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One Country One Test-A Survey on National Eligibility cum Entrance Test

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ABSTRACT: The case study about NEET OR State Entrance deals with the importance of understanding the difference between the NEET (National Eligibility cum Entrance Test) and state Entrance for medical admission. It is one of the relevant topics that have to analyse the students suggestions about whether the new system will add more merits than the state entrance system. We know there are some limitations stands with both systems; still we have to find out what will be the best. So understanding is necessary on what benefits will bring by the proposed system and whether it will work well on the students who hope to secure medical admission. This case study contains the merits and demerits of both systems and to collect the students and teachers re-sponsors and suggestions. For that the hypothesis raised is State en-trance provides students a better chance to secure medical admission. Data collection is done from plus two students, parents, and the students who appeared in both entrance exams. The collected data is analysed and used for hypothesis testing. According to the hypothesis testing conclusion is obtained.

KEYWORDS: NEET, State Entrance, Medical Admission.

I. INTRODUCTION

Pursuant to the Notification published in the Gazette of India Extraordinary dated 21st December, 2010, the Medical Council of India (MCI) with the approval of the Central Government amended the regulations on Graduate Medical Education 1997 and made provision for a Single Eligibility cum Entrance Examination. Ad-mission to MBBS/BDS courses across the country will be carried out through an All India Medical Entrance Examination named National Eligibility cum Entrance Test (NEET) which will be organized by the Central Board of Secondary Education (CBSE). The National Eligibility-cum-Entrance Test (NEET) will cater to admissions in all the government and private medical and dental colleges in the country on the basis of its merit list.

Before implementing NEET, a student had a chance of appearing in various en-trance examinations where on an average each student appeared in almost 10 different entrance examinations to try his chances of getting admission into a good medical college.

Making one entrance exam for admission into medical college will build pressure on many students as they have only one chance of getting admission into a medical college. The pressure might lead to bad performance on the actual day of the exam. Whereas earlier even if a student of some reasons could not perform well in one exam he always had a second chance of performing well in other. This chance will no longer exist after declaration of this announcement.

II. RELATED WORK

The literature survey included the article came on papers like The Hindu, based on NEET vs. State Entrance. This include various response of students, parents etc. When Medical Council of India introduced NEET (National Eligibility cum Entrance Test) to replace all other entrance exams for admission to medical colleges in India, there were instant uproars everywhere. More than 80 cases opposing the undergraduate NEET led; two of these by state governments and the rest by private and minority institutes.



(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 11, November 2016

[1]State Government believed that NEET infringed upon their right to keep education a state subject. Several points of contention have been raised the important ones being its viability and the impact on students from different educational back-grounds. When the exam was first introduced in 2012, several States, including Andhra Pradesh, Karnataka, Kerala and TamilNadu, opposed it. These State governments believed that it infringed to keep education a State subject. Many private colleges in TamilNadu and Andhra Pradesh had led petitions in various High Courts, seeking exemption from using the exam as one of the criteria for admissions.

[1] Students in Tamil Nadu who seek admission to MBBS course are admitted on the basis of their 12th standard final examination marks. A similar criterion is followed in Kerala as well. These States believe that there's a huge difference, in terms of content, in the State and Central Board's syllabus. The Chief Minister from Tamil Nadu said the NEET would adversely affect the interests of students in the State, in particular those from weaker sections and from rural areas and as it infringes upon the State's right to determine the admission policies to medical educational institutions.

[2]Saving big on time and money: There are only a limited number of seats for MBBS students across India. For those seats, the number of entrance tests con-ducted all over the country, including the private colleges, would one day outrun the number of students they are about to take in. All the application forms and their fee, add travel expenses to various states for appearing different entrances, and it is clear that a single common test for medical is so much of a better option, economical as well as time saving.

[2] Reducing pressure: Less entrance tests for admission into medical colleges will reduce the pressure o the shoulders of students who live in constant anxiety while preparing for various tests, covering too many different types of syllabuses that differ with board and states. They will now have to concentrate on a single pattern or syllabus that could guide them through the single common entrance test. Fewer burdens would also make the students more con dent and determined.

[2] State level forms were already out: This year's application form for the state level medical entrance like UPCPMT, CG PMT, MHT CET, WBJEE were already out and led by students when the announcement for NEET came in. The 90 application forms to be made into one which was the main reason for protest is actually going to be 91 added with NEET. It would have been so much better and economical if NEET was to commence from 2017.

[2]Disturbing the flow: Students take coaching and prepare to crack the medical entrances after two or three years of hard work, an e ort based solely on the deter-mined syllabus. There must be many who should be well versed for the entrance only to suddenly face a change in plan. Some states grant admission on basis of marks secured at 12th like TamilNadu. Now they are dreaded to face an entirely different pattern of entrance for which they are at all prepared.

[2]No time for tuitions: Since most of the students got the idea that it would only be another years when the new system will be implemented, they were not prepared or took extra coaching for NEET. Students of rural areas would not have the facility of taking advanced preparatory coaching at all. The so called `fair chance' is nothing but a vague statement that will only be applicable when implemented through years of preparations and planning.

III. METHODOLOGY

Research is an academic activity and as such the term should be used in a technical sense. The research design refers to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem.

The task of data collection begins after a research problem has been defined and research design plan chalked out. While deciding about the method of data collection to be used for the study, the researcher should keep in mind two types of data viz., primary and secondary.For this case study multiple choice questionnaire method is used as primary data.The sample area is taken as the plus two students in Kerala. So the samples are taken from schools of Kerala.The sample size should neither be excessively large, nor too small. It should be optimum. In this case study the sample size is 100.Ten Questions are prepared for questionnaire is shown in figure 1.



(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 11, November 2016

QUESTIONNAIRE NEET Or State Entrance

Figure 1: Questionnaire

IV. ANALYSIS AND RESULTS

After collection, the data has to be processed and analysed in accordance with the outline laid down for the purpose at the time of developing the research plan. Data processing includes editing, coding, classification and tabulation of data. Analysis, particularly in case of survey or experimental data, involves estimating the values of unknown parameters of the population and testing of hypotheses for drawing inferences. Analysis of data collected by the questionnaire shows that the respondents were happy to participate in the case study and almost all of them answered all the questions. The survey details are shown in the Table 1 as percentage. In below table contain a Column Q.No to represent the question number given in questionnaire.

Q.No	Agree	Disagree	Neutral
	(In %)	(In %)	(In %)
1	40	51	9
2	71	18	11
3	30	61	9
4	30	57	13
5	69	26	5
6	77	18	5
7	54	32	14
8	59	23	18
9	70	19	11
10	60	30	10
	Table 1.	Survey details	•

Table 1: Survey details

Here Chi- square test is used for hypothesis testing. A chi-squared test can be used to attempt rejection of the null hypothesis that the data are independent. The chi- square test is always testing what scientists call the null hypothesis, which states that there is no significant difference between the expected and observed result.



(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 11, November 2016

The equation for Chi- square testing is given below:

$$\chi^2 = \Sigma \frac{(O_{ij} - E_{ij})^2}{E_{ij}}$$

Where,

 O_{ij} =observed frequency of the cell in ith row and jth column. E_{ii} =Expected frequency of the cell in ith row and jth column.

Here, testing of my hypothesis is going to be conducted.

H₀: NEET system provides better chance for students to secure medical admission.

H₁: State Entrance provides better chance for students to secure medical admission

The questions 1 and 10 are used for Chi- square test. Contingency table prepared for Chi- square testing is show in below as Table 2.

Sample	Agree	Disagree	Neutral	Total
Q.No 1	O ₁₁ =40	O ₁₂ =51	O ₁₃ =9	100
	E ₁₁ =50	E ₁₂ =40.5	E ₁₃ =9.5	
Q.No10	O ₂₁ =60	O ₂₂ =30	O ₂₃ =10	100
	E ₂₁ =50	E ₂₂ =40.5	E ₂₃ =9.5	
Total	100	81	19	200

Table 2: Test Data

And Chi- square values are calculated from this Table 2 is also given below:

1	χ^2
	2
	2.7222
	0.02632
Ī	2
	2.7222
	0.02632
	Total=9.497

Table 3: χ^2 values

Here degree of freedom =(3-1)(2-1)=2

At 2 degree of freedom and 5 percentage level of significance, the critical value is 5.991 and calculated value is 9.497The calculated value 9.497 much greater than critical value, so I am rejecting the H_0 hypothesis, it states that NEET provides better chance for students to secure medical admission. Therefore Accepting the H_1 (alternative hypothesis):State Entrance provides better chance for students to secure medical admission



(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 11, November 2016

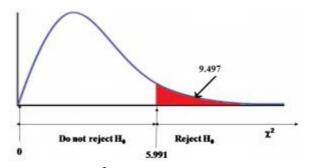


Figure 2: χ^2 test with degree of freedom 2

V. CONCLUSION AND FUTURE WORK

In this case study I have reached the conclusion that State Entrance provides better chance for students to secure medical admission. The study was done on the plus two students, teacher and parents. So they agree that State entrance provides a better chance for the students to secure medical admission.

Future work concerns deeper analysis of the subject, new proposals or view points to it. It can be conducted for a large population. The respondents in this case study is restricted to students who study in plus two. You can consider different students who studied in different schools and the people who research about this topic. The data may collect also through the online questionnaire. To increase the sampling area the online questionnaires can be send to the students and teachers all over to know their opinion.

REFERENCES

- [1] Shah KV, Gibbs CJ Jr, Banerjee G. Virological investigation of the epidemic of the haemorrhagic fever in Calcutta: Isolation of three strains of Chikungunya virus. Indian J Med Res 1964;52:676–83
- [2] Krishnamoorthy K, Harichandrakumar KT, Krishna Kumari A, Das LK. Burden of chikungunya in India: Estimates of disability adjusted life years (DALY) lost in 2006 epidemic. J Vector Borne Dis 2009;46:26–35
- [3] Lahariya C, Pradhan SK. Emergence of chikungunya virus in Indian subcontinent after 32 years: A review. J Vector Borne Dis 2006;43:151–60.
- [4] New Delhi:Today& Tomorrow's Printers & Publishers; 1977:463. 5 Focks DA, Chadee DD. Pupal survey: An epidemiologically significant surveillance method for Aedesaegypti: An example using data from Trinidad. Am J Trop Med Hyg 1997;56:159–67.
- [5] http://www.catchnews.com/national-news/neet-2016-advantages-and- disadvantages-1462187300.html
- [6] http://cbseneet.nic.in/cbseneet/welcome.aspx
- [7] https://www.researchgate.net/publication/261836295_Saying_no_to_NEET_is_certainly_not_neat
- [8] http://indianexpress.com/article/education/neet-know-everything-about-the-sc-verdict/
- [9] http://www.affairscloud.com/neet-exam-amendment-bill-passed-parliament/
- [10] http://www.thehindu.com/specials/in-depth/neet-national-eligibilitycumentrance-test-all-you-need-to-
- [11] http://www.bmj.com/content/354/bmj.i4704
- [12] http://www.epw.in/journal/2016/35/commentary/neet-medical-education-finding-balance.html