VISIONIAS
INSPIRING INNOVATION

UPDATED VALUE ADDITION MATERIAL 2024

# INDIAN SOCIETY AND SOCIAL JUSTICE

## ISSUES RELATED TO HUNGER IN INDIA

AHMEDABAD BENGALURU BHOPAL CHANDIGARH DELHI GUWAHATI HYDERABAD JAIPUR JODHPUR LUCKNOW PRAYAGRAJ PUNE RANCHI

# ISSUES RELATED TO HUNGER IN INDIA

Student Notes:

## Contents

Student Notes:

# 1. Hunger

**WHO defines hunger as** prolonged extreme food insecurity, where vulnerable populations may go days without eating due to lack of money, food access, or resources.

- **Hunger**, in this context, **includes the distress caused by inadequate nutrition and food availability.**

**Hunger is a multifaceted problem** therefore it is most effective to consider 'hunger' as an amalgamation of all these factors.

**Hunger and Sustainable Development Goals**

**Goal 2:** Zero Hunger is among the 17 Sustainable Development Goals (SDGs) established by the UN **to eliminate all forms of hunger and malnutrition globally by 2030.**

| | |
|---|---|
| **Malnutrition** | **Malnutrition** is when people have an inadequate intake of protein, energy and micronutrients. Starved of the right nutrition, they can die from common infections such as measles or diarrhoea. Malnutrition is of two types<br>• **Undernutrition**: Does not refer specifically to calories, but instead highlights an individual's deficiencies in energy, protein, and/or essential vitamins and minerals.<br>• **Some symptoms are:**<br>  ○ **Stunting - low height for age**<br>  ○ **Wasting - low weight for height**<br>  ○ **Underweight - low weight for age**<br>  ○ **Micronutrient deficiency - absence of vital vitamins and mineral**<br>• **Over nutrition :** excess food intake as compared to energy needs<br>• **Some symptoms are:**<br>  ○ **Obesity - excess weight**<br>  ○ **Cardiovascular diseases - due to excess oil and fat consumption**<br>  ○ **Diabetes - due to excess carbohydrates/sugar intake**<br>  ○ **Other non-communicable diseases** |
| **Starvation** | The most severe form of malnutrition. It occurs when an individual's caloric intake is insufficient to sustain life, leading to potentially irreversible damage and death. This condition is known as **inanition**. |
| **Hidden Hunger** | Hidden hunger is a form of undernutrition that occurs when intake and absorption of vitamins and minerals (such as zinc, iodine, folate, vitamin A, vitamin B12 and vitamin D etc) are too low to sustain good health and development. |

# 2. Common Methods to Measure Hunger and Malnutrition

- **Global Hunger Index (GHI)**:
  - Measures hunger globally, including India.
  - Indicators: Undernourishment, Child Wasting, Child Stunting, Child Mortality.
- **National Family Health Survey (NFHS)**:
  - Large-scale, multi-round survey in India.
  - **Data on Children**: Stunting, wasting, underweight.
  - **Maternal Health**: Anemia, nutrition.
  - **Feeding Practices**: Breastfeeding, complementary feeding.
- **Food Security and Nutrition Data**:
  - Assessments by FAO and WFP.
  - **Food Intake Surveys**: Estimate dietary intakes.
  - **Nutritional Requirements**: 2400 kcal (rural), 2100 kcal (urban)

Student Notes:

| Status of Hunger as per Global hunger Index report 2023 | |
|---|---|
| **Global Trends**<br>Since 2015, reducing hunger has seen minimal progress due to crises like COVID-19, the Russia-Ukraine war, and climate change impacts. South Asia and Sub-Saharan Africa have the highest hunger levels, both with GHI scores of 27.0. | **India Findings**<br>• **GHI Ranking**: 111th among 125 countries.<br>• **GHI Score**: 28.7 (Serious category), slight improvement from 29.2 in 2015.<br>• **Child Wasting Rate**: Highest in the world at 18.7%.<br>• **Anaemia in Women (15-24)**: 58.1% prevalence |
| **Issues Raised by the Government of India on GHI**<br>• **Methodological Concerns**: Three out of four GHI indicators focus on children's health (stunting, wasting, under-5 mortality) and do not represent the entire population. These outcomes are influenced by factors beyond hunger, such as water, sanitation, genetics, environment, and food utilization.<br>• **Small Sample Size**: The Proportion of the Undernourished (PoU) population is based on a small opinion poll. The report estimates India's PoU population at 16.3%, lowering its rank.<br>• **Use of Data**: The government questions using NFHS 5 data for child wasting instead of Poshan Tracker data, which shows a 7.2% prevalence among 7.24 crore under-five-year-olds. WHO has recognized Poshan Tracker for its accurate nutrition data collection | |

| National Family Health Survey 5 (NFHS-5) on the prevalence of malnutrition and anaemia in India. | |
|---|---|
| **Prevalence of Malnutrition**<br>1. **Underweight:** 32.1%<br>2. **Stunted:** 35.5%<br>3. **Overweight:** 3%<br>4. **Wasted:** 19.3%<br>5. **Women (18.7%)**<br>6. **Girls (9.4%)**<br>7. **Boys (31.1%)**<br>8. **Pregnant Women:** 52.2% | **Prevalence of Anaemia**<br>1. **Women:** 57.0%<br>2. **Girls:** 59.1%<br>3. **Men:** 25.0%<br>4. **Boys:** 31.1%<br>5. **Children:** 67.1% |
| **Food security concerns in India:**<br>• **FAO (2021):** 14.4% of the Indian population (~189.2 million people) were undernourished.<br>• **NFHS-5 (2019-21):** 32.8% of children under five are stunted; 19.3% are wasted.<br>• **World Bank (2050):** Climate change may reduce India's GDP by 2.8%, impacting agricultural income and food security. | • **FOOD WASTE INDEX REPORT 2024**<br>• Households across all continents wasted over 1 billion meals a day in 2022, while 783 million people were affected by hunger and a third of humanity faced food insecurity. |

Student Notes:

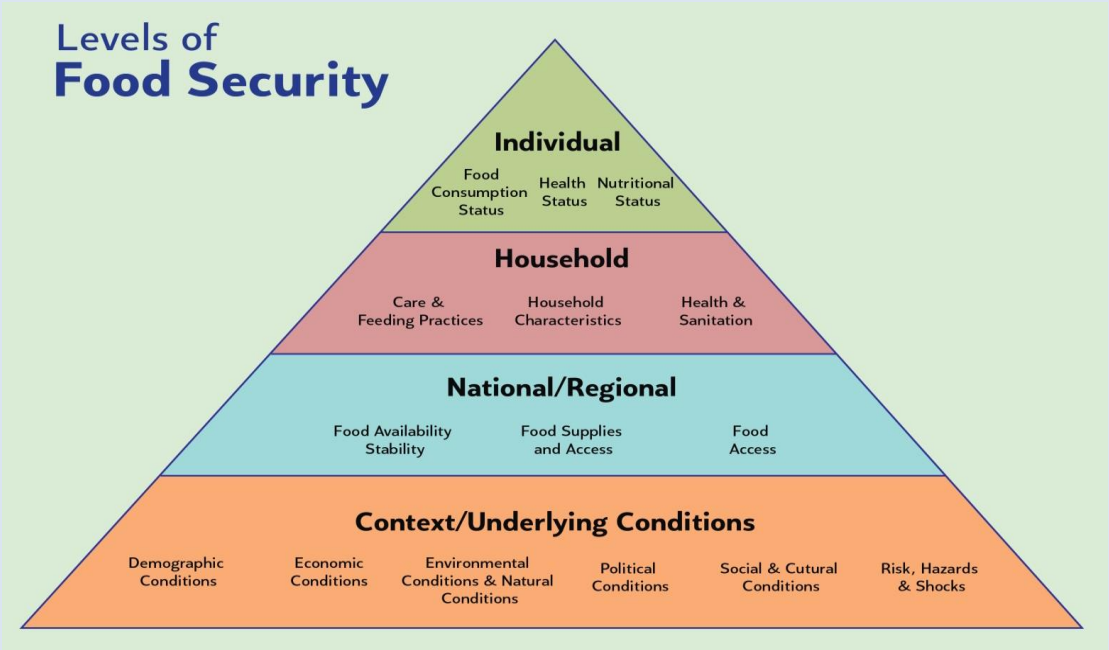
**Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences to ensure an active and healthy life**.

- **Dimension of Food Security**
  - **Availability of Food: Includes food production within the country, food imports and previous year's stock in government granaries.**
  - **Accessibility: Food is within the reach of every person**
  - **Affordability: Enough money to buy sufficient, safe and nutritious food.**

**Who is food insecure?**

**Food-insecure groups include** landless people, traditional artisans, service providers, SCs, STs, lower OBCs, individuals in high poverty and disaster-prone areas, pregnant and nursing mothers, children under five, urban families in low-paid jobs, and those affected by natural disasters or forced to migrate for work.

Different levels of food security. Based on ideas from the Committee on Food Security [13] and the FIVIMS initiative




## 3. Causes of Hunger in India

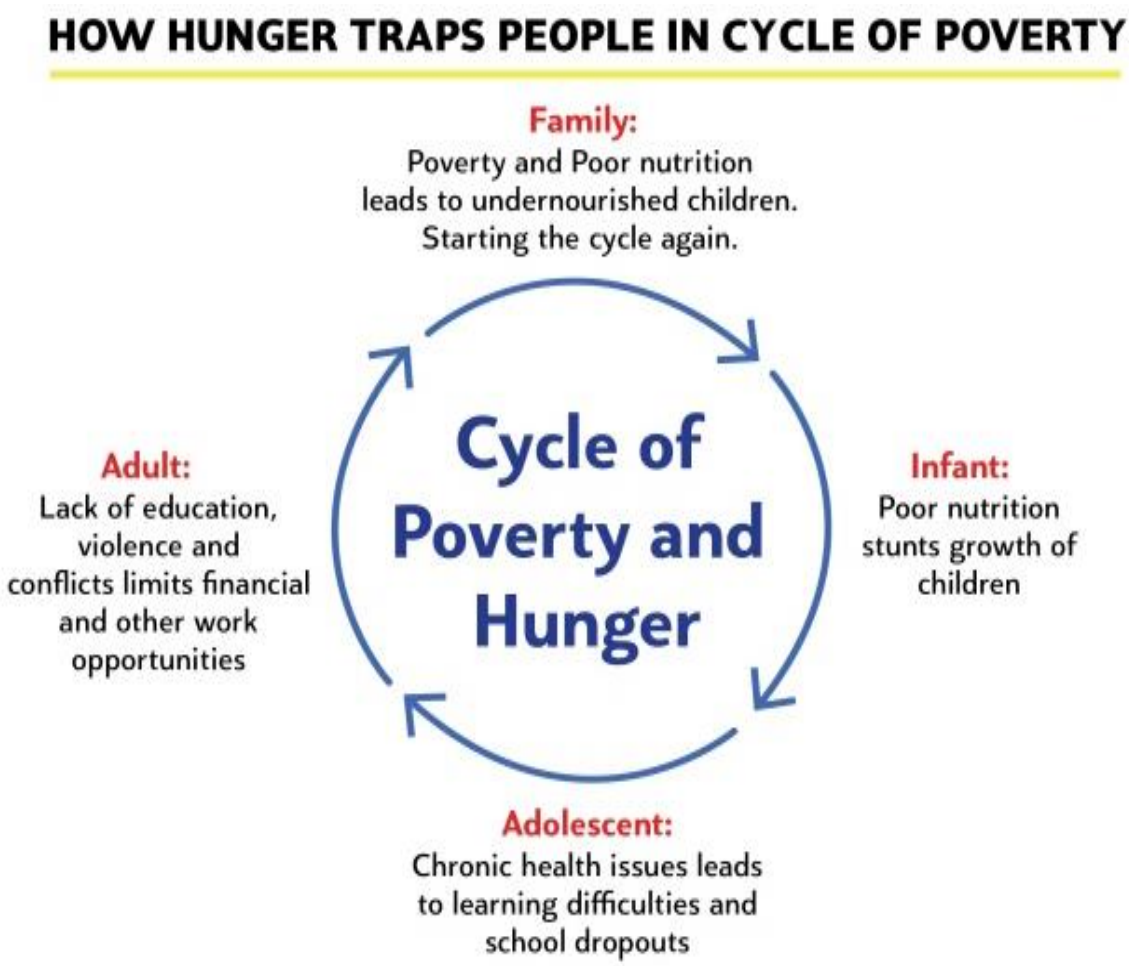
**Hunger and malnutrition in India are multifaceted problems** with both **pre-access and post-access causes**.

These issues arise from deficiencies, excesses, or imbalances in food intake, as well as in the consumption of micro and macro nutrients. **They encompass food insecurity (pre-access causes) and other non-food factors (post-access causes).**

**Sanitation: UNGA (2010) r**ecognized access to safe and clean drinking water and sanitation as a human right.

- As per **WHO (2017):**
  - **45% of the global population** (3.4 billion people) **used a safely managed sanitation service**.
  - **At least 10% of the world's population consumes food irrigated by wastewater**.

Student Notes:




| Pre-access Causes (Limited Availability and Access to Food) | Post-access Causes (Improper Utilization of Available Food) |
|---|---|
| • **Poverty:** Poverty is the **primary cause of hunger and malnutrition**. Families living below the poverty line **struggle to afford sufficient nutritious food**.<br>○ **Example:** According to the National Family Health Survey (NFHS-5), 31.4% of **children under five years** in India are **stunted due to** chronic malnutrition, **largely because of poverty**.<br>○ 74% of India's **population cannot afford a healthy diet** (World Bank).<br>• **Unequal Land Distribution**: Large landowners dominate agricultural land, restricting small farmers' access. Consequently, landless farmers may lack fertile land to cultivate food for their families, exacerbating inequality and food insecurity (World Inequality Lab Report 2021).<br>• **Climate Change:** As per World bank **Droughts and floods disrupt agricultural production**, leading to **food shortages**. | • **Poor Sanitation and Hygiene:** Diarrhoeal diseases caused by poor sanitation hinder nutrient absorption (WHO).<br>○ **Example-** A **child** living in a household **with poor sanitation practices might frequently get sick,** impacting their **ability to utilize nutrients from food.**<br>• **Gender Inequality: As per world inequality lab report 2021, Women** often have less access to nutritious food compared to men within a household<br>○ **Example-** A daughter in a patriarchal family might be fed less nutritious food than her brothers, leading to malnutrition.<br>• **Health Issues: Illnesses and infections can impair the body's ability to absorb nutrients.**<br>○ **Example: Diarrheal diseases**, prevalent in areas with poor sanitation, significantly **contribute to** |

Student Notes:

- A farmer in a drought-prone region might experience crop failure, impacting their food production and income.

- **Unemployment:** Lack of employment opportunities limits income generation, leading to food insecurity.
  - **Example: The COVID-19 pandemic signi**ficantly **increased unemployment rates, exacerbating food insecurity among the economically vulnerable populations**.
- **Agricultural Issues:** Problems such as **land degradation, low productivity, and inadequate access to modern farming techniques affect food availability.**
- **Social Inequality: Caste, gender, and regional disparities influence food distribution and access.**
  - **Example:** Scheduled Tribes and Scheduled Castes **often experience higher rates of malnutrition compared to other groups due to social and economic marginalization.**
- **Education:** Lack of awareness **about nutrition and health impacts dietary choices**.
  - **Example:** In rural areas, **low literacy rates among women correlate with poor nutritional practices** and high child malnutrition rates.
- **Physical access**: **Corruption and pilferage in the PDS network**, rapid urbanization encroaching on fertile lands, unprecedented population growth causing very low per capita food production.

**malnutrition among children by reducing nutrient absorption**.

- **Hidden Hunger:** Diets predominantly composed of staple foods lack essential vitamins and minerals.
  - **Example:** The NFHS-5 highlights that a significant portion of Indian children and women consume diets deficient in fruits, vegetables, and proteins, leading to micronutrient deficiencies.
- **Inefficient Public Distribution System (PDS):** Leakage, corruption, and logistical issues within the PDS prevent adequate food distribution.
  - **Example:** Despite government schemes, the PDS often fails to reach remote and marginalized communities, resulting in continued hunger.
- **Cultural and Traditional Practices: Certain food taboos and cultural practices can limit the intake of nutritious** foods.
  - **Example:** In some regions, women and girls are given less food or are restricted from consuming certain nutritious foods like eggs and meat due to cultural norms.
- **COVID-19 exacerbated hunger in India through** lockdowns, job losses, disrupted supply chains, and increased food prices, disproportionately affecting vulnerable populations like daily wage earners and migrant workers.
  - The COVID-19 pandemic has caused severe economic disruptions globally, **pushing an estimated 400 million people into extreme poverty (earning less than $1.90 per day**

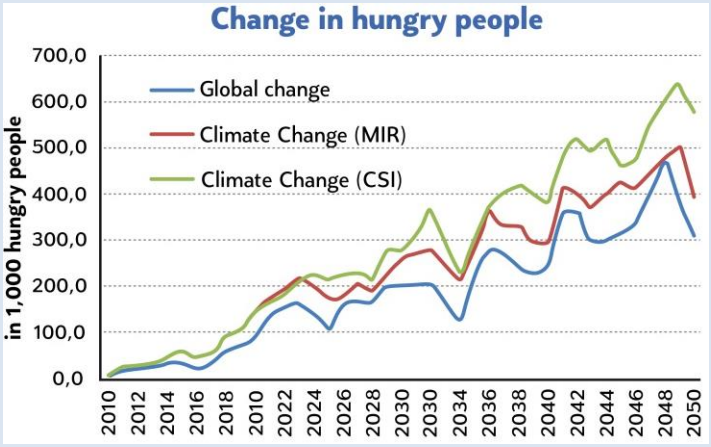
**Impact of climate change on food security and nutrition**

**According to the World Bank**, the number of people suffering acute **food insecurity increased from 135 million in 2019 to 345 million in 82 countries by June 2022,** as the war in Ukraine, supply chain disruptions, and the continued economic fallout of the COVID-19 pandemic pushed food prices to all-time highs.

**Climate change isn't just about rising temperatures; it's a complex web of disruptions impacting our ability to grow, access, and utilize food effectively**. With the frequency of such events nearly doubling since the 1990s, it is imperative to address food security with these **challenge**s in mind.

Student Notes:

1. **Disrupted Food Production:**
   - **Extreme weather events:** Droughts, floods, and heat waves damage crops and livestock, leading to food shortages.
     - **Example:** Farmers in rain-dependent regions face crop failure due to erratic monsoon patterns.
   - **Sea level rise:** Salinization of coastal lands reduces agricultural productivity.
     - **Example:** Inundation of fertile farmland in coastal regions of Bangladesh threatens rice production).




2. **Reduced Nutritional Quality:**
   - **Elevated CO2:** While initially promoting plant growth, high CO2 levels can dilute protein and essential mineral content in crops, making them less nutritious.
     - **Example:** Studies suggest rice grown under elevated CO2 conditions might have lower levels of iron and zinc.
3. **Water Scarcity:** Uneven precipitation can lead to water scarcity for irrigation, impacting agricultural output.
   - **Example:** Water shortages in some Indian states threaten production of water-intensive crops like fruits and vegetables.
4. **Increased Foodborne Illness:** Higher temperatures create favourable conditions for the growth of foodborne pathogens, increasing the risk of food poisoning
   - **Example:** Warmer coastal waters can lead to outbreaks of shellfish poisoning.
5. **Disruptions to Food Systems:** Extreme weather events can damage transportation and storage infrastructure, hindering food distribution
   - **Example:** Cyclones and floods can disrupt food supply chains in coastal regions.

**The Impact on Nutrition:**

These disruptions disproportionately impact vulnerable populations, particularly children and pregnant women, leading to:

- **Micronutrient deficiencies:** Lack of essential vitamins and minerals in food due to reduced quality or diversity. **Example:** Vitamin A deficiency can lead to childhood blindness.
- **Stunted growth:** Malnutrition in early childhood due to inadequate food intake or nutrient deficiencies.
- **Increased risk of diet-related diseases:** Lack of access to fresh fruits and vegetables due to climate-related factors can contribute to non-communicable diseases like diabetes and heart disease.

**The Way Forward:**

- **Climate-smart agriculture:** Developing farming practices that are resilient to changing weather patterns and promote efficient water use. Adopting sustainable farming practices such as organic farming and Zero Budget Natural Farming (ZBNF) can mitigate these issues.
- **Diversification of food sources:** Encouraging the cultivation of drought-resistant crops and promoting alternative protein sources.
- **Improved storage and transportation infrastructure:** Investing in infrastructure that can withstand extreme weather events and ensure efficient food distribution.
- **Community-based adaptation:** Empowering local communities to adapt to climate change through education and resource allocation.

Student Notes:

# 4. Why has India not been able to eradicate Hunger and Malnutrition?

## 4.1. Social and Cultural Factors

- **Low Status of Women**: Limited control over resources and decision-making restricts women's access to nutritious food, prioritizing men and boys.
- **Child Marriages**: Young girls lack knowledge, leading to malnourished mothers, low birth weight babies, and breastfeeding issues.
- **Poor Childcare Practices**: Lack of awareness about breastfeeding and complementary feeding leads to deficiencies.

## 4.2. Economic Factors

- **Low Budget**: Child nutrition allocation dropped by 18.5% in Union Budget 2021-22.
- **Underutilisation**: In 2020, only Rs 908 crore of the Rs 1,042 crore ICDS allocation was disbursed.
- **Food Wastage**: 40% of fruits and vegetables and 30% of grains lost due to inefficient supply chains.

## 4.3. Governance and Administrative Factors

- **Lack of Monitoring**: CAS for real-time nutrition monitoring has been dysfunctional since September 2020.
- **Governance Issues**: Centralised governance, lack of political/social will, accountability, staff vacancies, absenteeism, lack of district-level data, and ineffective scheme implementation with significant leakage.

# 5. Impact of Hunger and malnutrition

| | |
|---|---|
| **At individual level** | • **Mental and Physical Impact**: **Decreases cognitive function** and severely affects muscles, bone, skin, and internal organs.<br>  ○ **A study in Ethiopia** found that **children who were stunted in early childhood had lower I**Q scores as adults.<br>• **Immune System**: Weakened, leading to higher susceptibility to chronic diseases.<br>  ○ A **World Health Organization report linked child malnutrition** to a higher risk of death from preventable diseases. |
| **On Society** | • **Multi-Generational Impact**: Malnourished **women give birth to low birth-weight infants**, perpetuating a cycle of undernourishment.<br>  ○ **A UNICEF report estimated that malnutrition contributes to 45% of child deaths globally**. This not only impacts individual families but also strains healthcare system |
| **On Economy** | • **GDP and Productivity Loss**: **India loses up to 4% of GDP and 8% of productivity due to child malnutrition.**<br>• **Disease Burden**: Child and maternal malnutrition account for 15% of India's total disease burden.<br>  ○ **A study in Bangladesh** found that children who were stunted in early childhood were more likely to develop type 2 diabetes as adults. |

Student Notes:

# 6. Strategies to tackle Hunger in India

## 6.1. Indian Government Initiatives to end Malnutrition and Hunger

**Food Security**

- **National Food Security Act (NFSA), 2013**
  - Largest food security program globally. Shifted from welfare to rights-based approach.
  - Covers 813 million people (two-thirds of the population).

**National Food Security Act, 2013**

**Aim is to** provide food and nutritional security in the human life cycle appro**ach, by ensuring access** to an

Adequate quantity of quality food at affordable prices for people to live a life with dignity.

- **Coverage of the Act:** The Act provides for **coverage of up to 75% of the rural population and up to 50% of the urban population** for receiving subsidized food grains under the Targeted Public Distribution System (TPDS), thus covering **about two-thirds of the population.**
- **Entitlement under the Act:**
  - **The eligible persons will be entitled to** receive 5 Kg of food grains per person per month at subsidized prices of Rs. 3/2/1 per Kg for rice/wheat/coarse grains**.**
  - **The existing Antyodaya Anna Yojana (AAY) households,** which constitute the poorest of the poor, will continue to receive 35 Kg of food grains per household per month**.**
- **Identification of Beneficiaries:**
  - **Corresponding to the all-India coverage** of 75% and 50% in the rural and urban areas**, State-wise coverage is determined by the Central Government.**
  - **The work of identification of eligible households is to be done by States/UTs.**
- **Provisions for Vulnerable group of people:**
  - **Pregnant women and lactating mothers and children** in the age group of 6 months to 14 years are entitled to **meals as per prescribed nutritional norms under Integrated Child Development Services (ICDS) and Mid-Day Meal (MDM) schemes.**
  - **Children up to 14 years of age are** entitled to nutritious meals as per the prescribed nutritional standards. In **case of non-supply of entitled food grains or meals, the beneficiaries will receive a food security allowance.**
  - **Besides meals to pregnant women and lactating** mothers during pregnancy and six months after childbirth, such women are entitled to receive maternity benefits of not less than Rs. 6,000**.**
  - **The eldest woman of the household** age 18 years or above be the head of the household to issue ration cards.
- **Grievance Redressal: Grievance redressal mechanism at the District and State levels. States will have the**

**flexibility to use the existing machinery or set up separate mechanisms.**

- **Antyodaya Anna Yojana (AAY)**
  - 25 million economically weaker families get 35 kg food grains/month.
  - Distributed through 5,40,000 Fair Price Shops at subsidized prices.
- **'One Nation One Card' Scheme**
  - Enables access to subsidized grains nationwide.
  - Benefits 130 million migrant populations.

**Nutritional Security**

- **Integrated Child Development Services Scheme (ICDS)**
  - Includes Anganwadi Services, Pradhan Mantri Matru Vandana Yojana , Scheme for Adolescent Girls.

Student Notes:

- Provides supplementary nutrition, education, health services.
- 1.38 million Anganwadi Centres serve 79.6 million people.

- **Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N)**
  - Under the National Health Mission (NHM).
  - Aims to reduce malnutrition across the life cycle.
- **Poshan Abhiyan (National Nutrition Mission)**
  - Targets reductions in stunting, wasting, anemia, and low birth weight.
  - Aims for annual reductions of 2-3% over three years.
- **Mid Day Meal (MDM) Programme**
  - Provides nutritious meals to 116 million schoolchildren.
  - Largest supplementary school nutrition program globally.

**Thailand** significantly reduced child malnutrition between 1980 and 1988 by implementing a comprehensive program. This involved **regular monitoring of children's growth,** educating parents about nutrition, and providing supplementary food to malnourished children.

**This combined approach proved highly effective in improving child health and nutrition.**

**Agricultural Productivity**

- **National Mission on Sustainable Agriculture (NMSA)**
  - Builds climate-resilient agricultural practices.
  - Distributed 224 million soil health cards for better nutrient management.
- **Pradhan Mantri Krishi Sinchayee Yojana (PMKSY)**
  - Improves water efficiency with "Har Khet Ko Paani" and "Per drop more crop."
  - Provides end-to-end irrigation solutions.

- **Bangladesh:** The government's **focus on agricultural extension services and microcredit has empowered rural women**, increasing food production and household income.
- **Malawi:** The **Fertilizer Input Voucher** Scheme has increased agricultural productivity and reduced food insecurity.
- **Kenya:** The **Hunger Safety Net Program** uses early warning systems to target food assistance to areas at risk of famine

- **Pradhan Mantri Kisan Sampada Yojana**
  - Finances mega food parks, agro-processing clusters, cold chains, and value addition infrastructure.

Student Notes:

## 6.2. International efforts to end Hunger

- **World Food Programme (WFP)**:
  - Provides life-saving food and promotes sustainable solutions.
  - Priority: "Zero Hunger," aligned with SDG 2, to end hunger by 2030.
- **Food and Agriculture Organization (FAO)**:
  - Improves agriculture, fisheries, and forestry practices.
  - Increases food production and ensures efficient food systems.
  - Provides technical expertise and supports research for sustainable food security.
- **International Fund for Agricultural Development (IFAD)**:
  - Focuses on rural development and empowering small-scale farmers.
  - Enhances agricultural productivity and market access, especially for women.
- **Global Partnerships**:
  - Initiatives like the G20 Global Agriculture and Food Security Alliance.

**Recommendations of Global food policy report 2023 to address Food crises**

- **Proactive Response:** Emphasize crisis prediction, preparation, resilience-building, and inclusive response for vulnerable groups.
- **Risk Monitoring:** Update famine declaration protocol for conflict zones and integrate early warning systems for agriculture and food insecurity.
- **Humanitarian Response:** Support interventions aligning humanitarian, development, and peace efforts, empowering women in crises.
- **Resilient Food Systems:** Tailor responses to specific shocks and invest in climate-smart agriculture and resilience technologies.
- **Adaptive Safety Nets:** Incorporate shock-responsive designs into social protection and improve coordination with humanitarian aid.
- **Social Protection:** Enhance social protection systems to build resilience and support crisis recovery.

# 7. How to address the Hunger and Food Insecurity

- **Multispectral approach**: Inclusion of water, education, sanitation, agriculture, nutrition etc. should be undertaken by governments, civil societies and market forces
- **Diversify food basket**: Production and distribution of nutrient rich commodities such as millets, leafy vegetables, milk, and eggs need to be encouraged under the NFSA.
  - Haryana is providing financial incentives of ₹7,000/acre to farmers for shifting from paddy to pulses, oilseeds, and cotton.
- **Enhancing production**: Transforming Agriculture by making it more efficient, sustainable, climate-smart and nutrition-sensitive.
- **Reduce wastage**: Supply chain management reforms including robust transportation infrastructure and cold storage is needed.
- **Awareness:** Diverse stakeholders including NGOs, academic institutions, PRIs, SHGs, etc., along with governments, should promote public awareness on nutritional security and food wastage.

- **NITI Aayog strategy for New India @ 75 to improve nutrition**

  The New India @75 strategy aims to address policy and governance issues by emphasizing flexible and context-specific implementation under the National Nutrition Mission (NNM). Key recommendations include:

  - **State Flexibility**: States should have greater flexibility to adapt nutrition programs according to local needs under the NNM.
  - **Independent Audits**: Establish an institutional mechanism outside the government for independent annual audits of the NNM.

- **Integrated Action Plan**: Develop an Annual Integrated Health, Nutrition, and Swachh Bharat Mission action plan for all districts to ensure convergent action.
- **Local Accountability**: Ensure accountability of local administration, and engage Panchayati Raj Institutions (PRI), Public Distribution System (PDS), and public health engineering departments in delivering action plans.
- **Programme Refinement**: Focus on specific interventions such as the first 1000 days of child care, home visits by ASHA, ANM, and child feeding counselors, and prioritize healthcare measures over a food-centric approach.
- **Targeted Vaccinations**: Immunization programs for Rotavirus and Pneumococcal Vaccines should target high-focus districts, with mandatory fortification of staple foods and bio-fortification research to eradicate micronutrient deficiencies.

**Additionally, the strategy includes creating a National Nutrition Surveillance system, assessing the effectiveness of conditional cash transfers, and redesigning programs for adolescent girls**. It also recommends long-term studies on metabolic disorders, IT-based monitoring mechanisms, and defined accountability at all administrative levels

Student Notes:

# Heartiest Congratulations
to all Successful Candidates

**16** in **TOP 20** Selections in **CSE 2023**
from various programs of **Vision IAS**


**Aditya Srivastava**


**Animesh Pradhan**


**Ruhani**


**Srishti Dabas**


**Anmol Rathore**


**Nausheen**

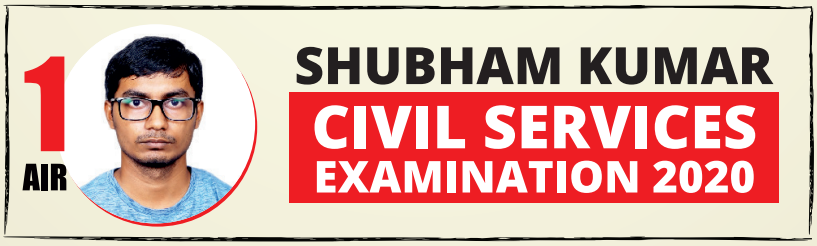

**Aishwaryam Prajapati**

**39** Selections in **TOP 50** in **CSE 2022**


**Ishita Kishore**


**Garima Lohia**


**Uma Harathi N**





**HEAD OFFICE**
Apsara Arcade, 1/8-B 1st Floor, Near Gate-6 Karol Bagh Metro Station
DELHI

**MUKHERJEE NAGAR CENTER**
Plot No. 857, Ground Floor, Mukherjee Nagar, Opposite Punjab & Sindh Bank, Mukherjee Nagar

**GTB NAGAR CENTER**
Classroom & Enquiry Office, above Gate No. 2, GTB Nagar Metro Building, Delhi - 110009

**FOR DETAILED ENQUIRY**
Please Call:
+91 8468022022,
+91 9019066066

enquiry@visionias.in | /c/VisionIASdelhi | /visionias.upsc | /vision _ias | VisionIAS_UPSC

AHMEDABAD | BENGALURU | BHOPAL | CHANDIGARH | DELHI | GUWAHATI | HYDERABAD | JAIPUR | JODHPUR | LUCKNOW | PRAYAGRAJ | PUNE | RANCHI