

राष्ट्रीय आदिवासी छात्र शिक्षा समिति

(जनजातीय कार्य मंत्रालय के अंतर्गत
एक स्वायत्त संस्थान, भारत सरकार)
भू-तल, गेट नंबर-3ए, जीवन तारा बिल्डिंग,
संसद मार्ग, नई दिल्ली-110001
दूर. 011-23340280



National Education Society for Tribal Students

(An Autonomous Organization under
Ministry of Tribal Affairs, Govt. of India)
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F. No. NESTS/EMRS/Sickle Cell/591/2023-24 /1326

Dated: 23rd July, 2024

The Nodal Officers,
State/UTs EMRS Society,
(As per list)

Subject: Sickle Cell Disease (SCD) Screening for EMRS Students before 07th August, 2024- reg.

As you are aware that the sickle cell gene is prevalent among many tribal population groups in India, leading to a weakened immune system and medical complications at a later stage. This genetic disorder significantly impacts a considerable portion of the ST community in India.

To effectively prevent and manage Sickle Cell Disease, it has been decided that screening tests shall be conducted in all EMRSs across the country before 07th August, 2024. This initiative would not only facilitate the early identification of sickle cell cases among these students but also ensure prompt medical intervention, if necessary. In this regard, it is essential to conduct 100% Sickle Cell screening of EMRS students with the help of District Collectors.

In view of the above, State/UT EMRS Societies are requested to kindly conduct the screening for Sickle Cell Disease in respect of each and every student of EMRS through the District Collectors before 07th August 2024 and submit a report in respect of EMRSs running in your State/UT to NESTS by 15th August 2024, using the format provided at **Annexure-I**.

Your prompt action and cooperation in ensuring hundred percent coverage across all EMRSs will be highly appreciated.


(Anupam Sonalkar)

Joint Commissioner, NESTS.

Copy to:

1. Principal Secretary, Tribal Welfare Department, (as per list), State/UT Govt., with similar requested and for necessary action please.
2. EMRS Principals- for necessary action.
3. PS to Commissioner, NESTS.

Name of State/UT: _____

Total No. of EMRSs: _____

Total No. of EMRSs, where SCD screening has been conducted: _____

S. No.	Name of the EMRS	District	No. of Students enrolled	No. of Students tested for SCT/SCD	No. of Students not tested for SCT/SCD	Reasons for non-testing	No. of Students tested positive for SCT/SCD
Total-							

Signature of the Official: _____

Name & Designation of the Official: _____

Official Seal: _____