



Daily PIB Summary

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1. CCI APPROVES ACQUISITION OF PGIM INDIA ASSET MANAGEMENT AND PGIM INDIA TRUSTEES BY TVS EMERALD LTD. AND TVS VENU MANAGEMENT & CONSULTANCY SERVICES



PGIM
India Mutual Fund

Key Highlights

- I. CCI approved the proposed acquisition involving:
 - A. PGIM India Asset Management Pvt. Ltd.
 - B. PGIM India Trustees Pvt. Ltd.
- II. Acquirers:
 - A. TVS Emerald Ltd.
 - B. TVS Venu Management & Consultancy Services Pvt. Ltd.
- III. Approval granted under the **Competition Act, 2002**.
- IV. Objective is to ensure that the transaction does not result in an **Appreciable Adverse Effect on Competition (AAEC)** in India.

ABOUT THE COMPETITION COMMISSION OF INDIA (CCI)

Competition Commission of India

Established

- 2003

Statutory Basis

- Competition Act, 2002

Ministry

- Ministry of Corporate Affairs

Objectives

- Prevent anti-competitive practices.
- Promote and sustain competition.
- Protect consumer interests.
- Ensure freedom of trade in Indian markets.

WHAT IS A COMBINATION?

Under the **Competition Act, 2002**, a **Combination** refers to:

- Acquisition of shares, voting rights, assets, or control.
- Merger of enterprises.
- Amalgamation of enterprises.

Such transactions must be notified to the CCI if they cross the prescribed asset or turnover thresholds.

CCI'S ROLE IN COMBINATION APPROVALS

The CCI examines whether the proposed transaction is likely to:

- Cause an **Appreciable Adverse Effect on Competition (AAEC)**.
- Create or strengthen a dominant market position.
- Reduce consumer welfare.
- Restrict market competition.

If no significant competition concerns arise, the combination is approved.

SIGNIFICANCE

Healthy Market Competition

- Ensures mergers and acquisitions do not distort competition.

Consumer Protection

- Safeguards consumer interests through competitive markets.

Investor Confidence

- Provides regulatory certainty for corporate restructuring and investments.

Economic Growth

- Facilitates legitimate business expansion while maintaining fair competition.

CHALLENGES

- Assessing complex market structures.
- Balancing ease of doing business with effective competition regulation.
- Evaluating rapidly evolving financial and digital markets.
- Monitoring post-merger market behaviour.

WAY FORWARD

- Strengthen competition assessment in emerging sectors.
- Ensure timely disposal of merger applications.
- Promote greater regulatory transparency.
- Continuously update competition law to address evolving business models.

KEY HIGHLIGHTS

- **Regulator:** Competition Commission of India (CCI).
- **Law:** Competition Act, 2002.
- **Transaction:** Acquisition of PGIM India Asset Management and PGIM India Trustees.
- **Acquirers:** TVS Emerald Ltd. and TVS Venu Management & Consultancy Services Pvt. Ltd.
- **Purpose of CCI Approval:** Ensure the transaction does not adversely affect competition.

PRELIMS BOOSTER BOX

PadhAI-GENERATED UPSC

MCQ

Consider the following statements:

- I. **Competition Commission of India (CCI)**
 - A. Statutory body established under the **Competition Act, 2002**.
 - B. Became operational in **2009**.
 - C. Functions under the **Ministry of Corporate Affairs**.
- II. **Competition Act, 2002**
 - A. Replaced the **Monopolies and Restrictive Trade Practices (MRTP) Act, 1969**.
 - B. Regulates:
 1. Anti-competitive agreements.
 2. Abuse of dominant position.
 3. Combinations (mergers, acquisitions, and amalgamations).
- III. **Combination**
 - A. Includes mergers, acquisitions, or amalgamations that meet specified financial thresholds.
 - B. Subject to CCI approval where applicable.
- IV. **Appreciable Adverse Effect on Competition (AAEC)**
 - A. The principal test used by the CCI to assess whether a merger or acquisition is likely to substantially lessen competition in the relevant market.

1. The Competition Commission of India (CCI) was established under the Competition Act, 2002.
2. The Competition Act, 2002 replaced the Monopolies and Restrictive Trade Practices (MRTP) Act, 1969.
3. The CCI assesses mergers and acquisitions primarily to determine whether they are likely to cause an Appreciable Adverse Effect on Competition (AAEC).

Which of the statements given above is/are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Answer: (d)

2.381ST REPORT OF THE DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON EDUCATION, WOMEN, CHILDREN, YOUTH AND SPORTS



Key Highlights

- **381st Report** is an **Action Taken Report (ATR)**.
- Examines the Government's response to the recommendations made in the **364th Report**.
- Pertains to the **Department of Higher Education**, Ministry of Education.
- Reinforces **Parliamentary oversight** over executive functioning and implementation of committee recommendations.

ABOUT DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEES (DRPSCs)

Establishment

- Introduced in **1993** to strengthen legislative scrutiny.

Composition

- I. **31 Members**
 - A. **21** from the **Lok Sabha**
 - B. **10** from the **Rajya Sabha**

Tenure

- **One year.**

Appointment

- Members are nominated by the **Speaker of the Lok Sabha** and the **Chairman of the Rajya Sabha**, respectively.

FUNCTIONS OF THE COMMITTEE

- Examine **Demands for Grants** of the Ministries/Departments under its jurisdiction.
- Scrutinize Bills referred by the Presiding Officers.
- Examine Annual Reports of Ministries.
- Review Long-Term Policy Documents.
- Present **Action Taken Reports (ATRs)** assessing implementation of earlier recommendations.

WHAT IS AN ACTION TAKEN REPORT (ATR)?

- I. An ATR reviews the action taken by the Government on the recommendations made in an earlier Parliamentary Committee report.

- II. It enhances accountability by evaluating:
 - A. Recommendations accepted.
 - B. Recommendations pending implementation.
 - C. Reasons for non-acceptance or partial implementation.

SIGNIFICANCE

Parliamentary Accountability

- Ensures Ministries report back on actions taken on Committee recommendations.

Improved Governance

- Helps identify implementation gaps and policy bottlenecks.

Legislative Oversight

- Strengthens Parliament's role in monitoring executive performance.

Policy Improvement

- Facilitates evidence-based refinement of government programmes and policies.

CHALLENGES

- Delays in implementing recommendations.
- Non-binding nature of Committee recommendations.
- Need for timely submission of Action Taken Notes by Ministries.
- Ensuring continuous monitoring of implementation.

WAY FORWARD

- Ensure prompt implementation of accepted recommendations.
- Strengthen follow-up through periodic Action Taken Reports.
- Improve coordination between Ministries and Parliamentary Committees.
- Enhance transparency in reporting implementation status.

KEY HIGHLIGHTS

- **Report:** 381st Report.
- **Type:** Action Taken Report (ATR).
- **Related to:** 364th Report on Demands for Grants (2025–26).
- **Ministry:** Ministry of Education.
- **Department:** Department of Higher Education.
- **Purpose:** Review Government's action on Parliamentary Committee recommendations.

PRELIMS BOOSTER BOX

- I. **Department-related Parliamentary Standing Committees (DRPSCs)**
 - A. Introduced in **1993**.
 - B. Currently **24 DRPSCs** examine the functioning of various Ministries and Departments.
- II. **Demands for Grants**
 - A. Presented annually as part of the **Union Budget**.
 - B. Examined by the respective DRPSCs before being voted upon in the Lok Sabha.
- III. **Action Taken Report (ATR)**

- A. Reviews the Government's response to recommendations made by a Parliamentary Committee.
 - B. Strengthens executive accountability to Parliament.
- IV. **Committee on Education, Women, Children, Youth and Sports**
- A. Examines matters relating to:
 1. Department of Higher Education.
 2. Department of School Education & Literacy.
 3. Ministry of Women and Child Development.
 4. Department of Youth Affairs.
 5. Department of Sports.

(c) 1 and 3 only

(d) 1, 2 and 3

Answer: (d)

3.PCIM&H REPRESENTS INDIA AT THE 5TH WHO EXPERT MEETING ON INTERNATIONAL HERBAL PHARMACOPOEIA



Key Highlights

- I. India is participating through **PCIM&H** in the WHO Expert Meeting.
- II. **Raman Mohan Singh** is representing India as an expert member.
- III. Technical experts from PCIM&H are participating virtually.
- IV. India is presenting:
 - A. Herbal monographs.
 - B. Technical documents prepared in consultation with WHO experts.
- V. The meeting aims to develop an **International Herbal Pharmacopoeia** with globally harmonized quality standards for herbal medicines.

PadhAI-GENERATED UPSC MCQ

Consider the following statements:

1. Department-related Parliamentary Standing Committees were introduced in 1993.
2. An Action Taken Report (ATR) reviews the Government's response to recommendations made in an earlier Parliamentary Committee report.
3. Department-related Parliamentary Standing Committees examine the Demands for Grants of Ministries under their jurisdiction.

Which of the statements given above is/are correct?

(a) 1 and 2 only

(b) 2 and 3 only

ABOUT THE WHO EXPERT MEETING

Objective

- Develop an **International Herbal Pharmacopoeia**.
- Harmonize global standards for herbal medicines.
- Promote quality, safety, purity, and scientific validation of traditional medicines.
- Facilitate international regulatory cooperation.

Participants

- Experts from WHO Member States.
- Pharmacopoeia specialists.
- Regulatory authorities.
- Traditional medicine experts.

ABOUT PCIM&H

Pharmacopoeia Commission for Indian Medicine & Homoeopathy

Ministry

- **Ministry of Ayush**

Functions

- I. Develop pharmacopoeial standards for:
 - A. Ayurveda.
 - B. Siddha.
 - C. Unani.
 - D. Homoeopathy.
- II. Publish official pharmacopoeias and formularies.
- III. Standardize medicinal plants and herbal formulations.
- IV. Support quality assurance of AYUSH medicines.

WHAT IS A PHARMACOPOEIA?

Definition

A **Pharmacopoeia** is an **official publication** that lays down standards for the **identity, quality, purity, strength, testing methods, and storage** of medicines and medicinal substances.

Importance

- Ensures safety and efficacy of medicines.
- Provides standardized analytical methods.
- Facilitates international acceptance and trade.
- Supports regulatory oversight.

SIGNIFICANCE

Global Recognition of Indian Traditional Medicine

- Enhances the international credibility of Ayurveda, Siddha, and other Indian systems of medicine.

Quality Assurance

- Promotes globally harmonized standards for herbal medicines.

Evidence-Based Traditional Medicine

- Strengthens scientific validation of traditional medicinal systems.

International Trade

- Facilitates wider acceptance of Indian herbal products in global markets.

Healthcare Cooperation

- Reinforces India's leadership in traditional and integrative healthcare.

CHALLENGES

- Variability in medicinal plant quality.
- Differences in national regulatory frameworks.
- Need for stronger scientific evidence.
- Conservation of medicinal plant biodiversity.
- Standardization across diverse traditional systems.

WAY FORWARD

- Expand research on medicinal plants and herbal formulations.
- Strengthen quality control and pharmacopoeial standards.
- Promote international collaboration through WHO.
- Encourage sustainable cultivation of medicinal plants.
- Build global acceptance through evidence-based research.

KEY HIGHLIGHTS

- **Indian Institution:** Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H).
- **Ministry:** Ministry of Ayush.

- **Event:** 5th WHO Expert Meeting on the Development of the International Herbal Pharmacopoeia.
- **Venue:** Hong Kong SAR, China.
- **Objective:** Develop harmonized global standards for herbal medicines.

PRELIMS BOOSTER BOX

- I. **Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H)**
 - A. Autonomous organization under the **Ministry of Ayush**.
 - B. Responsible for developing pharmacopoeial standards for **Ayurveda, Siddha, Unani, and Homoeopathy (ASU&H)** medicines.
- II. **Pharmacopoeia**
 - A. An official compendium prescribing standards for medicines, including their identity, purity, strength, quality, and methods of analysis.
- III. **World Health Organization Traditional Medicine Programme**
 - A. Supports Member States in integrating traditional medicine into national health systems through evidence-based policies, quality standards, and safety guidelines.
- IV. **WHO Global Centre for Traditional Medicine (GCTM)**
 - A. Established in **Jamnagar** in **2022**.
 - B. Serves as WHO's global knowledge hub for research, innovation, and evidence

generation in traditional medicine.

PadhAI-GENERATED UPSC MCQ

Consider the following statements:

1. The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) functions under the Ministry of Ayush.
2. A pharmacopoeia prescribes official standards for the identity, quality, purity, and testing of medicines.
3. The WHO Global Centre for Traditional Medicine is located in Jamnagar, Gujarat.

Which of the statements given above is/are correct?

- (a) 1 and 2 only
(b) 2 and 3 only
(c) 1 and 3 only
(d) 1, 2 and 3

Answer: (d)

4.ADVANCED SURGICAL EYE CAMP 'OPERATION DRISHTI' COMMENCES IN JHARKHAND



Key Highlights

- **Operation DRISHTI** is a humanitarian healthcare outreach initiative.
- Conducted jointly by the **Indian Army** and **Indian Air Force**.
- Venue: **Military Hospital Namkum, Ranchi**.
- More than **200 beneficiaries** will receive advanced eye surgeries free of cost.
- State-of-the-art medical equipment was airlifted by the Indian Air Force to support the camp.

ABOUT OPERATION DRISHTI

Objective

- Restore vision through advanced ophthalmic care.
- Improve access to specialized eye treatment in underserved regions.
- Extend humanitarian healthcare services beyond the Armed Forces.

Major Procedures Performed

- **Phacoemulsification** for cataract surgery.
- **Minimally Invasive Glaucoma Surgery (MIGS).**
- **Anti-VEGF Intravitreal Injections** for vitreo-retinal diseases.
- Comprehensive ophthalmic screening and diagnosis.

Leadership

- Surgical team led by **Sanjay Kumar Mishra.**

PREVIOUS OUTREACHS

Before Ranchi, **Operation DRISHTI** successfully organized advanced eye camps in:

- Leh
- Lakshadweep
- Bhuj
- Kutch
- Bagdogra

These initiatives have expanded access to specialized ophthalmic care in remote and underserved regions.

SIGNIFICANCE

Healthcare Accessibility

- Delivers advanced eye care services to populations with limited access to specialized treatment.

Civil-Military Cooperation

- Demonstrates the Armed Forces' contribution to humanitarian and public health initiatives.

Prevention of Avoidable Blindness

- Early diagnosis and treatment improve vision and quality of life.

Regional Healthcare Capacity

- Brings advanced medical equipment and specialist expertise to underserved areas.

CHALLENGES

- Limited availability of specialized ophthalmologists in remote regions.
- High burden of preventable blindness.
- Need for sustained follow-up after surgery.
- Healthcare infrastructure gaps in rural and tribal areas.

WAY FORWARD

- Organize similar outreach camps in other underserved regions.
- Strengthen community-based eye screening programmes.
- Promote awareness on early detection of cataract, glaucoma, and retinal diseases.
- Improve coordination between Armed Forces medical services and civilian healthcare institutions.

KEY HIGHLIGHTS

- **Initiative:** Operation DRISHTI.
- **Location:** Military Hospital Namkum, Ranchi.
- **Duration:** 15–19 June 2026.
- **Organizers:** Indian Army and Indian Air Force.
- **Beneficiaries:** Ex-servicemen, serving dependents, and underprivileged civilians.
- **Target:** More than 200 free advanced eye surgeries.

PRELIMS BOOSTER BOX

- Phacoemulsification**
 - A modern **cataract surgery** technique that uses ultrasonic vibrations to break and remove the cloudy lens, followed by implantation of an artificial intraocular lens.
- Glaucoma**
 - A group of eye diseases characterized by damage to the **optic nerve**, often associated with raised intraocular pressure.
 - It is one of the leading causes of **irreversible blindness** worldwide.
- Anti-VEGF Therapy**
 - Involves medicines that inhibit **Vascular Endothelial Growth Factor (VEGF)**.
 - Used to treat retinal disorders such as **age-related macular degeneration** and **diabetic macular edema** by reducing abnormal blood vessel growth and leakage.

IV. Armed Forces Medical Services (AFMS)

- The integrated medical service of the **Indian Army, Indian Navy, and Indian Air Force**.
- Responsible for providing healthcare to serving personnel, veterans, and their dependents, while also contributing to humanitarian assistance and disaster relief.

PadhAI-GENERATED UPSC MCQ

Consider the following statements:

- Operation DRISHTI is a humanitarian eye-care initiative jointly undertaken by the Indian Army and the Indian Air Force.
- Phacoemulsification is a commonly used surgical technique for cataract treatment.
- Anti-VEGF therapy is used in the treatment of certain retinal diseases.

Which of the statements given above is/are correct?

- 1 and 2 only
- 2 and 3 only
- 1 and 3 only
- 1, 2 and 3

Answer: (d)

5.FIELD OPERATIONS FOR HOUSELISTING AND HOUSING CENSUS COMMENCE IN HIMACHAL PRADESH; SELF-ENUMERATION BEGINS IN KERALA AND NAGALAND



Key Highlights

- I. **Houselisting and Housing Census (HLO)** begins in **Himachal Pradesh**.
- II. **Self-Enumeration (SE)** starts in:
 - A. **Kerala**
 - B. **Nagaland**
- III. Citizens in the two states can digitally submit census information.
- IV. Aims to improve the efficiency, accuracy, and transparency of census operations through digital technology.

ABOUT THE CENSUS OF INDIA

Conducted By

- **Office of the Registrar General and Census Commissioner, India (ORGI)**

Administrative Ministry

- **Ministry of Home Affairs**

Legal Basis

- **Census Act, 1948**
- **Census Rules, 1990**

Frequency

- Conducted **every 10 years (Decennial Census)**.

Importance

- Provides official demographic, social, and economic data.
- Supports policy formulation, planning, and resource allocation.
- Forms the basis for delimitation, welfare schemes, and development planning.

PHASES OF THE CENSUS

Phase I: Houselisting and Housing Census (HLO)

Collects information on:

- Housing conditions.
- Household amenities.
- Assets.
- Availability of drinking water, sanitation, electricity, etc.

Phase II: Population Enumeration (PE)

Collects information on:

- Population characteristics.
- Age.
- Sex.
- Education.
- Occupation.
- Migration.
- Language.

- Religion and other demographic details.

SELF-ENUMERATION (SE)

What is Self-Enumeration?

- A **digital facility** allowing households to **fill and submit census information online** before the enumerator's visit.

Benefits

- Reduces data entry errors.
- Improves accuracy and efficiency.
- Saves time during field verification.
- Promotes digital governance and citizen participation.

SIGNIFICANCE

Evidence-Based Governance

- Provides reliable data for public policy and planning.

Digital Transformation

- Introduces technology into census operations through self-enumeration.

Efficient Service Delivery

- Helps in better targeting of welfare schemes.

Urban and Rural Planning

- Supports infrastructure development and resource allocation.

CHALLENGES

- Digital literacy and internet accessibility.
- Ensuring data privacy and cybersecurity.
- Training enumerators in digital tools.
- Achieving complete population coverage in remote areas.

WAY FORWARD

- Expand awareness about self-enumeration.
- Strengthen digital infrastructure in rural and remote regions.
- Ensure robust data protection measures.
- Build capacity of census officials through continuous training.

KEY HIGHLIGHTS

- **Field Operations Started:** Houselisting and Housing Census in Himachal Pradesh.
- **Self-Enumeration Started:** Kerala and Nagaland.
- **Conducted By:** Office of the Registrar General & Census Commissioner, India.
- **Legal Framework:** Census Act, 1948.
- **Objective:** Accurate, technology-enabled collection of demographic and housing data.

PRELIMS BOOSTER BOX

I. **Census of India**

- A. Conducted every **10 years**.
- B. Administered by the **Office of the Registrar General & Census Commissioner, India (ORGI)** under the **Ministry of Home Affairs**.

II. **Census Act, 1948**

- A. Provides the legal framework for conducting the Census in India.
- B. Ensures confidentiality of individual census information.

III. **Registrar General & Census Commissioner of India**

- A. Head of the **Office of the Registrar General & Census Commissioner, India (ORGI)**.
- B. Also oversees the **Civil Registration System (CRS)** and **Sample Registration System (SRS)**.

IV. **Houselisting and Housing Census (HLO)**

- A. The **first phase** of the Census.
- B. Collects information on housing stock, household amenities, and living conditions.

collects information on housing conditions and household amenities.

- 3. The Office of the Registrar General & Census Commissioner, India functions under the Ministry of Home Affairs.

Which of the statements given above is/are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Answer: (d)

PadhAI-GENERATED UPSC MCQ

Consider the following statements:

- 1. The Census of India is conducted under the provisions of the Census Act, 1948.
- 2. The Houselisting and Housing Census is the first phase of the Census and