	15000.00	45000.00	19850.00	20000.00	25000.00	12000.00	23000.00	22500.00	25785.00	33270.00	321605.00	26800.42
Crash Course (Online)	38000.00	30200.00	25000.00	10000.00	20000.00	27850.00	37000.00	43500.00	13500.00	10000.00	35750.00	31257.00	322057.00	26838.08
1 Year Online Course	89015.00	150000.00	5000.00	125000.00	25000.00	35000.00	35650.00	42150.00	14500.00	14350.00	125000.00	16450.00	677115.00	56426.25
1 Year Weekend Program	45000.00	37000.00	45000.00	95000.00	27500.00	37500.00	25000.00	45000.00	22000.00	25000.00	127800.00	35000.00	566800.00	47233.33
1 Year Repeater Course	146648.00	150000.00	75000.00	150000.00	35000.00	45000.00	32580.00	45500.00	35000.00	65000.00	125500.00	57840.00	963068.00	80255.67
1 Year Distance Learning	35000.00	45000.00	88000.00	150000.00	39850.00	35000.00	65000.00	46500.00	35000.00	70000.00	120000.00	45000.00	774350.00	64529.17
6 Months Regular Course	39000.00	47000.00	27500.00	15000.00	29850.00	45000.00	55000.00	25000.00	25000.00	35000.00	37350.00	35000.00	415700.00	34641.67

Table 7.42. Comparison between the NEET and HSc Scores of both Allotted and Un-allotted Students

	YEAR	UNALLOTTED STUDENTS		UNALLOTTED TOTAL	ALLOTTED STUDENTS									ALLOTTED TOTAL
					GOVERNMENT COLLEGE			SELF FINANCE COLLEGE			ESIC-MBBS			
		HSC	NEET		HSC	NEET	TOTAL	HSC	NEET	TOTAL	HSC	NEET	TOTAL	
BEFORE NEET	**2011-2012**	(85.88%)		16740	(98.32%)		1703	(97.38%)		840				2543
	2012-2013	(85.12%)		24179	(98.22%)		1869	(97.33%)		838				2707
	2013-2014	(86.88%)		14595	(98.02%)		2274	(97.27%)		993				3267
	2014-2015	(88.89%)		23471	(98.8%)		2248	(98.38%)		899				3147
	2015-2016	(86.97%)		27634	(97.99%)		2339	(97.69%)		592	(97.92%)		84	3015
	2016-2017	(86.45%)		20376	(97.61%)		2405	(96.85%)		1128	(97.62%)		74	3607
AFTER NEET	**2017-2018**	(88.1%)	(22.76%)	22574	(92.57%)	(47.89%)	2652	(90.86%)	(37.69%)	793	(91.12%)		72	3517
	2018-2019	(82.89%)	(22.5%)	20914	(93.27%)	(54.51%)	2545	(90.83%)	(45.15%)	872	(90.83%)		221	3638
	2019-2020	(79.84%)	(35.97%)	25981	(90.77%)	(67.54%)	2865	(88.16%)	(58.58%)	1049	(89.73%)		288	4202
	2020-2021 (92.5%)	(80.07%)	(47.84%)	17710	(89.07%)	(78.3%)	2941	(87.05%)	(71.15%)	1188				4129
	2020-2021 (7.5%)	(68.92%)		532	(79.59%)		239	(70.59%)		97				336

Table 7.44. Performance of First and Second Year MBBS Students – pre and post NEET period

THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI

ACA.YEAR	FIRST MBBS					SECOND MBBS				
	EXAM ON	APPEARED	PASSED	FAILED	PASS %	EXAM ON	APPEARED	PASSED	FAILED	PASS %
2010-2011	Aug-11	3323	2737	586	82.37	Feb-13	2775	2499	276	90.05
2011-2012	Aug-12	3565	3012	553	84.49	Feb-14	3124	2853	271	91.33
2012-2013	Aug-13	3821	3222	599	84.32	Feb-15	3710	3497	213	94.26
2013-2014	Aug-14	4575	3683	892	80.5	Feb-16	4371	4065	306	93
2014-2015	Aug-15	4021	3683	623	84.51	Feb-17	3989	3740	249	93.76
2015-2016	Aug-16	4022	3398	893	77.8	Feb-18	3833	3617	216	94.36
2016-2017	Aug-17	5001	4431	570	88.6	Feb-19	4628	4299	329	92.89
2017-2018	Aug-18	4471	3903	568	87.3	Feb-20	4456	3975	481	89.21
2018-2019	Aug-19	4724	4139	585	87.62					
2019-2020	Aug-21	5389	4996	393	92.71					