



Daily News Analysis

The Hindu Important News Articles & Editorial For UPSC CSE

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Page 01:GS 3 :Disaster Management / Prelims

Recent torrential rains and flash floods in **Dehradun (Uttarakhand)** have caused **13 deaths, 16 missing, and large-scale infrastructural damage**. This reflects the growing vulnerability of Himalayan states to extreme weather events, which are becoming frequent due to **climate change, unplanned urbanisation, and fragile ecology**.

13 dead as rain, flash floods batter Dehradun

Swollen rivers and 192-mm rainfall swept away or severely damaged several homes and hotels

Rescuers are working to evacuate 500 students trapped in the Dev Bhoomi Institute in Paundha

Uttarakhand CM inspects damage, instructs officials to step up relief efforts; PM offers help

Ishita Mishra
NEW DELHI

At least 13 people were killed and 16 have been missing after overnight torrential rain and flash floods wreaked havoc in Dehradun and surrounding areas in Uttarakhand on Tuesday.

Heavy rain battered the Sahastradhara area, a tourist spot in Dehradun. Shops, small hotels and homes in the market area were washed away or heavily damaged. Tapkeshwar, a Shiva temple, was submerged. The India Meteorological Department, Dehradun, issued a red alert on Tuesday.

According to the district administration, Sahastradhara received 192 mm of rainfall within five to six hours, while 141 mm was recorded in the Mal Devta area. Jolly Grant Airport, Mussoorie, Hathibarkala



Heavily hit: A residential building that was engulfed by rocks carried by flood waters in the Sahastradhara region of Dehradun, in Uttarakhand, on Tuesday. AFP

got more than 90 mm rain during the intervening night of Monday and Tuesday.

Dehradun District Magistrate Savin Bansal said that of the 13 victims, eight were passengers of a tractor

or trolley that was stuck in the Tons river near Vikas Nagar. Till Tuesday evening, three persons were critically injured in rain-related incidents. Agencies rescued more than 500 people and the rain left more

than 23 roads blocked, and bridges damaged.

Chief Minister Pushkar Singh Dhami, who rode an earthmover and inspected the damage, directed officials to step up relief efforts. A communiqué from

the State government said that PM Narendra Modi and Home Minister Amit Shah had offered full help in the rescue operations.

An official involved in the efforts said, "Teams are working to evacuate 500 students trapped in the Dev Bhoomi Institute in Paundha. Six people were rescued from Heritage Hotel in Mussoorie. Around 10-15 people stuck at Little Heaven Hotel in Mussoorie were safely evacuated."

"Sad news has been received that some shops were damaged due to heavy late at night in Sahastradhara, Dehradun. The administration, SDRF, and police are on the scene, engaged in relief and rescue operations. I am in constant contact with the local administration and personally monitoring the situation. I pray to God for everyone's safety," the Chief Minister wrote on X.

Uttarakhand has witnessed extensive damage in the monsoon season this year. The Garhwal region has been worst hit, where flash floods engulfed Dharali village in Uttarkashi district, leaving one dead and 68 missing for the past 50 days.

Prime Minister Modi has announced financial assistance of ₹1,200 crore for Uttarakhand although the State has assessed that floods have caused a loss of around ₹7,500 crore.

Current Context (News Highlights)

- Casualties:** 13 dead, 16 missing, 3 critically injured.
- Affected Areas:** Sahastradhara, Mal Devta, Tapkeshwar temple submerged, Mussoorie hotels and roads blocked.
- Rainfall:** Sahastradhara (192 mm in 5-6 hrs), Mal Devta (141 mm), other areas >90 mm.
- Rescue:** SDRF/NDRF rescued 500+ people, including students and tourists.
- Damage:** 23 roads blocked, bridges damaged, houses, hotels and shops washed away.
- Govt Response:** CM Dhami on ground; PM & HM assured full support; PM announced ₹1200 crore assistance (State estimates ₹7500 crore loss).
- Wider Context:** Garhwal worst hit; in Uttarkashi (Dharali village) 68 missing since 50 days.

Flash flood



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A **flash flood** is a sudden and intense flood that occurs within a short period of time — usually less than **6 hours**— after heavy rainfall, cloudburst, dam break, or rapid snowmelt.

Key features:

- **Sudden onset:** Develops very quickly with little or no warning.
- **High intensity:** Water levels rise rapidly, carrying debris, rocks, and mud.
- **Common in steep terrains:** Especially in mountains and hilly regions like the Himalayas, where rainwater flows downhill at great speed.
- **Causes:**
 - Intense rainfall in a short duration.
 - Cloudbursts.
 - Breach of dams/embankments.
 - Glacial Lake Outburst Floods (GLOFs).

Static Linkages for UPSC

1. Geography & Disaster Management

- Uttarakhand lies in **Central Himalayas** – geologically young, fragile mountains prone to landslides & flash floods.
- **Cloudburst-prone zones:** Chamoli, Rudraprayag, Uttarkashi, Dehradun.
- **Reasons:**
 - Heavy rainfall + steep slopes → fast runoff.
 - Deforestation & unregulated construction in floodplains.
 - Glacial retreat → more **Glacial Lake Outburst Floods (GLOFs)**.

2. Institutions & Frameworks

- **NDMA Guidelines:** on flood management & cloudbursts.
- **Sendai Framework for Disaster Risk Reduction (2015-30).**
- **National Monsoon Mission & Doppler Radars** for forecasting.
- **Compensation mechanism:** SDRF/NDRF + PM National Relief Fund.

3. Socio-Economic Impacts

- Damage to tourism (Mussoorie, Sahastradhara).
- Loss of livelihoods (shops, hotels, farms).
- Road/bridge collapse → hampers relief, trade & daily mobility.

Analysis

1. Environmental Concerns



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- Unplanned urbanisation & construction on riverbanks magnify risks.
- Tourism pressure → hotels/resorts in ecologically fragile zones.
- Reduced forest cover & illegal mining weaken slope stability.

2. **Climate Change Factor**

- IMD data: Increase in extreme rainfall events in Himalayan states.
- IPCC reports: Himalayas among the **most vulnerable ecosystems** globally.

3. **Governance Challenges**

- Poor enforcement of building codes.
- Lack of real-time early warning systems in rural areas.
- Inadequate disaster preparedness at district level.

4. **Way Forward (Solutions)**

- **Eco-sensitive Zoning**: Strict land-use regulations.
- **Catchment Area Treatment**: afforestation, check dams.
- **Early Warning Systems**: AI + Doppler radars for flash flood alerts.
- **Community-Based Disaster Management (CBDM)**.
- **Infrastructure Resilience**: climate-resilient bridges, roads.
- **Tourism Policy**: cap on hotels/vehicles in fragile zones.

UPSC Prelims Pointers

- Flash floods = sudden floods caused by heavy rainfall/cloudburst in <6 hrs.
- Sahastradhara → famous sulphur springs (tourist site, Dehradun).
- Tapkeshwar Temple → cave temple on banks of river Asan.
- Sendai Framework = UN framework for disaster reduction (2015–30).

Conclusion

The Uttarakhand floods are not isolated events but part of a growing pattern of climate-induced disasters. Building ecological sensitivity, resilience and community preparedness must be central to India's Himalayan policy.



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UPSC Prelims Practice Question

Ques: Consider the following statements regarding flash floods:

1. Flash floods generally occur within a short duration (less than 6 hours) of intense rainfall or cloudburst.
2. They are more common in steep slope regions like the Himalayas.
3. IMD does not issue separate alerts for flash floods; only NDMA is responsible for early warning.

Which of the statements is/are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans: (a)

UPSC Mains Practice Question

Ques: Himalayan states are becoming increasingly vulnerable to natural disasters. Discuss the causes and suggest long-term strategies with reference to recent Uttarakhand floods. **(250 Words)**



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Page 06:GS 2 : Indian Polity & Governance / Prelims

Religious freedom is a fundamental right under **Article 25** of the Indian Constitution, which guarantees the right to profess, practice, and propagate religion. However, this right has often been contested when it comes to **religious conversions**, especially those alleged to be forced, fraudulent, or induced by allurement. Recently, the **Supreme Court** questioned who should decide whether a religious conversion or inter-faith marriage is "deceitful," while hearing petitions against the "Freedom of Religion" Acts passed by multiple States. This raises significant **constitutional, legal, and social questions** regarding the balance between freedom of conscience and State regulation.



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Top court asks who will decide that a religious conversion is 'deceitful'

Petitioner-advocate seeks a ban on such conversion; NGO's counsel seeks a stay of 'Freedom of Religion' Acts, which, he says, are getting more and more strident as courts grant bail and bring relief to persons accused and arrested under them

Krishnadas Rajagopal
NEW DELHI

The Supreme Court on Tuesday asked a petitioner seeking a complete ban on "deceitful" religious conversions who exactly will decide whether an inter-faith marriage is fraudulent or not.

Chief Justice of India B.R. Gavai agreed with senior advocate C.U. Singh, appearing for an NGO questioning the validity of the increasingly stringent anti-religious conversion laws across 10 States, that the court sits to examine the constitutionality of laws, and not to make laws.

Petitioner-advocate Ashwini Upadhyay said his petition was against religious conversion through allurement and duplicity. Mr. Upadhyay argued that one had the right to propagate religion under Article 25 of the Constitution, but not to convert through fraud or force.

Highlighting the risk his plea posed to the freedom of conscience enshrined in the Constitution, Chief Justice Gavai pointedly asked, "But who would find out

Faith and freedom

The Supreme Court is hearing pleas that have raised questions on the right to faith, marriage and personal liberty in a democracy as State governments bring in strict legislation against unlawful religious conversion

Some petitioners have opposed the validity of the anti-religious conversion laws across 10 States while others said that the laws work to prevent conversion through allurement, fraud and force

Senior advocate C.U. Singh, representing an NGO, said that the States had enacted increasingly stringent laws that even make it possible for third parties to file criminal complaints against interfaith couples

Additional Solicitor-General K.M. Nataraj, on behalf of some States, opposed the pleas for stay on the laws

The court scheduled the case after six weeks to consider the question of stay after hearing from the States

that a religious conversion was deceitful or not?"

Mr. Singh, appearing in the case along with senior advocate Indira Jaising and advocate Vrinda Grover, said that States such as Uttar Pradesh, Himachal Pradesh, Madhya Pradesh, Uttarakhand, Gujarat, Chhattisgarh, Haryana, Jharkhand, and Karnataka had enacted copycat "Freedom of Religion" Acts one after the other, with Rajasthan recently coming up with one.

"The batch of laws are characterised as Freedom of Religion Acts, but they contain everything but freedom. They are virtually

anti-conversion laws," Mr. Singh submitted.

He sought a stay of these laws, which were getting more and more strident as courts grant bail and bring relief to persons accused and arrested under them.

The court scheduled the case after six weeks to consider the question of stay of the implementation of the Acts.

Frivolous complaint

Mr. Singh said recent amendments made in these Acts empowered third parties to file criminal complaints against couples in inter-faith marriage. The punishment under

these laws included a "minimum 20-year sentence or a maximum of life imprisonment". The bail conditions were on a par with the draconian Unlawful Activities (Prevention) Act. The burden of proof was on the convert to prove that he or she was not forced or "allured" to change faith, senior counsel argued.

"For anybody who marries inter-faith, bail becomes impossible. These are Constitutional challenges... It is not just marriages but any normal church observances or festivals, mobs may come..." Mr. Singh submitted.

Additional Solicitor-General K.M. Nataraj said the case was coming up for hearing after three years, "and suddenly they [the petitioners] are asking for stay".

In 2023, while hearing the case, the court had refused to refer to the Law Commission the question whether "forcible conversion" should be made a separate offence relating to religion under the Indian Penal Code.

The government had even opposed the *locus standi* of the NGO, Citizens for Justice and Peace, represented by Mr. Singh, to move the court against these laws.

Mr. Singh had, however, argued that these State laws amounted to undue interference in a person's right of choice of faith and life partner. He said each State's law was used by the other as a "building block" to make a more "virulent" law for itself.

The petitions have argued that these State laws have a "chilling effect" on the right to profess and propagate one's religion, enshrined in Article 25.

Key Highlights of the Case (Current Affairs)

- Petition by Ashwini Upadhyay:** Seeks a complete ban on religious conversions through allurement, fraud, or force.
- Supreme Court's Concern:** CJI B.R. Gavai asked "Who would find out that a religious conversion was deceitful or not?"—highlighting the challenge of judicial determination.
- NGO's Argument (Citizens for Justice and Peace):**
 - Anti-conversion laws are being framed as "Freedom of Religion Acts" but effectively curb freedom.
 - Multiple states (UP, MP, Uttarakhand, Gujarat, Karnataka, etc.) have enacted copycat legislations, often more stringent.
 - Amendments now allow **third parties** to file complaints, reversing burden of proof onto the convert.
 - Punishments comparable to **UAPA** with harsh bail conditions.
- Government's Position:** Opposed the NGO's *locus standi*; resisted stay on laws.

Static Portion (Background & Constitutional Context)



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- **Article 25:** Right to freedom of conscience and to freely profess, practice, and propagate religion, subject to public order, morality, health.
- **Judicial Precedents:**
 - Rev. Stanislaus v. State of Madhya Pradesh (1977): The Supreme Court upheld that the right to propagate religion does not include the right to convert another person by force, fraud, or allurement.
 - Various HCs have stayed or struck down parts of State anti-conversion laws when found overbroad.
- **Existing State Laws:** So far, around 10 States (UP, MP, Gujarat, HP, Uttarakhand, Karnataka, Chhattisgarh, Jharkhand, Haryana, Rajasthan) have enacted such laws, prescribing strict penalties.
- **Criticism:**
 - "Freedom of Religion Acts" act as **anti-conversion laws**.
 - Reverse burden of proof—contrary to criminal law principles.
 - Possibility of misuse to target inter-faith marriages ("Love Jihad" narrative).
 - **Chilling effect** on religious freedom and personal liberty.

Relevance for Prelims

- **Constitutional Articles:** 25-28 (Religious Freedom), 21 (Right to life & personal liberty).
- **Important Judgments:** Stanislaus case (1977).
- **Basic Structure Doctrine:** Freedom of conscience as part of individual liberty.
- **Current Affairs:** Role of judiciary in balancing religious freedom and State regulation.

Analytical Points

- **Pros of Regulation:**
 - Prevents forced or fraudulent conversions.
 - Protects vulnerable sections from coercion or exploitation.
- **Cons / Concerns:**
 - Vagueness in defining "allurement" or "deceitful conversion."
 - Misuse for harassing inter-faith couples.
 - Burden of proof shifted on individuals, violating principles of natural justice.
 - Criminalization of personal faith choices, restricting Article 25.
 - Overlaps with **personal liberty under Article 21**.

Conclusion

The Supreme Court's intervention highlights the **delicate balance between religious freedom and State control**. While preventing forced conversions is legitimate, excessively stringent laws with vague provisions can infringe upon fundamental rights, especially freedom of conscience and choice of life partner. The ongoing case is significant as it may determine the **constitutional limits of State anti-conversion laws** and reaffirm the judiciary's role in safeguarding personal liberty in a pluralistic democracy like India.

UPSC Prelims Practice Question



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Ques: Consider the following statements regarding Right to Freedom of Religion under the Constitution of India:

1. Article 25 guarantees freedom of conscience and the right to freely profess, practice and propagate religion, subject to public order, morality and health.
2. The right to propagate includes the right to convert another person by force or allurement.
3. Article 26 gives every religious denomination the right to manage its own affairs in matters of religion.

Which of the statements given above is/are correct?

- (a) 1 and 3 only
- (b) 2 and 3 only
- (c) 1 only
- (d) 1, 2 and 3

Ans: (a)

UPSC Mains Paper Practice Question

Ques :Examine the constitutional validity of State-level 'Freedom of Religion' Acts in light of Article 25 of the Constitution. **(150 Words)**

Page 09 :GS 2 : Social Justice / Prelims

The **World Health Organization (WHO)** has updated its **Model List of Essential Medicines (EML)** to include **GLP-1 receptor agonists** (such as semaglutide, dulaglutide, liraglutide, and tirzepatide) for type-2 diabetes patients with comorbidities like **obesity, cardiovascular disease, or chronic kidney disease**. This marks a



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significant development in the global fight against **non-communicable diseases (NCDs)**, as inclusion in the EML can pave the way for **lower prices, better access, and stronger policy advocacy**.

On WHO essential medicines list, GLP-1 drugs for diabetes, weight loss may become cheaper

Ramya Kannan

CHENNAI

With the World Health Organization (WHO) updating its Model Lists of Essential Medicines (EML) to add the GLP-1 class of drugs for diabetes with associated comorbidities such as obesity, access to these drugs might just become easier. Listing a medicine on the EML is one step in a series of actions that can lead to lower costs, better affordability, and greater access.

The 25th meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines was held from May 5 to 9. It reviewed scientific evidence showing that a group of medicines called glucagon-like peptide-1 (GLP-1) receptor agonists can help people with type 2 diabetes – especially those who also have heart or kidney disease – and concluded that semaglutide, dulaglutide, liraglutide, and tirzepatide would be added to the EML. These drugs are used as glucose-lowering therapy for adults with type 2 diabetes mellitus and cardiovascular disease or chronic kidney disease and obesity.



Affordable medicine: The WHO move is one step in a series of actions that can lead to lower costs and greater access. GETTY IMAGES

High price
According to the WHO, the rationale for including these drugs is very clear: diabetes and obesity are two of the most urgent

health challenges facing the world today. According to statistics from 2022, over 800 million people live with diabetes, with half going untreated. At the same time, more than one billion people worldwide are affected by obesity, and rates are rising fast especially in low- and middle-income countries.

The prices of these drugs are so high that access is limited. "A large share of out-of-pocket

spending on noncommunicable diseases goes toward medicines, including those classified as essential and that, in principle, should be financially accessible to everyone," Deusdeedit Mubangizi, WHO Director of Policy and Standards for Medicines and Health Products, says.

Good step forward

While appreciating the move, Anoop Mishra, head, Fortis C-DOC Hospital for Diabetes and Allied Sciences, New Delhi, lends a reality check: "It is a good move; however, in India these types of drugs will benefit only a small number of people, while other life-saving, low-cost essential medicines for diabetes, hypertension, and heart disease, applicable to a large number of people, remain largely unavailable."

On the other hand, V. Mohan, chairman, Dr. Mohan's Diabetes Specialties Centre (DMDSC), provides

an energetic response: "I'm very happy that WHO has included the GLP-1 class of drugs. The fact that even a conservative organisation like the WHO has included these rather expensive drugs in their EML, shows how compelling the evidence is. Apart from the glucose lowering effect, they have tremendous effect on weight reduction and obesity management." He points out that recently, injectable semaglutide has been approved for metabolic dysfunction-associated steatotic liver disease, associated with weight, and for improving cardiovascular health.

R.M. Anjana, managing director, DMDSC, says: "It will surely help improve access and affordability. But will it be useful as a first line drug? This maybe not for everyone...as there are various subtypes of diabetes. But for those in whom it is indicated, it's a good step forward."

Current Development (Dynamic Portion)

- **WHO Expert Committee (May 2025 Meeting):** Evaluated evidence and decided to add GLP-1 drugs to the EML.
- **Rationale:**
 - Diabetes affects **800 million people worldwide**; nearly half remain untreated.
 - **Obesity affects over 1 billion people**, especially in LMICs (low- and middle-income countries).
 - GLP-1 drugs not only reduce glucose levels but also help in **weight loss** and **cardiometabolic health**.
- **Challenges:**
 - Currently very **high priced**, limiting accessibility.
 - Out-of-pocket expenditure on NCDs is a major burden in developing countries like India.
- **Expert Views:**
 - Positive step, but affordability remains the key issue.
 - Benefits mostly restricted to urban and higher-income groups in India unless prices fall.



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- Still, the WHO endorsement signals strong scientific backing.

Static Background (UPSC Relevance)

- What is Essential Medicines List (EML)?**
 - Introduced by WHO in 1977.
 - Lists medicines considered most effective, safe, and cost-efficient for priority health needs.
 - Countries use it to frame their **national essential medicine lists** and procurement policies.
- India's Context:**
 - India has its **National List of Essential Medicines (NLEM)**, last updated in **2022**, which guides drug price controls under the **Drug Price Control Order (DPCO)**.
 - Inclusion of a drug in WHO's EML often influences national lists and **price regulation mechanisms**.
- About GLP-1 Drugs:**
 - Glucagon-like peptide-1 receptor agonists** mimic the GLP-1 hormone, enhancing insulin release and suppressing appetite.
 - Originally developed for **type-2 diabetes**, now also used for **obesity management**.
 - Recently explored for liver disease and broader cardiometabolic health benefits.

UPSC Prelims Pointers

- WHO EML (first introduced in 1977).
- NLEM in India (updated 2022).
- Articles related to health: **Article 47** (Duty of State to raise level of nutrition and improve public health).
- Diseases linked: Diabetes, Obesity, Cardiovascular diseases – all under NCDs.

Analytical Dimensions

- Pros of Inclusion:**
 - Global recognition → pushes governments & pharma to make drugs affordable.
 - Encourages inclusion in **national essential drug lists**.
 - Expands treatment options beyond traditional oral hypoglycemics.
- Challenges in India:**
 - High prices limit widespread adoption.
 - Public health system struggles with basic NCD drug availability (like insulin, metformin).
 - Urban-rural divide in access.
 - Private sector dominance in chronic disease treatment → risk of inequity.
- Way Forward:**
 - Domestic production and **generic versions** under Indian pharma.
 - Inclusion in **NLEM + DPCO** for price regulation.
 - Strengthening primary healthcare for NCDs under **Ayushman Bharat – Health & Wellness Centres**.
 - Balancing advanced therapies with **basic, low-cost drugs** for mass impact.



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Conclusion

WHO's decision to list GLP-1 receptor agonists as essential medicines reflects the **growing global urgency to address diabetes and obesity**. While this may lead to policy changes, generic production, and eventual price reduction, India must simultaneously strengthen **availability of affordable first-line NCD medicines** for the majority. The move is a **step forward for equitable health access**, but its real impact will depend on **pricing, domestic policy adoption, and healthcare delivery mechanisms**.

UPSC Prelims Practice Question

Ques: Which of the following statements about the WHO Model List of Essential Medicines (EML) is/are correct?

1. It was first introduced in 1997 to guide governments in preparing their national lists.
2. Inclusion of a drug in the EML can influence affordability and global access.
3. India's National List of Essential Medicines (NLEM) is directly based on the WHO EML.

Options:

- (a) 1 and 2 only
- (b) 2 only
- (c) 2 and 3 only
- (d) 1, 2 and 3

Ans :b)

UPSC Mains Practice Question

Ques: 1. What is the significance of the WHO Essential Medicines List? Discuss its impact on affordability and accessibility of medicines in India. **(150 Words)**

Ques: 2. GLP-1 receptor agonists are a breakthrough in diabetes and obesity management, but affordability remains a major hurdle. Examine. **(150 Words)**

Ques: 3. Non-communicable diseases are a silent epidemic in India. How can essential medicine policies help in tackling them? **(150 Words)**



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On **September 17, World Patient Safety Day** is observed globally to highlight the importance of preventing harm during health care delivery. Patient safety is a critical component of the **right to health**, yet studies show that **1 in 10 patients suffer harm in hospital care** and **4 in 10 in outpatient care** worldwide. For India, with its dual burden of communicable diseases and rising non-communicable diseases (NCDs), patient safety challenges are particularly urgent.

Making health care safe for every Indian

On September 17, the world observes World Patient Safety Day. This is a reminder that the basic promise of health care continues to elude us. Globally, estimates show that one in ten patients experience harm while receiving care during hospitalisation, and this number rises to four in ten in outpatient care.

For India, where the burden of disease is rapidly shifting to chronic conditions such as cancer, diabetes, heart disease, and mental health disorders, the challenge is especially urgent. These conditions demand long-term frequent treatment, creating more points where safety lapses can occur. In acute care, where the complexity of treatment requires multiple specialities to come together, medical harm happens when there is insufficient coordination.

Many faces of patient harm
Patients are usually vulnerable in more complex situations, such as hospital-acquired infections, blood clots, or even unsafe injection or transfusion practices. However, patient harm can also show up in everyday situations, such as unintentional prescription of inappropriate medicine combinations, delayed diagnoses, or preventable falls.

Hospitals across India are placing higher standards on delivery, by instituting quality audits, developing protocols, running staff trainings, and strengthening infection control alongside patient safety. In practice though, systems designed to protect patients are still vulnerable to breakdowns. From the health-care provider's side, doctors, nurses, and staff often operate under extreme pressure. Staff attrition, heavy patient loads, long shifts, and inadequate staffing mean that even when they want to engage fully with every patient, time and fatigue become serious constraints. In India, unsafe care persists because of a two-way gap



Sathya Sriram
is a health-care strategist and transformation leader

— overburdened providers and passive uninformed patients hesitant to ask questions. Closing this gap requires shifting mindsets, where patients must be empowered to become active partners in care, and health-care systems must welcome and enable their participation.

A shared responsibility
Patient safety cannot rest on the shoulders of doctors and nurses alone. Families and patients themselves play a vital role, by asking questions, maintaining personal health records, reporting adverse drug reactions, and following safe practices at home, including not self-medication.

In recent years, India has taken important steps to build this ecosystem. The National Patient Safety Implementation Framework (2018-25) lays out a roadmap, from adverse event reporting to embedding safety into clinical programs. Professional networks like the Society of Pharmacovigilance, India monitor and report adverse drug reactions nationwide. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) has raised benchmarks for patient safety by auditing and embedding practices for infection control, patient rights, and medication management. Yet, far less than 5% of hospitals in India have earned full accreditation.

Civil society has also stepped up. The Patient Safety & Access Initiative of India Foundation works on strengthening regulatory clarity of medical devices. Another non-profit, the Patients for Patient Safety Foundation reaches 14 lakh households weekly on safe health practices. It also equips over 1,100 hospitals and 52,000 professionals.

This responsibility can extend further to the media to shape public understanding by highlighting both failures and successful safety models. Higher education institutions can build safety awareness early; corporates can extend workplace programs

and fund safety campaigns through CSR. Even technology innovators have a role by designing workflows that flag harmful drug interactions or aid communication during care.

Building a culture of safety
The WHO Global Patient Safety Action Plan provides a blueprint for integrating safety into all levels of health-care systems. One proven mechanism is the establishment of Patient Advisory Councils (PACs) to bring patient voices into hospital decision-making. Case studies from high-income countries show PACs improving safety, communication and trust. India can pilot and scale this model, adapting them to local realities.

As India approaches the final stretch of the National Patient Safety Implementation Framework (2018-25), governments must renew focus, mobilise resources, incorporate patient safety into medical and nursing education, and close the gap between policy and practice. Hospitals, too, must rise to the challenge, by meeting accreditation standards, embracing PACs, and co-developing technology solutions for catching errors early.

This year's focus on safe care for every newborn and every child reminds us that we need to safeguard care from the very first breath of life.

True patient safety requires integrated action across the entire ecosystem. We need to move beyond isolated efforts and build a national patient safety movement. On this World Patient Safety Day, let us make this a shared mission, with governments, hospitals, patients, and civil society working together to make safe care an everyday reality of health care in India.

With inputs from Som Mittal, Chairperson, Patients for Patient Safety Foundation (PPPSF), former Chairperson Nasscom and Nadira Chaturvedi, Co-Chairperson, PPPSF

In India, unsafe care persists because of overburdened providers and passive uninformed patients hesitant to ask questions



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Current Affairs Context (India-specific Issues)

1. **High burden of NCDs:** Cancer, diabetes, heart disease, and mental health disorders require long-term treatment, multiplying the risk of errors.
2. **Types of Patient Harm:**
 - Hospital-acquired infections, blood clots, unsafe transfusions.
 - Prescription errors, delayed diagnoses, preventable falls.
3. **Systemic Challenges:**
 - Staff shortages, burnout, heavy workloads.
 - Low patient awareness; hesitation to ask questions.
 - Less than **5% of hospitals accredited by NABH**.
4. **Government Initiatives:**
 - **National Patient Safety Implementation Framework (2018–25)** → Roadmap for embedding safety in clinical programs.
 - **Pharmacovigilance networks** → Monitor adverse drug reactions.
 - **NABH accreditation** → Infection control, medication management, patient rights.
5. **Civil Society Role:**
 - **PFPSF** reaches 14 lakh households weekly on safe practices.
 - NGOs strengthening medical device regulation & awareness.
6. **WHO Blueprint:** Global Patient Safety Action Plan advocates Patient Advisory Councils (PACs) → bringing patient voices into hospital governance.

Static Portion

- **Constitutional Angle:**
 - Article 21 → Right to life includes right to health (expanded through SC judgments like *PaschimBangaKhetMazdoorSamity vs State of West Bengal*, 1996).
 - Directive Principles: Art. 47 directs the State to improve public health.
- **Health Governance & Policies:**
 - **National Health Policy 2017** → Emphasis on quality and patient-centered care.
 - **Ayushman Bharat** (PM-JAY + Health and Wellness Centres) → Expanding access but also raising concerns about quality and safety.
 - **NITI Aayog & digital health initiatives** → Opportunity for technology-driven safety solutions.
- **Challenges in India:**
 - Fragmented health-care system (public + private).
 - Inadequate regulation and monitoring.
 - Out-of-pocket expenditure → patients reluctant to demand accountability.

UPSC Mains Angle

Analytical Dimensions

- **Ethical aspect:** Non-maleficence (do no harm) as a core medical principle.
- **Governance aspect:** Accreditation, monitoring, accountability.



Daily News Analysis

- **Citizen empowerment:** Patients as active partners—maintaining health records, reporting adverse drug reactions.
- **Technology role:** AI-based error detection, digital health records, safer workflows.
- **CSR & Academia:** Role of corporates, universities, and media in creating awareness.

Conclusion

Patient safety is central to ensuring trust in India's health-care system and achieving **SDG 3 (Good Health and Well-being)**. While India has frameworks like the **NPSIF (2018–25)** and institutions like NABH, actual implementation remains weak. Building a culture of safety requires **integrated action** across government, hospitals, civil society, technology innovators, and patients themselves. As India nears the end of its NPSIF roadmap, the need is for a **national patient safety movement** that makes "safe care" not a privilege, but a **basic right for every Indian citizen**.

UPSC Prelims Practice Question

Ques :Consider the following statements regarding World Patient Safety Day:

1. It is observed annually on September 17.
2. It is an initiative of the World Health Organization (WHO).
3. The 2025 theme focuses on safe care for every newborn and every child.

Which of the above statements is/are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans: d

UPSC Mains Practice Question

Ques: Discuss the significance of patient safety in achieving Universal Health Coverage in India. (150 Words)



Daily News Analysis

Page 11 :GS 3 : Science and Tech/ Prelims

Artificial Intelligence (AI) is seen as the engine of the **Fourth Industrial Revolution**, promising efficiency and automation. But behind the façade of "machine intelligence" lies the invisible human labour of data annotators, content moderators, and gig workers — mostly in developing countries — who face exploitation, low wages, and mental health risks. These "ghost workers" power AI systems like **ChatGPT, Gemini, and self-driving cars**, raising serious concerns of **labour rights, ethics, and global equity**.



Daily News Analysis

CACHE



Automated world: A machine cannot process the meaning behind raw data. Data annotators label raw images, audio, video, and text with information that trains AI and Machine Learning (ML) models. This, then, becomes the training set for AI and ML models. (STOCKPHOTO)

Unseen labour, exploitation: the hidden human cost of Artificial Intelligence

AI's efficiency and accuracy are built on the invisible labour of low-paid workers in developing countries. From data labelling to content moderation, 'ghost workers' face exploitation, insecurity, and mental health risks. Data annotators play a major role in training LLMs like ChatGPT, Gemini, etc.

Nivedita S.

The world is gearing towards an 'automated economy' where machines are relying on artificial intelligence (AI) to produce quick, efficient and nearly error-free outputs. However, AI is not getting smarter on its own; it has been built on and continues to rely on human labour and energy resources. These systems are fed information and trained by workers who are employed by large tech companies, and mainly located in developing countries.

Areas of human involvement: A machine cannot process the meaning behind raw data. Data annotators label raw images, audio, video, and text with information that trains AI and Machine Learning (ML) models. This, then, becomes the training set for AI and Machine Learning (ML) models. For example, an large language models (LLM) cannot recognise the colour 'yellow' unless the data has been labelled as such. Similarly, AI cannot distinguish between information from video footage that has been labelled to distinguish between a traffic sign and humans on the road. The higher the quality of the dataset, the better the output and the more human labour is involved in creating it.

Data annotators play a major role in training LLMs like ChatGPT, Gemini, etc.

An LLM is trained in three steps: self-supervised learning, supervised learning and reinforcement learning. In the first step, the machine picks up information from large datasets on the Internet. In the second step, humans enter in the second and third steps, where this information is fine-tuned for the LLM to give the most accurate response. Humans give feedback on the outputs the AI produces for better responses to be generated over time, as well as remove errors and junk data.

This means that annotating work is outsourced by tech companies in Silicon Valley to mainly workers in countries like Kenya, India, Pakistan, China and the Philippines for low wages and long working hours.

Data labelling can be of two types: the ones which do not require subject expertise and those which are more niche and require subject expertise. Several tech companies have been accused of employing non-experts for technical subjects that require prior knowledge. This is a contributing factor in the errors found in AI-generated outputs. A data labeller from Kenya revealed that they were tasked with labelling medical scans for an AI system intended for use in healthcare services elsewhere, despite lacking relevant expertise.

However, due to errors resulting from this, companies are starting to ensure experts for such information being fed

into the system.

Automated features requiring humans

Even features marketed as 'fully automated' are often overseen by invisible human work. For example, our social media feeds are 'automatically' filtered to censor sensitive and graphic content. This is only possible because human moderators labelled such content as harmful by going through thousands of uncensored posts and texts. The exposure to such content daily has also been reported to cause severe mental health issues like **post-traumatic stress disorder**, anxiety and depression in the workers.

Similarly, there are voice actors and actors behind AI-generated audios and videos. Actors have been forced to film themselves dancing or singing for these machines to recognise human movements and sounds. Children have also been reportedly engaged to perform such tasks.

In 2024, AI tech workers from Kenya sent a letter to US President Joe Biden calling out the poor working conditions they are subjected to. "In Kenya, these US companies are undermining the local labor laws, the country's justice system and violating international labor standards. Our working conditions amount to modern day slavery," the letter read. They

said the content they have to annotate can range from pornography and beheadings to bestiality for more than eight hours a day, and for less than \$2 an hour, which is very low in comparison to international standards. There are also strict deadlines to complete a task within a few seconds or minutes.

When workers raised their concerns to the companies, they were sacked and their unions disbanded.

Most AI tech workers in countries of the Global South where they are working for and are engaged in online gig work. This is because, to minimise costs, AI companies outsource the work through intermediary digital platforms. There are subcontract workers in these digital platforms who are paid per "microtask" they perform. They are constantly supervised, and if they fail a part of the targeted output, they are fired. Hence, the labour network becomes fragmented and lacking transparency.

The advancement of AI is powered by such 'ghost workers.' The lack of recognition and instrumentalisation of their work in the AI industry is a major part of this system of labour exploitation. There is a need to bring in stricter laws and regulations on AI companies and digital platforms, not just on their content in the digital space, but also on their labour supply chains powering AI, ensuring transparency, fair pay, and dignity at work.

Current Affairs Context

1. Role of Human Labour in AI

- AI cannot understand meaning on its own; **data annotators** label raw data (images, text, video, audio).
- LLMs (like ChatGPT) trained in **3 steps**: self-supervised learning → supervised learning → reinforcement learning → humans intervene in the last two stages.
- Annotators correct outputs, remove harmful content, and improve accuracy.

2. Invisible Exploitation



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- Workers in **Kenya, India, Pakistan, Philippines, China** earn as little as **\$2/hour**.
- Many perform **sensitive content moderation** (pornography, beheadings, bestiality), leading to **PTSD, anxiety, depression**.
- Example: Kenyan workers writing to Biden in 2024, calling it "modern-day slavery."

3. Structural Problems

- Work outsourced via **digital platforms and subcontractors** → fragmented, no transparency.
- Workers often unaware which tech giant they are indirectly serving.
- Strict surveillance, firing if output target not met.
- Unionisation efforts suppressed.

4. Ethical Concerns

- Children reportedly engaged in AI data tasks.
- Non-experts hired for expert work (e.g., labelling medical scans) → risk of **AI errors in healthcare**.

5. Call for Reform

- Demand for **labour rights in AI supply chains**: fair pay, safe working conditions, dignity.
- Global tech regulation must go beyond data/privacy to include **labour governance**.

Static Portion

- **Global AI Economy**: AI projected to add **\$15.7 trillion** to global GDP by 2030 (PwC report).
- **Labour Aspect**:
 - ILO reports that digital gig work is expanding without adequate protections.
 - Similar issues seen in **sweatshops** during industrial revolution → AI economy replicating old labour exploitation in digital form.
- **Indian Context**:
 - India is a major hub for **data annotation outsourcing**.
 - NITI Aayog's **Responsible AI for All** (RAISE 2020) framework stresses ethics, but largely focuses on bias/data privacy, not **labour conditions**.

Relevance for UPSC Prelims

- **Basics of AI Training** (Self-supervised → Supervised → RLHF).
- **Major global AI hubs** (India, Kenya, Philippines).
- **Schemes/Frameworks**: RAISE 2020, ILO conventions on labour.

Relevance for UPSC Mains

Analytical Dimensions

- **Economic**: Cheap labour in Global South subsidises AI profits in Global North.
- **Ethical**: Violates dignity of work, mental health impacts.
- **Governance**: Lack of international regulatory frameworks on AI labour chains.
- **Social**: Workers remain invisible → exploitation normalised.
- **Comparative**: Like sweatshops of textiles in 20th century, now digital sweatshops of AI in 21st.



Daily News Analysis

Conclusion

AI is not a self-sufficient technology; it is built upon the **labour, pain, and exploitation of unseen human workers**. For true **responsible AI**, regulations must expand from **data ethics to labour ethics**. Ensuring **fair pay, safe working conditions, and transparency in AI supply chains** is as crucial as addressing algorithmic bias or data privacy. The hidden human cost of AI reminds us that technological revolutions must not come at the expense of **human dignity and justice**.

UPSC Prelims Practice Question

Ques: With reference to Artificial Intelligence (AI), consider the following statements:

1. AI models such as ChatGPT are trained entirely without human involvement.
2. Data annotation involves labelling raw images, audio, video, or text to train AI/ML models.
3. Reinforcement Learning from Human Feedback (RLHF) is one of the stages in training large language models (LLMs).

Which of the above statements is/are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans: b)

UPSC Mains Practice Question

Ques: AI promises efficiency, but its foundations rest on invisible human labour. Discuss. (150 Words)



Daily News Analysis

'Judicial experimentalism' versus the right to justice

The Supreme Court of India, in *Shivangi Bansal vs Sahib Bansal* (July 22, 2025), endorsed the guidelines by the Allahabad High Court, in *Mukesh Bansal vs State of U.P.* (2022), to prevent the misuse of Section 498A of the Indian Penal Code (now Section 85 of the Bharatiya Nyaya Sanhita). The High Court had introduced a two-month 'cooling period' for any coercive action after the registration of a first information report (FIR) or complaint to the magistrate. During the 'cooling period', the matter will be referred to a Family Welfare Committee (FWC). However, both the introduction of the 'cooling period' and the referral of the matter to the FWC undermine a victim's right to prompt access to justice and affects the functional autonomy of the criminal justice agencies.

The basis of the checks

The enactment of Section 498A was with the objective of punishing various forms of cruelty against women in a matrimonial setting. Be that as it may, the courts, in a series of cases, have lamented the increasing tendency by women to misuse the law when it concerns FIR registrations and subsequent arrests. Courts have accordingly established procedural safeguards to protect the 'innocent' husband and his family. The Supreme Court of India, in *Lalita Kumari*, has put cases arising out of matrimonial disputes in the category of 'preliminary inquiry' before the registration of the FIR. The recent criminal law reforms also place cases of cruelty by husband in the domain of 'preliminary enquiry' before registration of the FIR.

In addition to these checks to prevent the registration of an FIR in false or frivolous complaints, the courts have also addressed another area for potential abuse in case of Section 498A – rampant arrests of husbands and



Neeraj Tiwari
is Associate Professor
National Law
University Delhi



Priyanshi Singh
is Academic Fellow,
K.L. Arora Chair on
Criminal Law,
National Law
University Delhi

their family members. The power of arrest was rationalised at two levels. First, by bringing a statutory change to the Code of Criminal Procedure in 2008, and the second, by judicial dictum in *Arnesh Kumar* (2014). The 2008 amendment introduced the 'principle of necessity' in the matter of arrest. In *Arnesh Kumar*, the Supreme Court effectively plugged the unbridled exercise of arrest powers by the police in cases that saw the use of Section 498A cases, by introducing a checklist and enforcing 'notice for appearance'.

In *Satender Kumar Antil* (2022), the Court further strengthened these institutional checks by directing the release of a person on bail if arrested in non-compliance of the directions in *Arnesh Kumar*.

As an 'arrest offence'

The National Crime Record Bureau (NCRB) report, 'Crimes in India', suggests that Section 498A has remained among top five 'highest arrest' offences till 2016. Thereafter, it was within the top 10, which suggests that the steps taken at statutory and institutional levels have had an impact. Although the registered offences under this provision rose from 1,13,403 in 2015 to 1,40,019 in 2022, arrests declined from 1,87,067 to 1,45,095, as in NCRB data during the same period. This was suggestive of safeguarding the liberty of the accused without making compromises with a victim's right to her access to justice.

The proposal to introduce a quasi-judicial committee, alongside a restriction on arrests during a designated cooling period, might prove to be an ambitious step on paper. It may be attributable to the absence of a statutory authority to implement these directives as well as the undefined scope of their jurisdictional applicability. The recent ruling undermines a

victim's pursuit of justice by denying her the opportunity to have her complaint addressed in a timely manner.

Despite filing an FIR/complaint, no action can be taken until the "cooling period" concludes, thereby exacerbating the victim's plight even after lodging the complaint. The idea of introducing a 'cooling period' and referring the complaint to the FWC falls outside the ambit of the statutory and institutional framework.

This reminds us of another instance of judicial experimentalism. In 2017, the Supreme Court, in *Rajesh Sharma*, gave similar directions for constituting FWCs and the forwarding of complaints to such FWCs. The one-month period provided to FWCs, in *Rajesh Sharma*, is akin to the 'cooling period' devised by the Allahabad High Court. We should not forget that the directions in *Rajesh Sharma* were not welcomed by the society at large. These were termed 'regressive' and beyond 'judicial competence'. This resulted in the rollback of the directions by the Supreme Court within a year.

A three-judge Bench, in Social Action Forum for *Manav Adhikar* (2018), overturned the directions in *Rajesh Sharma* and restored the victim's right to prompt access to justice and the supremacy of the criminal justice functionaries in the reporting of crimes and the dispensation of justice.

Revisit the ruling

It becomes crucial for the Supreme Court to revisit its ruling as the apprehension surrounding the misuse of the law by the victim and the abuse of power by the police has been addressed through legislative and judicial measures. The act of forwarding complaints to FWCs is beyond legislative intent, against the functional autonomy of the criminal justice agencies and, most importantly, dents the victim's pursuit of justice.

GS. Paper 02 – Indian Polity

UPSC Mains Practice Question: How should the Indian legal system balance between preventing misuse of law and ensuring prompt justice for victims of domestic cruelty?(150 Words)

Context :

Section 498A IPC (now Section 85 of the Bharatiya Nyaya Sanhita, 2023) was enacted to protect women from cruelty in marital homes. Over the years, concerns about **misuse** led to judicial and legislative safeguards against arbitrary arrests. Recently, in **Shivangi Bansal vs Sahib Bansal (2025)**, the Supreme Court upheld Allahabad High Court's guidelines introducing a **two-month "cooling period"** and referral of complaints to a **Family Welfare Committee (FWC)** before coercive action. Critics argue this "judicial experimentalism" undermines a victim's **right to prompt justice** and dilutes the autonomy of criminal justice institutions.



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Background / Static Portion

1. **Objective of Section 498A IPC (1983)**
 - Protect women from cruelty, dowry harassment, and domestic violence.
2. **Judicial Safeguards Against Misuse**
 - LalitaKumari v. Govt. of UP (2014): Allowed preliminary inquiry in matrimonial disputes before FIR.
 - Arnesh Kumar v. State of Bihar (2014): Restricted automatic arrests; introduced checklist for police.
 - Satender Kumar Antil (2022): Strengthened bail provisions where Arnesh Kumar guidelines not followed.
3. **Legislative Safeguards**
 - **CrPC Amendment 2008**: Introduced principle of necessity for arrest.
 - **BNSS 2023**: Retains cruelty against women in category of preliminary inquiry cases.
4. **Past Judicial Experiment**
 - Rajesh Sharma v. State of UP (2017): SC directed constitution of FWCs for pre-screening complaints → widely criticized as "regressive" → rolled back in Social Action Forum for ManavAdhikar (2018).

Current Affairs Context

- **Allahabad HC Guidelines (2022)**: Introduced "cooling period" + FWC reference to curb misuse.
- **SC Endorsement (2025)**: Upheld these guidelines in Shivangi Bansal case.
- **Criticism**:
 - Denies **timely justice**→ victim left vulnerable during "cooling period".
 - Undermines **criminal justice autonomy**→ FWCs have no statutory authority.
 - Goes beyond **legislative intent** of 498A/BNS 85.
- **Data (NCRB)**:
 - Registered cases under 498A rose from **1.13 lakh (2015)** to **1.40 lakh (2022)**.
 - Arrests declined from **1.87 lakh (2015)** to **1.45 lakh (2022)**→ showing safeguards already working.

Relevance for UPSC

Prelims

- Sections: 498A IPC, Section 85 BNS, Arnesh Kumar guidelines.
- NCRB data on misuse vs genuine cases.

Mains Analysis

Probable Questions:

1. "Judicial experimentalism, though well-intentioned, often risks encroaching upon legislative domain. Discuss with reference to Section 498A/BNS 85."
2. "?"



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Analytical Dimensions:

- **Pros of cooling period/FWC:** Prevents false arrests, protects liberty of accused.
- **Cons:** Victim left without remedy for 2 months; dilution of Article 21 (right to life with dignity).
- **Judicial Overreach vs Judicial Activism:** Courts entering into law-making rather than interpreting.
- **Way Forward:** Strengthen existing safeguards (Arnesh Kumar, 2008 CrPC reforms) rather than new experimental committees.

Conclusion

The Supreme Court's endorsement of FWCs and a cooling period reflects judicial concern about misuse of matrimonial cruelty laws. However, this "judicial experimentalism" risks **diluting the victim's right to immediate justice** and undermining the autonomy of police and courts. With legislative and judicial safeguards against false arrests already in place, India's priority must be to **balance liberty of the accused with dignity and protection of women victims**, without creating extra-legal bottlenecks. Revisiting the ruling is essential to uphold both **fair trial rights and access to justice** in a gender-just criminal justice system.



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