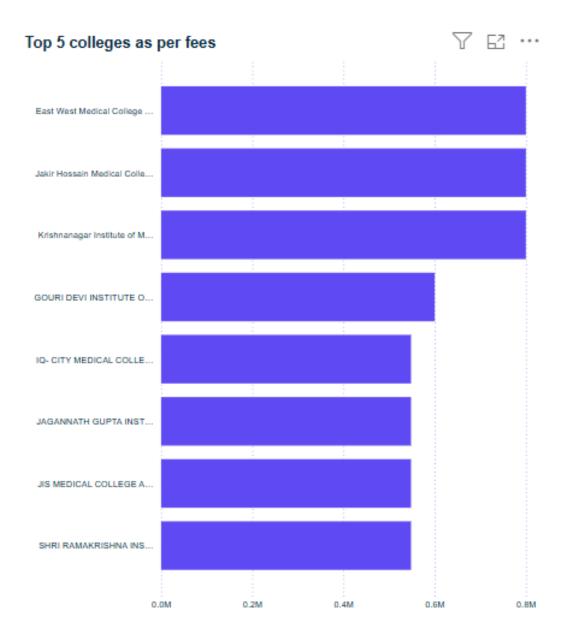
# **NEET DATA REPORT**

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# **Huge Fee Gap Between Colleges**

## **Observation:**

• Private medical colleges in West Bengal exhibit stark fee disparities, ranging from ₹15–20 lakhs to ₹36–37 lakhs (excluding hostel fees).

#### **Problem:**

• Middle-class families face financial strain due to unaffordable fees at many private institutions.

### **Recommendations:**

1. **Government support**: Introduce need-based scholarships and low-interest education loans.

2. **Regulation**: Enforce fee monitoring and caps for private medical colleges.



# **Seat Availability Heavily Concentrated**

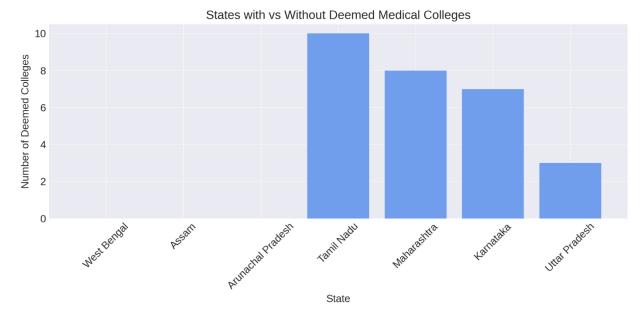
## **Observation:**

• Top private colleges (e.g., IQ City, Shri Ramkrishna) hold 400+ seats, while smaller colleges have fewer than 150 seats.

## **Problem:**

• Limited student choice and regional imbalance in access to medical education.

- 1. Redistribute seats or impose a seat cap per institution.
- 2. Incentivize colleges to expand infrastructure and seat intake.



# **West Bengal Lacks Deemed Universities**

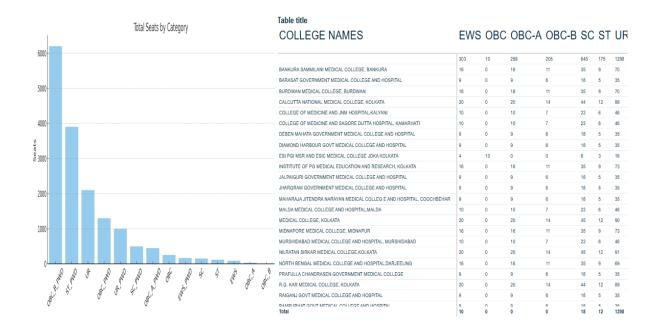
## **Observation:**

• West Bengal has **0 deemed universities**, unlike states such as Tamil Nadu and Maharashtra.

#### **Problem:**

• Reduced institutional diversity and competition.

- 1. Offer incentives for reputed institutes to establish deemed campuses.
- 2. Promote Public-Private Partnerships (PPP) in medical education.



# **Category-Wise Seat Distribution Skewed**

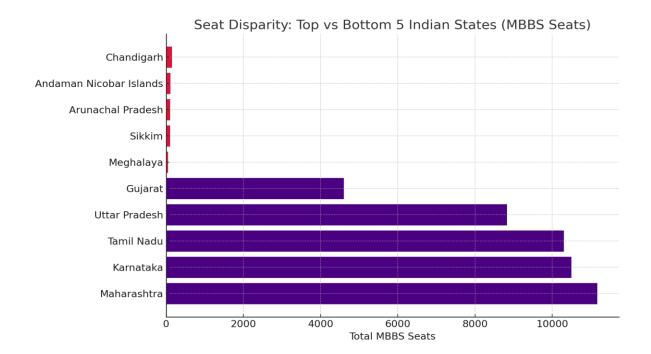
#### **Observation:**

• Unreserved (UR/General) seats dominate; marginalized categories (ST, OBC-B, PWD) have minimal representation.

### **Problem:**

• Inequitable access for underprivileged communities.

- 1. Conduct data-driven reviews to audit reservation policy compliance.
- 2. Use analytics to enforce balanced seat distribution across colleges.



# **National Seat Disparity by State**

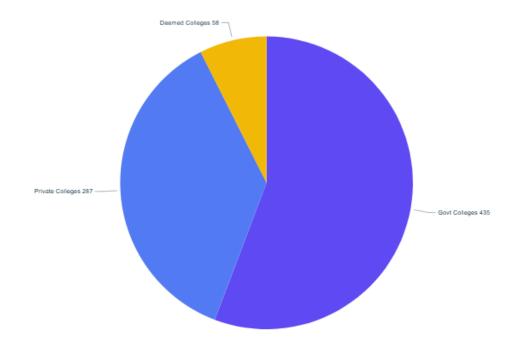
#### **Observation:**

• States like Tamil Nadu, Maharashtra, and UP have far more seats than smaller states/UTs (e.g., Andaman, Arunachal).

#### **Problem:**

• Forced migration of students from underserved regions.

- 1. Central government-led expansion of medical infrastructure in underrepresented states.
- 2. Establish regional medical hubs in the Northeast and UTs through joint funding.



# **Deemed & Private Institutions Dominate Total Seats**

# **Observation:**

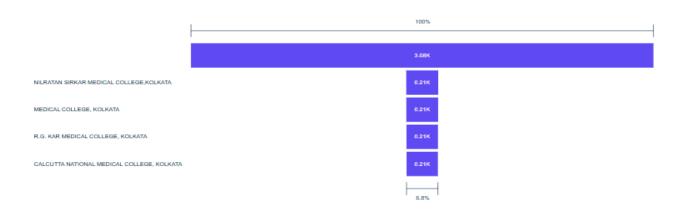
• Over 50% of MBBS seats are in private/deemed colleges.

# **Problem:**

• Commercialization of medical education.

- 1. Strengthen public medical colleges through increased funding.
- 2. Encourage Corporate Social Responsibility (CSR) initiatives to build affordable colleges.





## **Top 5 Govt Colleges by Total Seats**

#### **Observation:**

- Four Kolkata-based government colleges (e.g., Medical College Kolkata) each allocate ~225 seats.
- **Issue**: Centralization in urban areas; no representation from rural regions like North/South Bengal.

#### **Problems:**

• Rural students face relocation costs, accommodation challenges, and travel burdens.

#### **Recommendations:**

- 1. Establish satellite campuses in underserved regions (e.g., Siliguri, Purulia).
- 2. Annual 5–10% MBBS seat expansion to meet demand.
- 3. Introduce state-funded scholarships and hostels for rural students.

#### CONCLUSION

Key systemic reforms are needed to address disparities in medical education:

- Regulate private college fees and expand public infrastructure.
- Redistribute seats to ensure equitable access.
- Promote deemed universities and regional hubs to reduce interstate gaps.
- Strengthen reservation policies for marginalized groups.