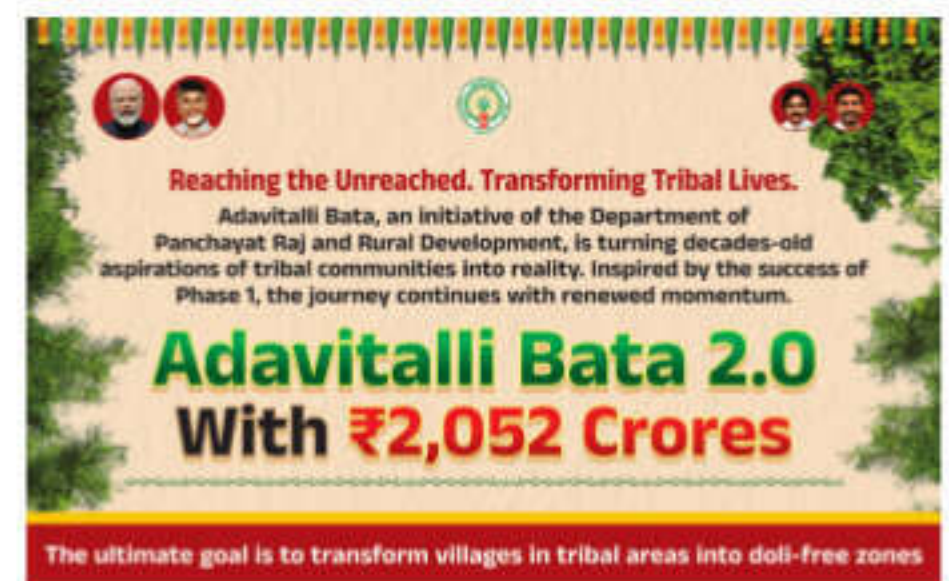




THE NEW SUNDAY EXPRESS

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Reaching the Unreached. Transforming Tribal Lives.

Adavitalli Bata, an initiative of the Department of Panchayat Raj and Rural Development, is turning decades-old aspirations of tribal communities into reality. Inspired by the success of Phase 1, the journey continues with renewed momentum.

Adavitalli Bata 2.0 With ₹2,052 Crores

To be launched by the
Hon'ble Deputy Chief Minister of Andhra Pradesh
Sri Konidala Pawan Kalyan Garu

Time & Date : 11:30 AM, October 11, 2026

Venue : Kakawada Village, Rampachodavaram Mandal, Polavaram District

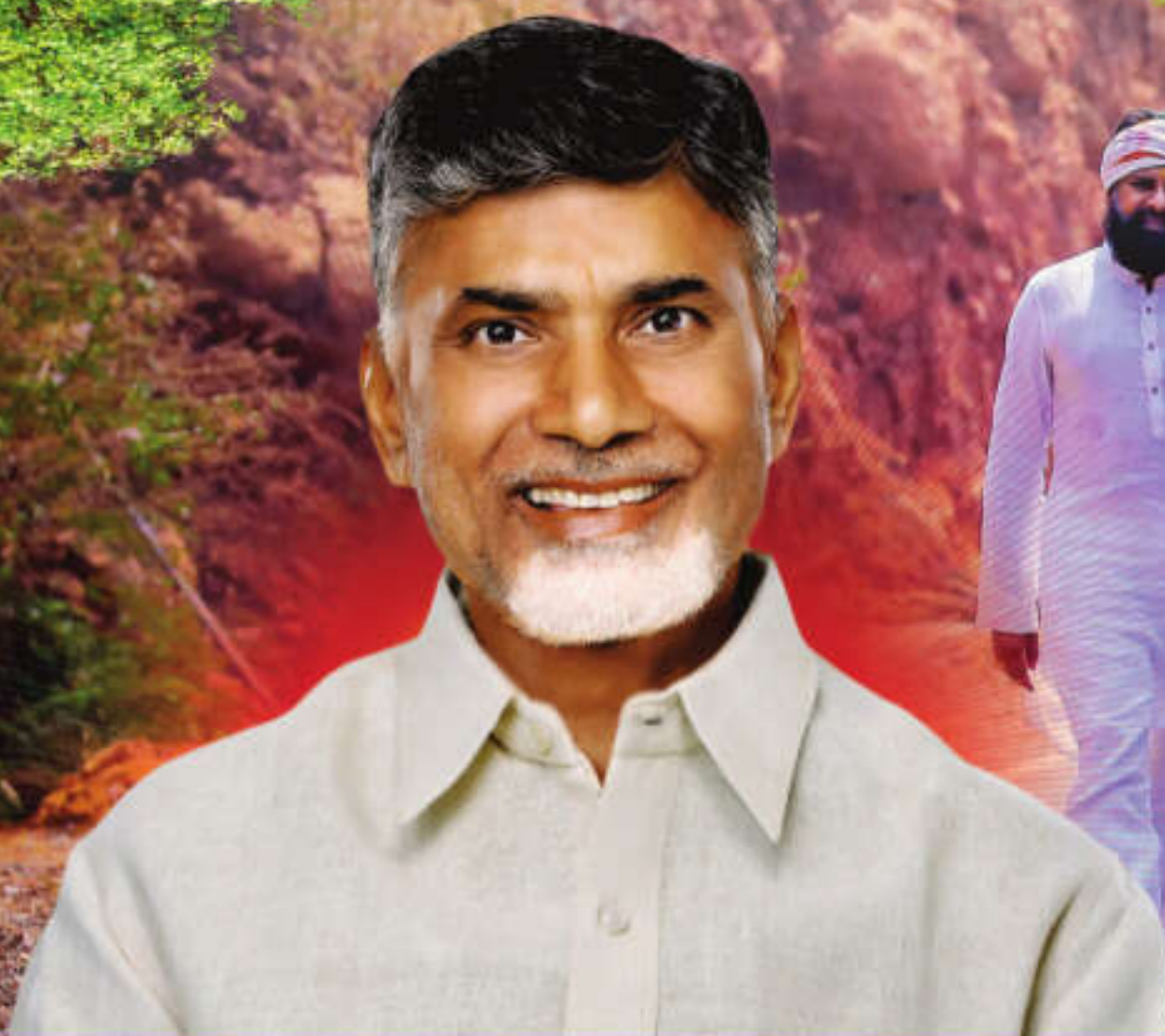
The goal of Adavitalli Bata is to provide road connectivity to remote tribal villages

Construction of 1,281 kilometers of roads has already been completed

Under Adavitalli Bata 2.0, the people's government has resolved to construct 1,976 kilometers of roads for another 1,341 habitations with an outlay of Rs.2,052 Crores

In the first phase, roads were laid for 735 tribal habitations at a cost of Rs.1,232 Crores

Roads spanning 450 kilometers for another 150 habitations are currently under construction at a cost of Rs.425 Crores



The ultimate goal is to transform villages in tribal areas into doli-free zones

VISMAY BASU @ New Delhi

PEOPLE take less care of a vehicle once it is insured; economists call this moral hazard. The same happens in health. Once a third party pays, patients and providers grow cavalier about cost: bills swell, and spending drifts to items of doubtful clinical relevance. Insurers argue that comprehensive cover encourages longer stays and additional tests. A co-payment is meant to ameliorate this by returning a share of every bill to the policyholder so that price sensitivity synchronises with medical need.

General Insurance Council is considering a 10 per cent co-payment on admissible inpatient claims under retail health policies from 1 January 2027, capped at ₹5 lakh per claim, with outpatient claims excluded. It cannot be waived through riders, nor recovered from another policy.

How do Singapore, the US and Germany structure cost-sharing?

Each system pairs cost-sharing with a limit on patient exposure. Singapore layers optional private Integrated Shield Plans, held by about 71 per cent of residents, over MediShield Life, the compulsory national scheme. Its co-payment mandate targets the riders that top up those plans: a minimum 5 per cent co-payment capped at \$83,000 a year since 2018, and from 1 April 2026 no rider may cover the minimum deductible, while the cap doubles to \$86,000. Without a rider, the policyholder pays the deductible plus the standard 10 per cent co-insurance.

In the United States, co-insurance is a percentage of a claim, usually after a deductible, but the Affordable Care Act caps annual in-network cost-sharing on essential health benefits at \$10,600 for an individual and \$21,200 for a family in 2026, after which no further cost-sharing applies that year; out-of-network care falls outside the cap.

Germany prefers flat, nominal charges: 10 euros a day for up to 28 days of inpatient care, a ceiling of 280 euros, and total annual co-payments limited to 2 per cent of household gross income, or 1 per cent for the chronically ill who meet statutory conditions.

The lesson is narrower than often assumed. Singapore fixes a floor on supplementary cover with a universal baseline intact; the United States and Germany put a hard ceiling on what a patient can lose. India's proposal applies to the primary retail product, and its ₹5 lakh cap restrains only the co-payment, not the non-admissible charges that sit on top of it.

Has a mandatory co-payment mandate ever been proposed in India before?

Cost-sharing has long existed in Indian health insurance. Standard retail plans offer voluntary co-payment in exchange for a lower premium, senior-citizen plans may carry mandatory co-payment, and some policies trigger it for specified illnesses or for treatment in a higher-tier city than the policy covers. An industry-wide, non-waivable co-payment on all retail policies would be new.

How did previous IRDAI initiatives differ from the 2027 proposal?

From 1 April 2020, the Insurance Regulatory and Development Authority of India (IRDAI) required insurers to offer Arogya Sanjeevani, a basic standard policy with a fixed 5 per cent co-payment and a sum insured of ₹1 lakh to ₹5 lakh; buyers could still choose comprehensive plans without co-payment. The 2027 draft is different in kind: the co-payment would apply across retail health policies and could not be bought out through riders. Critics argue this removes the choice between a cheaper deductible policy and a full-compensation one. Reports differ on scope, some describing retail policies only, others retail and group.

How much dearer will inpatient hospitalisation become for patients?

A 10 per cent co-payment does not mean a family pays 10 per cent of the bill. Policies already exclude non-admissible items such as consumables, administrative fees and registration charges.

Let's assume that non-admissible items equal 8 per cent of the invoice, with the co-payment applied to the remaining 92 per cent.

What structural changes could hospitals experience under the common empanelment platform?

The Council plans to expand empanelled hospitals to 5,000, with common

pricing benchmarks and a formal insurer-hospital dispute mechanism. Under the common empanelment draft, the Council itself becomes a signatory to hospital-insurer contracts, replacing bilateral deals, and participation is not mandatory for hospitals. The draft is further described as setting benchmark package tariffs from regional reimbursement averages, with markups of up to 20 per cent for accreditation such as NABH certification and up to 40 per cent, approved by three-member committees, for specialised tertiary centres; these tariff details are not corroborated in the public reporting reviewed.

How will outcome metrics and grievance resolution be managed?

The draft is said to link hospital contracts to procedure-wise clinical outcomes, infection-control standards and patient-safety metrics, a detail likewise uncorroborated. The Council has already instituted a dispute-resolution forum for hospitals left unpaid after a cashless authorisation; a centralised payor-provider forum would extend it to contested line-item deductions and claim rejections.

What operational disruptions will hospital admission desks face?

The shift from full indemnity to compulsory cost-sharing will change admission and discharge workflows. Counters will need to give transparent, itemised estimates at triage, covering projected non-admissible deductions and the exact co-payment due, or discharge desks risk becoming

bottlenecks for billing disputes. Because doctors' fees and procedural charges are folded into room rent in many private hospitals, costs rise with room category, so a patient's room choice feeds directly into the 10 per cent contribution. Patients are to opt for modest categories and to question costly elective technologies.

The ethical dilemmas?

Compulsory co-payments make clinical decisions fraught, as doctors must reconcile evidence-based protocols with a patient's finances. These ef-

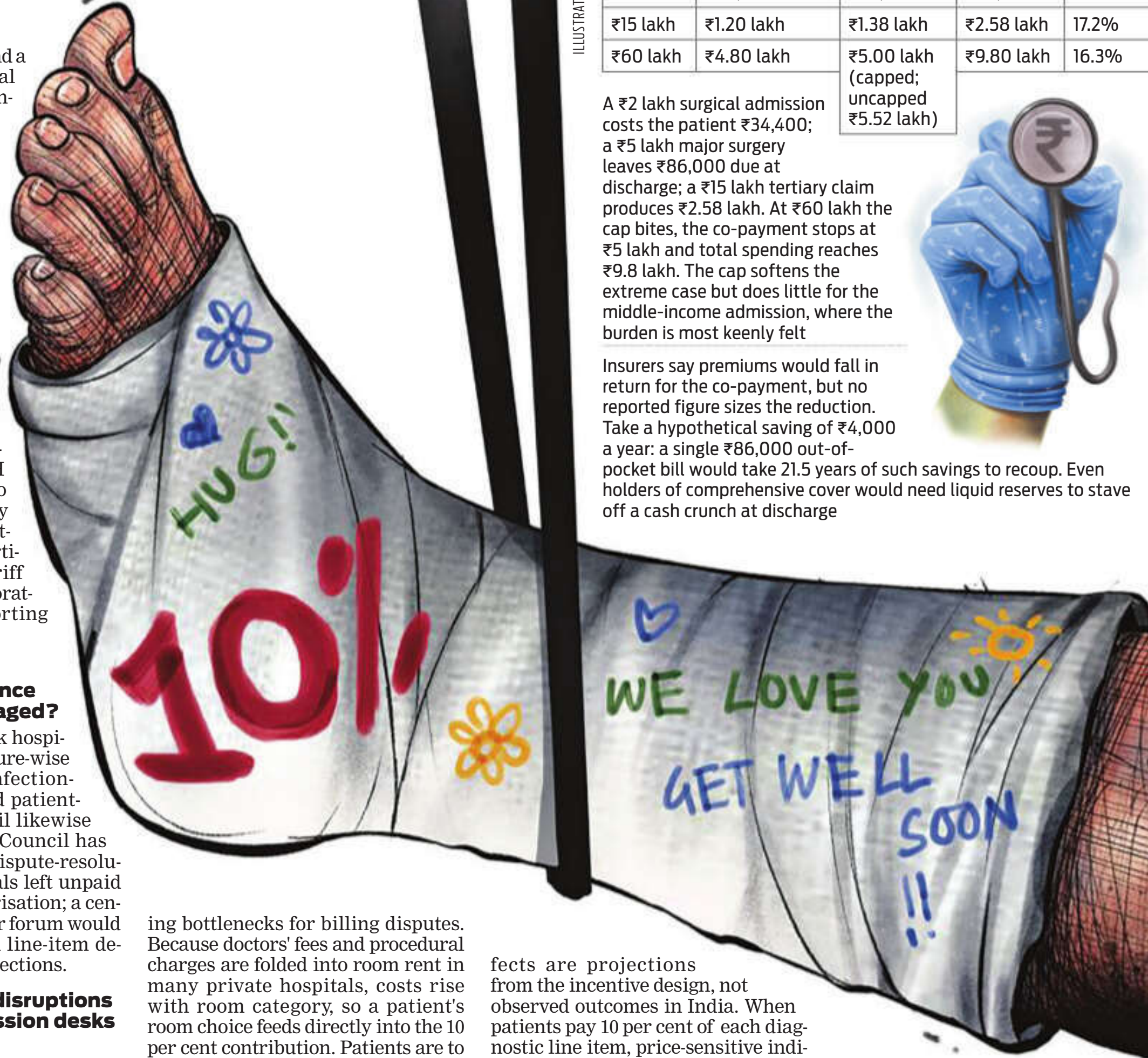


ILLUSTRATION: SOURAV ROY

Invoice	Non-admissible (8%)	10% co-payment	Total out of pocket	Share of invoice
₹2 lakh	₹16,000	₹18,400	₹34,400	17.2%
₹5 lakh	₹40,000	₹46,000	₹86,000	17.2%
₹15 lakh	₹1.20 lakh	₹1.38 lakh	₹2.58 lakh	17.2%
₹60 lakh	₹4.80 lakh	₹5.00 lakh (capped; uncapped ₹5.52 lakh)	₹9.80 lakh	16.3%

A ₹2 lakh surgical admission costs the patient ₹34,400; a ₹5 lakh major surgery leaves ₹86,000 due at discharge; a ₹15 lakh tertiary claim produces ₹2.58 lakh. At ₹60 lakh the cap bites, the co-payment stops at ₹5 lakh and total spending reaches ₹9.8 lakh. The cap softens the extreme case but does little for the middle-income admission, where the burden is most keenly felt

Insurers say premiums would fall in return for the co-payment, but no reported figure sizes the reduction. Take a hypothetical saving of ₹4,000 a year: a single ₹86,000 out-of-pocket bill would take 21.5 years of such savings to recoup. Even holders of comprehensive cover would need liquid reserves to stave off a cash crunch at discharge

fects are projections from the incentive design, not observed outcomes in India. When patients pay 10 per cent of each diagnostic line item, price-sensitive individuals may hesitate or decline advanced imaging, laboratory panels and confirmatory scans, eroding diagnostic accuracy unless clinicians hold these conversations carefully. Anxiety over accumulating charges may also prompt families to seek discharge before clinical stabilisation,

leaving physicians treating vulnerable patients in moral distress; they must resist any dilution of care standards and build post-discharge monitoring plans to limit complications and readmission.

T K VINEETH @ Kochi

ROUGHLY about a month after the Cockerroach Janata Party (CJP) launched its nationwide campaign, School *Thik Karo* (Fix the School) on August

15, high school students in Paris suburb Créteil started a protest to highlight the poor condition of French schools. The localised, mid-September demonstration has since snowballed into a nationwide movement that now appears to be spreading across Europe with students in Belgium, Italy, Greece, Ireland and Austria hitting the streets. They are protesting overcrowded classrooms, shortage of teachers, dilapidated school buildings, rising costs of education and cuts to government spending on school education. While there may be no direct link between the CJP's school campaign and the student protests in Europe, strong comparisons are drawn towards the common thread — students' anger about the systemic issues plaguing the education sector due to neglect by government.

What is the School *Thik Karo* campaign?

The CJP launched the School *Thik Karo* campaign on August 15 to check the basic facilities in government schools, especially in rural areas, and to flag the lapses found in such audits. The party's volunteers have so far conducted 'inspections' in various government schools in Rajasthan, Uttar Pradesh, Haryana, Madhya

Pradesh, Punjab and Assam. Designed as a grassroots initiative, the School *Thik Karo* project relies on civic involvement rather than formal bureaucracy to improve the conditions of schools. Parents, students and local volunteers are roped in to take up social monitoring within their communities.

The focus areas are sanitation and hygiene; basic amenities such as clean drinking water and electricity in classrooms to keep students safe in harsh weather conditions; fixing unsafe buildings, crumbling classroom walls and damaged roofs; and ensuring classroom essentials such as healthy seating arrangements and proper teaching equipment.

After each inspection, the findings are handed over to the local gram panchayats and

teachers protesting the lack of resources and adequate number of staff. The protests took a serious turn after students started blocking the school's entrance from September 21, disrupting its regular functioning.

The authorities rushed additional staff to the school to pacify the protesters and the strike ended. However, it kicked off a much bigger campaign as new protests spread through the Paris region and then to other major cities including Marseille, Lyon, Strasbourg, Toulouse and Lille. Student leaders attributed it to their genuine concerns and bare minimum demands.

By October 1, over 1,000 high schools in France had been affected and there were violent clashes between young protesters and police. In response, the government has suspended all regular classes till the situation improves.

How big are the French protests?

According to the government, around 2.5 lakh people demonstrated across the country while student outfits pegged the number

How did the French government respond to the protests?

Initially, the government tried to stamp down protests through police crackdowns. However, brutal police action angered the young protesters who retaliated by burning down public properties and clashing with the riot police.

According to reports, over 5,000 people have been taken into custody and 90% of them are minors. A major flashpoint was when a 15-year-old boy lost his hand after police fired a stun grenade during a crackdown. After this incident, the government suspended the use of such weapons. Public outrage forced the police to open internal investigations into misconduct by its personnel.

As the protests widened, the government softened its stance with Prime Minister Sébastien Lecornu publicly acknowledging the "anger and anxieties of young people".

Why can't the French government accept all demands by students?

France is going through a financial crisis and the government is in no position to commit to spending huge unplanned amounts on education. According to a French government report, France spent

From India to France

Why are Gen Z students angry?

school committees for further action. The audits are also shared on social media to create awareness and put pressure on the authorities to address the glaring lapses.

How did the protests start in France?

On September 17, students of the Saint-Exupéry high school in Créteil on the outskirts of Paris joined

at 4.5 lakh. French media reports claimed that 1 lakh people marched in Paris, 30,000 in Marseille and Toulouse, 25,000 in Lille, and 20,000 in Lyon. Besides, several thousand young students took to the streets in Nantes, Strasbourg, Mulhouse, Grenoble, Bordeaux, Rennes and other cities.

Media reports say as many as 1,800 high schools are either locked down by authorities or blocked by students. Similarly, around 60 universities are affected due to the protests. Reports peg the damage to schools in the Paris region alone at 7 million euros.

199.2 billion euros on its education system in 2025.

This is estimated to be 6.7% of the GDP. Public debt remains high at 120% of the GDP and at least 90 billion euros are needed next year towards interest payments alone.

In 2026, the French government is trying to cut spending to save at least 70 billion euros.

French youth have already been disgruntled with the unemployment rate touching 8%.

Economic growth is virtually stagnant with zero per cent expansion recorded in the first quarter of this year.

సెంటిని గ్రూప్ ఆఫ్ హాస్పిటల్స్ వారి మరో మణిపారం తాడేపల్లి, అమరావతి లో ప్రారంభిస్తున్న సెంటిని డా॥ శ్రీమన్నారాయణ హాస్పిటల్ టీం అందరికీ మా శుభాకాంక్షలు...

సెంటిని డా॥ శ్రీమన్నారాయణ హాస్పిటల్ స్టార్స్

Dr. J. Srinivasan MBBS, MCh (Surgical) Chief Interventional Cardiology Surgical Director, CATH 20,000+ Cases Performed Surgical & Interventional	Dr. Maheshwari Jagadeesh MBBS, MCh (Surgical) Fellowship in Joint Replacement Surgical Director, Joint Replacement Surgical & Interventional	Dr. Laxmi Varshini MBBS, MCh (Surgical) Senior Consultant Neurologist Neurology & Neurosurgery	Dr. T. Reshma MBBS, MCh (Surgical) Senior Consultant Neurologist Neurology & Neurosurgery	Dr. Madhavu Hanumanth MBBS, MCh (Surgical) Senior Consultant Neurologist Neurology & Neurosurgery	Dr. Dharmapuri Siva Kumar MBBS, MCh (Surgical) Senior Consultant Neurologist Neurology & Neurosurgery
Dr. V. Srikanth Narayana MBBS, MCh (Surgical) Fellowship in Urology Surgery Senior Consultant Neurologist	Dr. Praveen Mervu MBBS, MCh (Surgical) Consultant Medical Surgical Director, Interventional & Interventional Endoscopy	Dr. Bhargava Bhargava MBBS, MCh (Surgical) Consultant Neurologist & Transplant Physician	Dr. K. Sushan Kumar MBBS, MCh (Surgical) Consultant Neurologist Neurology & Neurosurgery	Dr. K. Vinod Kumar MBBS, MCh (Surgical) Consultant Neurologist & Critical Care Specialist	Dr. Padma Meera MBBS, MCh (Surgical) Senior Consultant Neurologist Neurology & Neurosurgery

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Indian Bank | **MOGALRAJAPURAM BRANCH**
VIJAYAWADA, PH: 981 222 3803

SALE NOTICE FOR SALE OF IMMOVABLE PROPERTIES APPENDIX- IV-A(See provision to rule 8 (4)(i))

E-Auction Sale Notice for Sale of Immovable Assets under the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 read with proviso to Rule 8 (4)(i) of the Security Interest (Enforcement) Rules, 2002

Notice is hereby given to the public in general and in particular to the Borrower (s) and Guarantor (s) that the below described immovable property mortgaged/charged to the Secured Creditor, the Symbolic/Constructive/Physical possession of which has been taken by the Authorised Officer of Indian Bank, Mogalrajapuram Branch, Secured Creditor, will be sold on "As is where is", "As is what is", and "Whatever there is" on 28-10-2026 for recovery The amount due as on 09-10-2026 is Rs.5,91,78,664/- with further interest, costs, other charges and expenses thereon from 10-10-2026.

1.Mrs.Aravavilli Veera Venkata Lakshmi, W/o Mr Aravavilli Durga Rao (Borrower & Mortgagor)
2.Mr.Aravavilli Murali Manohar Siddhartha, S/o Mr Aravavilli Durga Rao (Borrower)
3.Mr.Aravavilli Durga Rao S/o Mr Sanyasi (Guarantor)
4.Ms.Aravavilli Satya Naga Venkata Lakshmi Durga Prasanna D/o.Mr.Aravavilli Durga Rao (Guarantor)
5.Estate of Late Mr Aravavilli Sai Swari (Guarantor):

5(i) Mr Aravavilli Durga Rao S/o Sanyasi, 5(ii) Mrs Aravavilli Veera Venkata Lakshmi, W/o Mr Aravavilli Durga Rao, Above All Residing at: D.No.32/26-53, Eluru Road, Machavaram, Near Anjaneyaswamy Temple, Vijayawada- 520004 & D.No.32-26-5/5, Beside Maa Super Market, Devine Street, Machavaram, Vijayawada-520004

Details/Description of Mortgaged Assets: Land and Building situated at D.No.32-26-53 and 32-26-53/1 Old Municipal Ward No 27/3, present ward No.6, Revenue Ward No.16, Block No.09, NTS No.23/2P and 24 subsequent no.23/2P, 24/1, Old Assessment No.24673/B, 24806/1 Subsequent Assessment No.203214, 203215,204049 and 204049, Present Assessment No.1073098209,1073099210,1073099043 and 1073099044, an extent of 580.00 Sq yards or 484.95 Sq mts of RCC roofed ground and First floor residential building,Eluru Road, Machavaram within the limits of Vijayawada Municipality Corporation and within Jurisdiction of District registry Vijayawada (East), Guntadala, NTR district, AP. CERSAI ID: 290074333340. **Boundaries:** East: Vemuru Sobha Rani Property South: Property of others West: Surendra Towers North: Municipal Road called as Eluru Road.

Reserve Price : Rs.5,00,00,000/- EMD : Rs.50,00,000/- Bid incremental amount: Rs.1,00,000/-, Property ID:IDIB7521982494 (Encumbrances on above property: NIL. Note: Digital signature certificate of bidders is not necessary for participation in bidding process)

Date and time of e-auction : 28-10-2026 11:00 AM to 05:00 PM

Bidders are advised to visit the website (<https://baanknet.com>) of our e-auction service provider PSB Alliance Pvt. Ltd to participate in online bid. For Technical Assistance Please call **PSB Alliance Pvt. Ltd Helpdesk No. 8291220220**, email ID - **support.baanknet@psballiance.com** and other help line numbers available in service providers help desk. For Registration status with PSB Alliance Pvt.Ltd. & EMD status, please contact **support.baanknet@psballiance.com**

For property details and photograph of the property and auction terms and conditions please visit: **https://baanknet.com** and for clarifications related to this portal, please contact Helpdesk No.8291220220. Bidders are advised to use Property ID No mentioned above while searching for the property in the website with **https://baanknet.com**

Date: 09-10-2026, Place: Mogalrajapuram Sd/- Authorised Officer, Indian Bank