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TODAY'S ANALYSIS (03 December 2024)

TOPICS TO BE COVERED

- EXERCISE AGNI WARRIOR
- CENTER APPROVES LOAN FOR TOURISM DEVELOPMENT IN
 TELANGANA
- HEALTHCARE IN INDIA
 - **o HEALTHCARE IN COLONIAL PERIOD**
- MCQs

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EXERCISE AGNI WARRIOR



Schedule: 28 to 30 Nov 2024 Venue: Devlali Field Firing Ranges, Maharashtra Edition: 13th

Overview

- The **13th edition** of the **Agni Warrior** (XAW-2024) exercise, a **joint military exercise** between the **Indian Army** and the **Singapore Armed Forces** (SAF), concluded on **30th November 2024** at the **Field Firing Ranges** in **Devlali, Maharashtra**.
- The exercise took place from 28th to 30th November 2024, with participants from both

countries showcasing their expertise in artillery operations.

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KEY DETAILS

- Participating Forces:
 - Singapore Armed Forces: 182 personnel from the Singapore Artillery.
 - Indian Army: 114 personnel from the Regiment of Artillery.
- Objective: The primary aim of Agni Warrior 2024 was to strengthen mutual understanding of drills and procedures to improve joint operations between the two forces, especially in the context of working together as part of a multinational force under

the United Nations Charter.

- Focus Areas:
 - **Joint Firepower Planning**: The exercise focused on effective coordination in joint artillery firepower planning and execution.
 - Use of New Technology: Both armies demonstrated their use of New Generation
 Equipment, emphasizing technological advancements in artillery operations.

EXERCISE HIGHLIGHTS

- Professional Expertise and Cooperation:
 - $\circ\,$ The exercise was marked by the high level of professionalism and expertise

displayed by the personnel of both armies.

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- The focus was on building trust and interoperability between the forces of both countries.
- Firepower Planning:
 - Both forces engaged in **joint firepower planning** and **execution**, showcasing their ability to carry out coordinated military operations, which is vital for modern combat

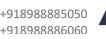
scenarios.

- Coordination and Understanding:
 - The exercise involved extensive joint preparation and coordination, allowing the participating forces to understand each other's procedures and capabilities.
 - This led to a **common interface** being developed between the artillery procedures of the two forces.
- Technology Sharing and Best Practices:
 - The exercise saw both sides share their technological advancements and best practices in the artillery domain.
 - $\circ~$ Both armies exposed each other to niche technologies and the intricacies of firepower

planning, which helped in improving mutual learning and operational readiness.

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8

DIGNITARIES & OBSERVATIONS

- The exercise was attended by several senior military officers:
 - Lieutenant General Adosh Kumar: Director General of Artillery (Indian Army).
 - Lieutenant General NS Sarna: Commandant, School of Artillery (Indian Army).
 - **Colonel Ong Chiou Perng**: Chief Artillery Officer, Singapore Armed Forces.
- These dignitaries praised the high level of professional acumen exhibited by the troops of

both countries, acknowledging the success of the exercise in achieving its objectives.

LIST OF EXERCISES

S.No.	Participating Countries	Exercise(s)
1.	Australia	AUSTRA HIND, AUSINDEX, PITCH BLACK
2.	Bangladesh	SAMPRITI, IN-BN CORPAT, IN-BN BILAT, IN-BN SF, TABLE TOP, SAMVEDNA
3.	Brazil and South Africa	IBSAMAR
4.	China	HAND IN HAND
5.	Egypt	CYCLONE
6.	France	SHAKTI, VARUNA, GARUDA
7.	Indonesia	GARUDA SHAKTI, IND-INDO CORPAT, IND-INDO BILAT
8.	Israel	BLUE FLAG
9.	Japan	DHARMA GUARDIAN, JIMEX

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3



21.	Singapore	SIMBEX, JOINT MILITARY TRAINING
22.	Sri Lanka	MITRA SHAKTI, SLINEX, IN-SLN SF, SAMVEDNA
23.	Thailand	MAITREE, INDO-THAI CORPAT, SIAM BHARAT
24.	UAE	DESERT EAGLE
25.	UK	AJEY WARRIOR, KONKAN, INDRADHANUSH
26.	USA	YUDHABHAYAS, VAJRA PRAHAR, SPITTING COBRA, SANGAM (IN-USN EOD), RED FLAG, COPE INDIA
27.	Uzbekistan	DUSTLIK
28.	Vietnam	VINBAX, IN-VPN BILAT

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CENTER APPROVES LOAN FOR TOURISM

DEVELOPMENT IN TELANGANA

• The Union government of India has sanctioned ₹141 crore in loans to develop two

major tourism projects in Telangana. These are:

- Ramappa Region Sustainable Tourism Circuit
- Somasila Wellness & Spiritual Retreat Nallamala
- These loans are approved under the Special Assistance to States/Union Territories for

Capital Investment (SASCI) scheme, which aims to promote the development of

iconic tourist centers across India to meet global standards.

 The projects in Telangana are part of a larger initiative involving 40 projects across 23 states.

Details of the Approved Loans

- Ramappa Region Sustainable Tourism Circuit: ₹73.74 crore
- Somasila Wellness & Spiritual Retreat: ₹68.10 crore
- The loans will be interest-free and are to be repaid over 50 years.

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PURPOSE OF THE PROJECT

- The Ramappa Region Sustainable Tourism Circuit aims to develop the infrastructure around the Ramappa Temple (also known as Kakatiya Rudreshwara Temple), which was inscribed as a UNESCO World Heritage Site in 2021.
- This includes the development of areas such as Incherla village, Ramappa Island, Kota

Gullu Temple, and Ghanpur village's lakefront.

- The Somasila Wellness & Spiritual Retreat aims to create a wellness-focused spiritual retreat in the Nallamala hills, enhancing the area's appeal as a place for health and spiritual tourism.
- Proposed components include organic cafes, wellness retreats, spiritual viewpoints, and interpretation centers.

SIGNIFICANCE OF RAMAPPA TEMPLE

- Location: The Ramappa Temple is located 68 km from Warangal and around 200 km from Hyderabad.
- Historical Context: The temple was built in 1213 AD under the patronage of the Kakatiya dynasty, specifically by Rudra Samani, the chief commander of Kakati Ganapathi Deva.

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- Architectural Significance:
 - Earthquake-proof Construction: The bricks used in the temple are made from a unique blend of clay, acacia wood, chaff, and myrobalan fruit, making them light enough to float on water.
 - This earthquake-resistant feature is a remarkable example of ancient engineering.
 - Sandbox Technique: The foundation is built using a mixture of sand-lime, jaggery, and black myrobalan, providing natural cushioning in case of earthquakes.
 - Musical Pillars: Some pillars in the temple are carved with figures, including a pillar with a carving of Lord Krishna.
 - These pillars produce musical notes when struck, adding a unique auditory dimension

to the temple.

In 2021, the temple was designated as a UNESCO World Heritage Site under the name

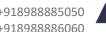
"Kakatiya Rudreshwara (Ramappa) Temple."

Architectural Style: Nagara Architecture

- The **Nagara style** is the architectural style of temples that is typically found in northern India. It contrasts with the **Dravida style seen in southern India.**
- Key features of Nagara architecture include:

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- Mandapa: Halls that surround the sanctum for various rituals and ceremonies.
- o Circumambulatory Passage: A passage around the sanctum for devotees to walk

during religious rituals.

ECONOMIC & CULTURAL IMPACT

- Economic Boost: The development of these two tourism circuits is expected to significantly boost the local economy by attracting domestic and international tourists.
- The loans will fund infrastructure improvements, including roads, tourist facilities, and amenities, thus creating job opportunities for the local population.
- Cultural Preservation: The development of the Ramappa temple and its surroundings will

help preserve and promote the rich cultural heritage of the Kakatiya dynasty, while the

wellness retreat at Somasila will emphasize sustainability and ecological preservation.







The Colonial Era (during British rule) and the Post-Independence Era (after 1947) were two

important periods in the development of health care in India. Colonial Era (British Rule)

- Introduction of Western Medicin

INTRODUCTION OF WESTERN MEDICINE

- Western Influence: During British rule, India began to use Western medicine, which was different from traditional Indian medicine systems like Ayurveda and Unani.
- The British brought their way of treating diseases using modern science, including medicines, surgeries, and hygiene.
- Missionaries and Doctors: Christian missionaries helped introduce Western
 medicine, especially in places like Goa, where they started hospitals.
- They also trained some local people in taking care of the sick.
- Change in Practices: While Ayurveda and other traditional medicines were still used,

Western medical practices became more popular, especially in big cities and among

the educated.

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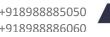


- First Medical College: The Calcutta Medical College was founded in 1835 and was the first medical school in India to teach modern medicine.
- This college trained doctors in Western medicine and played a key role in spreading modern medical knowledge.
 - **Other Medical Colleges**: After the success of Calcutta Medical College, other medical colleges were set up in cities like **Madras** (now Chennai) and **Bombay** (now Mumbai).
- Hospitals: The British also established hospitals in India, which followed the Western model of care.
- These hospitals included treatment for diseases like malaria, cholera, and smallpox, and focused on hygiene and surgery.
 - The Royal Hospital in Goa (founded by the Portuguese in 1510) was one of the first
 to bring modern medical practices to India.

PUBLIC HEALTH CHALLENGES

 Famines: India faced many famines under British rule, especially in the 19th century. The British policies, like unfair land taxes, led to food shortages, causing widespread hunger and death.

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- The Great Bengal Famine (1943) is one of the worst famines in India's history,
 killing over 3 million people. These famines highlighted the need for better food
 security, nutrition, and health care in India, which were largely ignored during
 British rule.
- Epidemics:
 - Plague: The bubonic plague spread in India, particularly in Bombay in the late

1800s, causing widespread death.

- The British government tried to control it with quarantine measures, but it showed how weak the public health system was at the time.
- Cholera: Cholera outbreaks were common in India during British rule, caused by

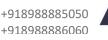
dirty water and poor sanitation.

• Smallpox: The British introduced smallpox vaccination in the 19th century, but it

took a long time for vaccination programs to reach everyone in India.

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8

MCQs

- 1. Consider the following statements and mark the correct one:
 - 1. Exercise Agni Warrior is an exercise between India and Singapore only.
 - 2. The 2024 edition was hosted in Maharashtra.
 - (A) Only 1
 - (B) Only 2
 - (C) Both 1 & 2
 - (D) Neither 1 nor 2

Ans. (C)

2. Consider the following pairs and mark how many of them are correctly matched:

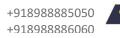
Ex	vercise	Country
1. No	omadic Elephant	Mongolia
2. Bl	ue Flag	France
3. Dł	narma Guardian	Israel
(A)	Only 1 pair is correctly m	natched
(B)	Only 2 pairs is correctly	matched
(C)	All pairs are correctly ma	atched

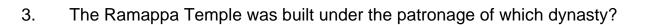
- (D) None of the pairs are correctly matched.

Ans. (A)

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- (A) Cholas
- (B) Vijayanagara empire
- (C) The Kakatiyas
- (D) Mauryan Empire

Ans. (C)

- 4. Consider the following statements wrt Ramappa Temple and mark the correct one:
 - 1. It is a Nagara style Temple.
 - 2. It is designated as a UNESCO World Heritage site.
 - (A) Only 1
 - (B) Only 2
 - (C) Both 1 & 2
 - (D) Neither 1 nor 2
 - Ans. (C)

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- 5. Where was the first medical college teaching modern medicine established in India?
 - (A) Goa
 - (B) Calcutta
 - (C) Bombay
 - (D) Madras

Ans. (B)

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