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Policies on Scheduled Tribes

Why You Should Know?

- ❖ Traditionally, Scheduled Tribes enjoyed total autonomy over the governance of their affairs. This system of autonomy was dismantled during the British Raj in India.
- ❖ Tribal communities in India were viewed with derision by the British and various legislations were brought to alienate them from their ancestral rights and further criminalised upon demanding their rights.
- ❖ The Constitution makers adopted specific measures to protect the rights of STs. Article 46 of the Constitution provides that ‘the State shall promote with special care, the educational and economic interest of the weaker section of the people, and, in particular, the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation’.
- ❖ Similarly, Articles 15 and 16 empowered the Government for making special provisions for the Scheduled Tribes.
- ❖ In addition to the constitutional provisions, the Parliament has passed the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 ‘to prevent the commission of offenses or atrocities against the members of Scheduled Castes and Scheduled Tribes and to provide relief and rehabilitation for the victims of atrocities’.

The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006

- ❖ The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 ‘recognises and vests forest rights and occupation on forest land to Scheduled Tribes’.
- ❖ It is important that the constitutional rights given to Scheduled Tribes are protected and special emphasis is given to them in the planning process.

- ❖ For the purpose of protecting these rights, the makers of the Constitution created the National Commission for Scheduled Tribes (NCST) which is duty-bound to act as a watchdog and think tank for the STs.
- ❖ NCST has a constitutional duty to protect the rights of the tribal people and ensure the responsibilities of different institutions for their welfare.
- ❖ NCST is a constitutional body established under Article 338A of the Constitution of India. Its organisational structure comprises a Chairperson, Vice-Chairperson, and three Members, appointed by the President of India.
- ❖ The Commission has a permanent Secretariat in New Delhi, six regional offices across the country, and has the powers of a Civil Court. A tribal person is usually not a hitagraahi, i.e., self-centered or individualistic one; he/she is generally a aparmaarathi (altruist).

Janjati

- ❖ The tribal people accord priority to the community before pursuing individual gains. The community is the repository of knowledge and resources.
- ❖ Their vulnerability is the result of the apathy of other communities towards them. The issues of Janjati, i.e., tribal communities in India are unique in nature, owing to their distinct cultural pattern and value systems across different regions.
- ❖ Wherever they live, they have been following a developmental approach ensuring ecological balance along with economic development, which is termed as Sustainable Development in the modern world.
- ❖ Considering this perspective, specific needs were identified and NCST had been given a special constitutional status which is envisaged as follows:

to investigate and monitor all matters relating to the safeguards provided for the Scheduled Tribes;

- **to inquire into specific complaints with respect to the deprivation of rights and safeguards of the Scheduled Tribes;**
- **to participate and advise on the planning process of socio-economic development of the Scheduled Tribes and to evaluate the progress of their development under the Union and any State;**

- to make such reports and recommendations as to the measures that should be taken by the Union or any State for the effective implementation of those safeguards and other measures for the protection, welfare and socio-economic development of the Scheduled Tribes;
- to discharge other such functions in relation to the protection, welfare and development and advancement of the Scheduled Tribes, and
- to present to the President, annually and at such other times, as the Commission may deem fit, reports upon the working of those safeguards. The Union and every State Government shall consult the Commission on all major policy matters affecting Scheduled Tribes.

While investigating the matters referred to in sub-clause (a) or inquiring into any complaint referred to in sub-clause (b) of Clause 5, the Commission has all the powers of a Civil Court trying a suit and in particular in respect of the following matters⁴, namely:

- Summoning and enforcing the attendance of any person from any part of India and examining him on oath;
- Requiring the discovery and production of any documents;
- Receiving evidence on affidavits;
- Requisitioning any public record or copy thereof from any court or office;
- Issuing summons/ communications for the examination of witnesses and documents;
- Any other matters which the President may by rule determine.

Article 338A

- ❖ In accordance with Clause 9 of Article 338A of the Constitution, ‘the Union and every State Government shall consult the Commission on all major policy matters affecting the Scheduled Tribes’.
- ❖ NCST has identified ten areas for policy implementation and investigation, which raise primary concerns related to the tribal communities, such as— forest rights (CFR & PESA)⁶, R&R⁷, mining-related issues (DMF & MMDRR)⁸, financial issues and implementation of development schemes, atrocities, grievances, inclusion and exclusion, health and nutrition,

education, legal and constitutional issues, Scheduled Tribes Component in welfare schemes.

- ❖ It receives a number of representations from individuals, civil societies, and non-governmental organisations regarding injustice being meted out to persons belonging to STs.
- ❖ The print and electronic media also highlight the issues relating to atrocities, exploitation and social injustice on people belonging to these tribes. As soon as the matters get the attention of the Commission, every effort is made for providing justice to persons belonging to the STs.
- ❖ In order to achieve this, the Commission enjoys cooperation and assistance from all organs of the state. To reach out to the people in the field, members of the Commission visit different locations in the country. On such occasions, tribal communities get opportunities for redressal of their grievances in their respective places.
- ❖ The Commission is committed to associate itself with the planning process to fulfill the responsibility entrusted by the Constitution of India.
- ❖ Studies conducted by anthropologists have brought to light, the changes that have taken place among the tribal communities in the backdrop of the processes of acculturation, modernisation and globalisation.
- ❖ Their studies reveal that the basic principles of life and culture of the tribal communities in India, broadly center around the values, such as:
 - a) Identification with nature; their inseparability with nature in body, mind and spirit.
 - b) Coexistence, amity and empathy with other living beings.
 - c) Collective living or collective subsistence and the principle of 'sharing'— sharing the food, land and forest resources, sharing the seeds, labour and hardship, sharing the misfortunes and risks in living in mountains and forests, and so on.
 - d) Non-accumulation of personal property or wealth or in other words, sustainable and simple living.
 - e) Restraint and resolving disputes by withdrawal.
- ❖ The tribal people never encroach; rather they generally withdraw, and avoid conflicts.

Healthcare Challenges

Why You Should Know?

- ❖ In India, region to region, one tribal community to another, we recognise challenges both in terms of reaching care, and in moving beyond disease-centred healthcare to integrated approaches to health and development of the tribal people.
- ❖ While the distinct socio-cultural-political context of each tribe dictates a focused understanding on their health status and planning for appropriate health services, in India, little data is available to allow such reflection.
- ❖ The main sources for health data for tribal people in India are the demographic health surveys conducted periodically by the government. However, their methodologies do not allow for reliable estimates or disaggregation at the local levels.

health information systems

- ❖ The routine health information systems of the government also do not capture the tribal identity of those interacting with government health services and so, while much detailed data on services utilisation and programme implementation are available, they do not allow for disaggregation of data based on tribal status, and thereby the various health problems and health system deficiencies in reaching tribal people remains hidden for many years till the census or national survey reveals the significant gaps.
- ❖ Research among tribal populations in India are often limited to cross-sectional surveys focusing on specific diseases like malaria on pregnancy and related outcomes, and seldom focus on the larger socio-political issues that underlie the poor reach and access to health services for many tribal people.
- ❖ Much of the neglect of tribal health could be attributed to the paucity of available and accurate information at the hamlet or tribal population levels.
- ❖ This in turn leads to lack of understanding and responsiveness of local health systems to tribal-specific health problems.

- ❖ Currently, the efforts of gathering and visualising information on tribal health is undertaken by large government taskforces like the Tribal Health Report published by the expert committee in 2018, or through local civil society initiatives focusing on a particular condition or an event/landscape.
- ❖ These snapshots often do not provide a comprehensive assessment of the situation on ground and generally do not attempt to answer the ‘why’ or ‘how’ questions related to the health of tribal people in a particular region or landscape.
- ❖ The most significant limitation is that the different conversations on health seldom acknowledge the impact of various critical social determinants of health and the people’s struggle with forest rights that impact these determinants significantly.
- ❖ A tribal family that does not yet have legitimate ownership over ancestrally cultivated and owned lands, lives in a state of perpetual food and livelihood insecurity, possibly prioritising child health and education lesser than more pressing daily living needs.
- ❖ These stark living conditions and chronic lifelong stress hardly reflect in conventional measures of morbidity and mortality; they affect the family’s utilisation and the way they engage with health services, even if these services are available and geographically accessible. Unfortunately, assessments of many key social determinants by health researchers are few.

Health Status

- ❖ Despite decades of focus on reproductive and child health across the country, there still remains severe deficiencies for access to antenatal, delivery and postnatal services across all tribal communities irrespective of the region they belong to.
- ❖ While the programmatic outputs still remain poorer for other communities, in most areas these programmes are not adapted to local geographical or sociocultural contexts, thereby worsening utilisation and quality of services provided.
- ❖ A uniform family welfare approach across the country prevents adaptation to family welfare needs of Particularly Vulnerable Tribal Groups (PVTG) and other tribal communities; restrictions currently apply for some groups

hindering their reproductive rights, while others are in need of infertility care and/or safe abortion services.

- ❖ Appropriate treatment for childhood illnesses in tribal children is poor when compared to their non-tribal counterparts; infant mortalities and under-five mortalities are higher among tribal children in most States.
- ❖ Very little information exists on how to deliver adolescent reproductive and sexual health in tribal areas. Tribal nutritional intake varies from one region to another; sub-optimal protein, calorie and micronutrient intake is a problem in several tribal communities.
- ❖ **Prevalence of undernutrition among school children is generally poorer than non-tribal counterparts. Anaemia and other nutritional deficiency disorders are higher among tribal women and children, contributing to adverse pregnancy outcomes and increased vulnerability of tribal children.**
- ❖ **Food security schemes have lesser coverage and poor quality in most tribal areas (cf. ICDS). Incidences of infectious diseases such as malaria are more frequent and have higher morbidity and mortality in most tribal areas.**
- ❖ **Malaria takes a higher toll in these areas than elsewhere; access to awareness material, preventive measures and appropriate treatment is lacking. Prevalence of HIV/AIDS is comparatively higher in the northeast Indian tribal areas.**
- ❖ **Disease surveillance and epidemiological data on infectious diseases are inadequate. Focus on infectious diseases control in tribal areas has not been accompanied by a systematic approach to Non-Communicable Diseases (NCDs) in tribal areas; very few organisations work on NCDs' care.**
- ❖ **Certain tribal communities are reported to have significantly high prevalence of NCDs (such as hypertension among tribes of Assam working in tea-gardens); the epidemiological features of these conditions among tribal communities appear to be different from other areas.**
- ❖ **Mental health illnesses and substance abuse are poorly studied in these communities; the latter is emerging to be a serious social concern in**

many tribal communities across the country.

- ❖ Environmental health is a neglected area in general but in these communities, it is a key social determinant of health.
- ❖ Tribal areas are undergoing rapid transition due to pressures of mining, resource extraction and often adverse impacts of other policies (cf. Forest conservation laws); however tribal health systems are not prepared to deal with health problems arising out of such transitions.
- ❖ Relatively, rare hereditary and genetic diseases are prevalent in higher proportions among tribal communities (cf. Haemoglobinopathies); however health services in tribal areas lack specific programmes and guidelines to organise care and referral for these conditions.

Health Systems

- ❖ A health system lens as advocated by the World Health Organization helps us provide an understanding of the health system in terms of financing, resource utilisation, and governance, but we recognise that even this is insufficient.
- ❖ We believe that there is a need to explore the inter-linkages of health with other dimensions of human development like education, land tenure, and empowerment, and that these can no longer be neglected particularly in relation with tribal communities across India.
- ❖ Hence, in order to address some of the challenges in health, we need to acknowledge and address the underlying reasons that influence the wider social determinants. Poor governance in tribal districts accounts for various deficiencies in delivery of health programmes, schemes and services.
- ❖ Tribal health services are severely underfinanced and need higher allocations to improve equitable growth; uniform per capita across tribal and non-tribal areas contributes to poor performance.
- ❖ There is a disproportionate shortage of health workers in tribal areas; moreover, tribal representation in the health workforce is considerably inadequate, further hampering adaptation and implementation of health programmes in these areas.
- ❖ Restrictive norms and guidelines hinder health worker retention and performance in tribal areas. Shortages in healthcare infrastructure and

equipment as well as poor access and quality of health services are widespread in the tribal areas.

- ❖ Rich traditional health knowledge exists in tribal communities, however the health systems do not harness the potential of positive traditional health practices. At the same time, specific interventions are needed in some areas to curb adverse cultural practices.
- ❖ Several social determinants severely affect tribal health such as geographical isolation, migration, displacement and armed conflict requiring targeted approaches.
- ❖ On the other hand, research on tribal health is fragmented while disaggregated data on health services' performance, utilisation and coverage are not available. Comprehensive information on tribal health is deficient across all levels be it at district, state or national levels.
- ❖ Tribal health has no special or additional focus in the overall national and State health plans thereby it finds no explicit focus in the corresponding policies and programmes.

The term Scheduled Tribes

- ❖ Civil society and non-profit NGOs play a key role in delivering services in several tribal areas, and often advocating for tribal specific issues. Typically, these organisations utilise a community-based programme or a facility-based charitable service model to strengthen the health and welfare of the tribal people in a particular geographical region.
- ❖ Need for a Special Focus The term Scheduled Tribes (STs) is a broad category that has over 700 communities with wide differences in genetic, ethnic, cultural and social differences between them.
- ❖ While this categorisation is useful for identifying the group for affirmative action, it does not help to recognise the differences in approaches needed to reach the different tribal people and the significant differences in health outcomes from one tribe to another, from one geographical region to the other.
- ❖ However, despite all these differences, the health indicators in nearly every State for its ST people, lags significantly behind the other people of the State.

- ❖ The persistent poor health outcomes of tribal people, their particular socio-economic and political scenario and decades of marginalisation from the social, economic, political and cultural mainstream, necessitate a special approach towards our tribal people, especially their health.
- ❖ Such a focus needs to emerge from the grassroots, meaning that districts and local bodies at block levels ought to be sensitised to the need for inclusive processes with respect to tribal health (or for that matter in education, governance or any other public policy-making initiatives).
- ❖ A national level synthesis of tribal health can only highlight recurring themes and gaps in tribal health, and identify few areas or region-specific problems to be taken up in national and state policies.
- ❖ However, the diversity of landscapes and socio-political environment within which tribal people live, necessitates the need for inclusive governance and local-level planning and sensitisation at the level of health centres and local governments at district levels and below.
- ❖ Clubbing these communities in the lowest economic quintile and expecting larger economic reforms to adequately cater to their needs and problems does not suffice.
- ❖ The historical behaviour of these communities and their close relationship with the environment in addition, allowed for a few distinct health problems to appear that need special attention.
- ❖ From genetic diseases like haemoglobinopathies to insect/animal-related bites or injuries, many of these communities need screening and care beyond what the local public services are equipped to provide.
- ❖ As seen, the challenges faced by these communities are far beyond the availability of health services.
- ❖ The need of the hour is to go beyond describing problems in health services, and focusing on collaborative partnerships with civil society and community-based organisations to customise and implement local health reforms in partnership with the communities.

The North Eastern Milieu

Why You Should Know?

- ❖ Around 12 per cent of the total tribal population in India lives in the North Eastern States. But unlike central Indian States, where the tribal population is a minority, tribal communities constitute more than eighty per cent of the State population in Mizoram, Meghalaya and Nagaland.
- ❖ Indeed, NER (North Eastern Region) distinguishes itself in being home to at least 133 Scheduled Tribe groups, out of a total 659 such distinct groups presently identified in India.
- ❖ However, it can be observed that tribal population in Tripura declined from 56 per cent in 1951 to less than 30 per cent in 2001.
- ❖ In Arunachal Pradesh, the tribal population declined from 90 per cent in 1951 to less than 64 per cent in 1991.
- ❖ Bodos, a plain land tribal community of Assam have become a minority in many areas of Bodoland Territorial Region.
- ❖ Ecology and Inhabitants It is widely known that being disturbed by scuffled history and geo-politics, NER has remained backward and less-developed region of the Indian subcontinent though it covers 7.9 per cent geographical area of the country.
- ❖ The region with magnificent hills, deep gorges, wandering rivers and rivulets, undulating land, fertile valleys and varied flora & fauna presents a splendid landscape.
- ❖ Remarkably, it shares as much as 4200 km of international boundary with four nations— Bangladesh, Bhutan, China, and Myanmar.
- ❖ At the same time, it is joined with the rest of India by means of a narrow route popularly known as the Siliguri corridor or the 'Chicken's Neck'. The region consists of hills as well as plains.
- ❖ Arunachal Pradesh, Meghalaya, Mizoram, Nagaland, and Sikkim could be described as hilly, whereas Assam is largely a plain.
- ❖ The topography and climate have always worked as powerful constraints and kept the North East India a distant geographical region in the country.

In other words, the North Eastern tribal economies are distant and remote from the mainstream national economy.

- ❖ Agriculture being the main occupation and source of livelihood for the farmers, had been and used to be, induced for mono-cropping due to the colonial policy of plunders through encouragement of only plantation crops, the natural factor of high intensity of the rainfall and the socio-economic structures of tribal kinship, in this wet, humid and hilly terrain.
- ❖ The intensive cultivation of crops and wide range of crop diversification in agriculture has not been the history in the region. The monsoon paddy has been the dominant field crop.
- ❖ The forest products have been the source of food and fuel. Two distinct types of agricultural practice in NER may be observed
 1. settled agriculture in the plains, valleys and gentler slopes and
 2. slash and burn cultivation (called jhum cultivation) elsewhere.
- ❖ Needless to say, jhum cultivation is the dominant agricultural practice in the hilly states of Arunachal Pradesh, Meghalaya, Mizoram and Nagaland despite restrictions.
- ❖ Nowadays, agriculture in the form of plantation has been developed instead of jhum cultivation in certain States. In the lowland areas of the Brahmaputra and Barak valleys, three agricultural systems of rice are followed, namely Sali kheti, Ahu kheti, and Bao kheti.
- ❖ These are practised over different seasons of the same year, showing strategic year-round cultivation in the flood zone.

Culture and Tradition

- ❖ Each system mentioned above has its own techniques and methods. It depends upon the conditions of environment and climate wherein the farmer's traditional knowledge plays an important role in the selection of land, seeds, time of sowing, transplanting the seedlings, harvesting, storing, and preserving seeds for the next season.
- ❖ This knowledge has been transmitted to them from their forefathers through oral traditions. That is why the North East can be regarded as repository of traditional knowledge systems.

- ❖ NER is often described as the cultural mosaic of India being receptacle of diverse tribal communities, linguistic, and ethnic identities.
- ❖ On the basis of one or the other factor like socio-cultural similarity, linguistic affinity, ethnic affiliation and common territory, these tribal communities may conveniently be put under certain groups like the Boro, the Khasi, the Naga, the Lushei Kuki, the Arunachali and others.
- ❖ The tribal communities of the North East have their own traditional system of governance. Among these, chieftainship is prevalent, while others prefer to be ruled by the village council.
- ❖ Tradition was the name given to those cultural features which, in situation of change, were to be continued to be handed on, thought about, not lost.
- ❖ Each society has its own cultural tradition, social system, set of values, custom and different colourful mode of festivities which are mostly related to agriculture.
- ❖ Few of them may be mentioned as Moh-Mol (Tangsa), Mopin & Solung (Adi), Oriah (Wancho), Nyokum (Nyishi), Reh (Mishmi), Lossar (Monpa), Boori-Boot (Hill Miris) in Arunachal Pradesh; Magh Bihu, Bohag Bihu, Ali-Ai-Ligang (Mishing), Baikho (Rabha) and Baishagu (Dimasa) and others in Assam; Moatsu (Ao), Ngada (Rengma), Monyu (Phom), Naknyulum (Chang), Sekrenyi (Angami) and Suhkruhnye (Chakhensang) in Nagaland; Lai Haraoba dance, Thabal Chongba dance and Raslila and others in Manipur; Chapchar Kut, Mim Kut and Cheraw (the Bamboo Dance) in Mizoram; Kharchi Puja, Garia Puja, Ker Puja and others in Tripura and Wangala Festival (Garo), Shad Suk Mynsieum (Khasi) and Behdienkhlam (Jaintia), apart from others in Meghalaya.
- ❖ In socio-political life of tribal communities, monarchy and democracy co-exist in principle.
- ❖ The members of the tribes are united by the kinship and marriage, thus it becomes difficult to differentiate between the political and domestic matters.
- ❖ Lineage segmentation is the chief principle of the political structure of the tribal communities. Tribal communities everywhere have been known for far more egalitarian gender relations in their societies compared to their non-tribal counterparts.

- ❖ The situation in NER is broadly in harmony with this larger picture. Recent Changes But the socio-cultural elements of the tribal communities are not static; rather they are changing for various reasons. They are being exposed to changing environment of varied nature.
- ❖ Moreover, recent data from standard sample surveys⁵ find that women's participation in decision making was higher even than the Southern States.
- ❖ As per 2011 Census, sex ratio is highest in Manipur (992), followed by Meghalaya (989) and Mizoram (976), and lowest in Sikkim (890).
- ❖ The percentage of population living in rural area is highest in Assam (85.92) and lowest in Mizoram (48.49).
- ❖ Infant Mortality Rate was recorded highest in Assam (54), followed by Meghalaya (47) and Mizoram (35).
- ❖ It is the lowest in Manipur (10). Figures for sanitation facilities in their dwellings also reflect better position than the overall country indicators.
- ❖ Another indicator for holistic development of the area, whether it is District or State, indicating Sustainable Development Goals (SDGs) has been made available from 2018.

SDG India Index

- ❖ **NITI Aayog has been publishing the SDG India Index annually since 2018. The third edition of the NITI Aayog SDG India Index (2020-21) computes goal-wise scores on the 16 SDGs for each State and UT, and a qualitative assessment on Goal 17, covering 17 parameters.**
- ❖ **Overall State and UT scores are generated from goal-wise scores to measure aggregate performance of the sub-national unit based on its performance across the 16 SDGs.**
- ❖ **These scores range between 0–100, with States/UTs being categorised as Aspirant (score 0-49), Performer (score 50-64), Front Runner (65-99), and Achiever (score 100) based on their score.**
- ❖ **Amongst States, additions to the Front Runner category in 2020-21 included Uttarakhand, Gujarat, Maharashtra, Mizoram, Punjab, Haryana, and Tripura.**
- ❖ **Surprisingly, two States from North Eastern Region, namely Mizoram and Tripura credited their position in the highest rank, i.e., Front**

Runner category in 2020-21.

- ❖ **Special attention is being paid to achievement of SDGs in the North East, with a North Eastern Region (NER) District SDG Index 2021-22 developed by NITI Aayog.**
- ❖ **The Index is constructed from 84 indicators and covers 15 global goals, 50 SDG targets, and 103 districts in the eight States of NER. The index will facilitate in identifying crucial gaps and inform interventions to fasttrack progress towards achieving the SDGs in the region.**
- ❖ **We can observe the district-wise overall performance in the NITI Aayog NER District SDG Index, 2021-22. The score for the 103 districts range from 75.87 in East Sikkim to 53 in Kiphire (Nagaland).**
- ❖ There are 64 districts in the Front Runner category and 39 districts in the Performer category. All districts of Sikkim and Tripura fall in the Front Runner category.
- ❖ Globalisation has serious implications on culture of the tribal communities. It imposes a homogeneous consumerist culture and value system on each society.
- ❖ The law of dynamics is universally applied to every society and tribal society is no exception.
- ❖ Thus, the tribal communities' exposure to the forces of change, both indigenous and exogenous, has serious implications on the lifestyle and culture of the tribal communities consequently.
- ❖ Though agriculture, shifting cultivation in particular, continues to be a prominent means of livelihood for many, their means of livelihood tends to change from subsistence agricultural income towards diversified modern market-oriented employment and economy.
- ❖ Sources of income have been diversified in terms of different occupation that happens to be made available as a result of various development initiatives.

- ❖ Modern education plays a vital role in changing the means of livelihood. This change is associated with an increase of per capita income and educational level systematically.
- ❖ Above all, having no further scope of further details, germination of renouncing statement about the term ‘backward and less developed’ may be perceived with all humility, though its effect and impact on the tribal communities of the NER may be keenly observed.

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