



# Beyond the Veil of Numbers: Understanding the Social Reality of SC and ST Women in Bakalir Chhara Enclave

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## ABSTRACT

*Paschim Bakalir Chhara (enclave) was one of the 51 Bangladeshi chhits /chits (enclaves) in India geographically located in Dinhata Sub-division, Cooch Behar district prior to the ratification of the India-Bangladesh Land Boundary Agreement (LBA) in 2015. This article examines the social status of SC and ST women in Paschim Bakalir Chhara, tracing its demographic characteristics, and the challenges faced by its concerned Scheduled Caste (SC) and Scheduled Tribe (ST) women residents under a stateless existence and after enclave exchange in 2015. It also highlights the impact of the 2015 enclave exchange on the social condition after this enclave became an integral part of the Indian state.*

**Keywords:** Chhitmahal, Enclaves, Education, Health, SC-ST.

## 1. INTRODUCTION

India-Bangladesh chits were a burning problem from the partition of India to 2015. These enclaves were the legacy of complex feudal arrangements from the Mughal period, solidified during colonial rule and exacerbated by the Partition of 1947 (Whyte, 2002). Before the exchange of enclaves in 2015, there were 111 Indian enclaves inside Bangladesh and 51 Bangladeshi enclaves inside India (Ministry of External Affairs [MEA], 2015). The enclaves like Bakalir Chhara, therefore, illustrate how people could be territorially and legally detached from their parent state for decades before the exchange of enclaves in 2015. India undertook significant efforts to rehabilitate the people who opted for Indian citizenship after the exchange of enclaves. Enclave residents were provided in Cooch Behar district of West Bengal, with access to electricity, education, healthcare, and employment programs. Implementation of the LBA began on 31 July 2015, termed as “Chhitmahal Mukti Divas” (Liberation Day of Enclaves) in India.

## 2. HISTORICAL BACKGROUND OF ORIGIN

The origins of enclaves traced back to pre-colonial arrangements between the Kingdom of Cooch Behar and the Mughal Empire (Whyte, 2002). After the Partition of India, these enclaves became part of independent India and Pakistan (later Bangladesh) yet remained geographically isolated from their mainlands (Schendel, 2002; Whyte, 2002). Because no government could exercise effective jurisdiction in their respective chits and therefore, residents of this chits lacked state services such as healthcare, education, and infrastructure (Roy, 2017). 1958 Nehru-Noon Agreement: Proposed mutual exchange of enclaves, but was not ratified. 1974 Indira-Mujib Agreement: Signed by Prime Ministers Indira Gandhi and Sheikh Mujibur Rahman; proposed land swaps and demarcations. The landscape began to change on 1 August 2015, when the long-delayed Indira-Mujib Agreement (1974), formalized by its 2011 protocol, was finally implemented (Barman, 2024)

The 2015 Land Boundary Agreement (LBA) between India and Bangladesh marked a major breakthrough in resolving a long-standing border issue. The primary feature was the exchange of enclaves: India transferred 111 enclaves (17,160 acres) inside Bangladesh, while Bangladesh handed over 51 enclaves (7,110 acres) inside India. Despite a net territorial loss of around 10,000 acres, the agreement was seen as a diplomatic and humanitarian success (Ministry of External Affairs, 2015).

A vital provision of the agreement allowed enclave residents to choose their citizenship. Those in Indian enclaves in Bangladesh could either remain and accept Bangladeshi citizenship or relocate to India. Likewise, residents in Bangladeshi enclaves in India had similar options. Only 989 individuals chose to move to India; the majority chose to remain in place (Chakma, 2016).

Additionally, the agreement settled disputes in four key border areas—South Berubari, New Moore Island (South Talpatti), the Muhuri River, and Dumabari—enabling the demarcation of the 4,096 km border. This implementation required India to pass the 119th Constitutional Amendment Act in 2015 (Lok Sabha, 2015).

### **3. POPULATION AND AREA OF STUDY**

Paschim Bakalir Chhara was one among the isolated land pockets known as Bangladeshi chhit that exists now as Indian part located in Bamanhat Gram Panchayat, Dinhata Sub-division, Coochbehar district. It is one of 31 populated chits (though 51 enclaves of Bangladesh in India. Rest 20 enclaves have no population). There are 765 people in Paschim Bakalir Chhara as per joint census done by India and Bangladesh. This (former) enclave is the Scheduled caste (SC) and Scheduled Tribe (ST) majority area. The number of SC and ST people are 540 and 225 respectively. 388 men and 377 women respectively are there in the enclave covering roughly 151.98 acres of land. Most of the residents practise subsistence agriculture. Bengali/Kamatapuri/Rajbanshi-speaking all are Hindus mixed with different castes SC and ST). Migrated Tribal Hindus (Oraon) are the second largest population in the enclave. No Muslim resides in the enclave as per official record. To know the social status of the women in the chit, a survey was done with a number of women respondents (SC/ST) of 150.

### **4. OBJECTIVES OF THE STUDY**

The study aims to examine the social status of the said enclave dweller SC and ST women in the context of the India-Bangladesh enclave exchange. The specific objectives are:

- To explore the social status of SC/ST women on education, health, marriage, and some other basic amenities.
- To examine whether they are empowered or not.

### **5. METHODOLOGY**

This study employed a mixed-methods approach, integrating both qualitative and quantitative techniques to capture a comprehensive understanding of the research context. Data were collected from 150 SC and ST women respondents, including individuals from diverse age groups and social backgrounds, to ensure a representative sample. Basic demographic information, such as age, gender, education level, and occupation, was gathered to support statistical analysis. In-depth interviews were conducted with selected families to explore personal narratives and intergenerational experiences. This combination of quantitative breadth and qualitative depth enabled triangulation of data and strengthened the reliability and richness of the study's findings.

### **6. SOCIAL STATUS**

Prior to the 2015 India-Bangladesh Land Boundary Agreement, residents of enclaves like Bakalir Chhara (land locked within India) lived in conditions of de facto statelessness—nominally as Bangladeshi but lacking valid Bangladeshi identity documents. As a result, they were denied access to fundamental rights from Bangladesh, such as citizenship, voting, education, healthcare, and formal employment. This exclusion led to deep social marginalization of the

Paschim Bakalir Chhhara like other chits. Enclaves such as Paschim Bakalir Chhara have been integrated into Indian territory, specifically West Bengal's Cooch Behar District (Ministry of External Affairs [MEA], 2015) coming out from a Bangladeshi enclave. The Indian government soon launched social developmental works for the benefits of the chit dwellers from time to time. Despite these efforts, integration remains uneven. Residents continue to report bureaucratic delays, limited economic opportunities, and ongoing social marginalization (Roy, 2017). A decade is over now from 2015 CE to 2025 CE. Although enclave residents have now acquired Indian citizenship and formal access to state services, many still face social stigma. Our objective is to discuss the social status of SC and ST women of Paschim Bakalir Chhara.

**Table no. 1-** SC and ST population surveyed in Bakalir Chhara

Category	Number of respondents	Percentage
SC	90	60%
ST	60	40%
Total	150	100

(Source: Primary Field survey-2025)

A majority of the surveyed population (90 out of 150, which is 60%) belongs to the Scheduled Castes, indicating a high representation of historically disadvantaged groups. 60 individuals, i.e., about 40% of the population of the survey, belong to Scheduled Tribes, showing a significant tribal presence. They are also included in the disadvantaged groups. There were no individuals from the Other Backward Classes or any other unlisted categories in this survey. The entire surveyed population belongs to SC and ST communities, reflecting a socially marginalized or underrepresented group demography. This may suggest that the area surveyed is either a reserved or remote locality where SC/ST communities are predominant.

**Table No.: 2: Surveyed Population religion basis: women statistics as per sub-caste**

Sub-caste	Count	Percentage
Rajbanshi	90	60%
Oraon	60	40%
Total	150	100

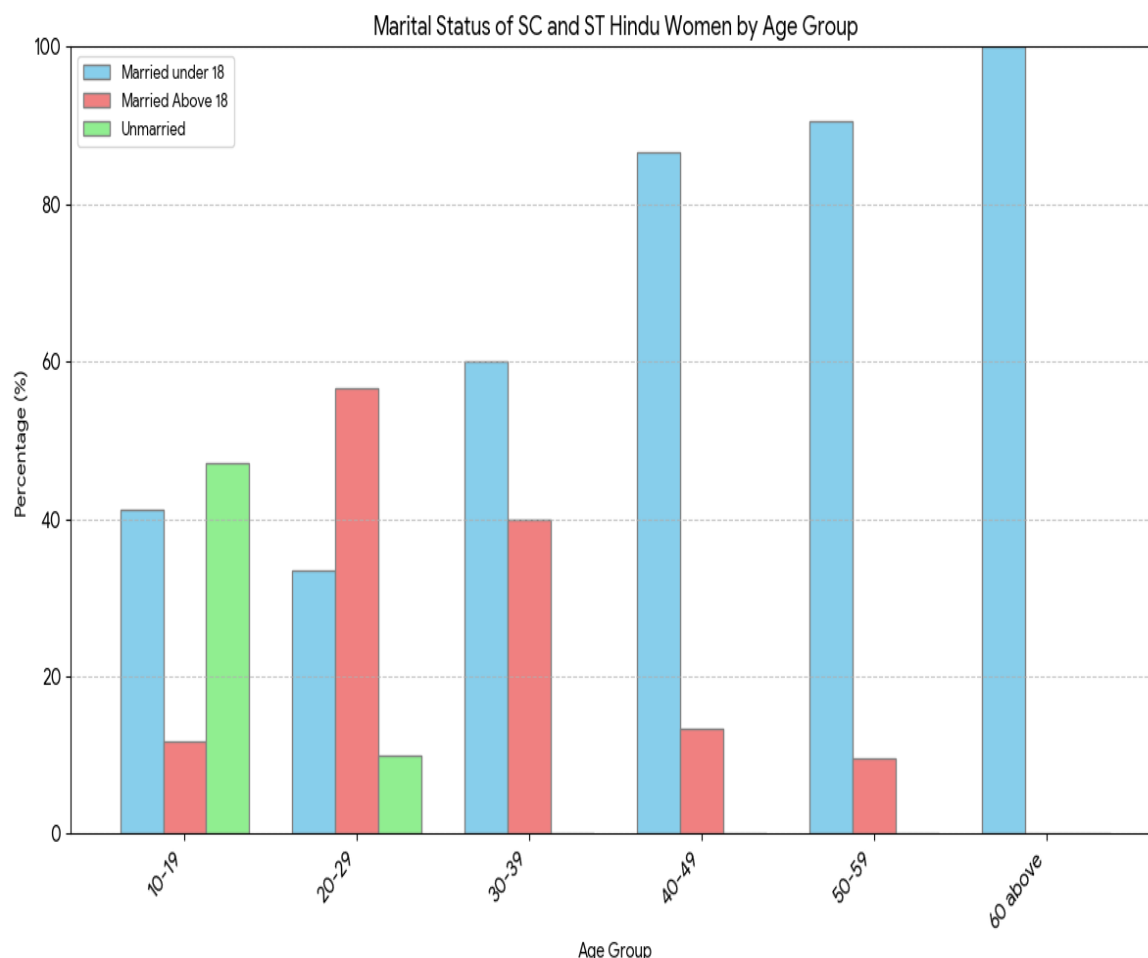
(Source: Primary Field Survey-2025)

With the help of the above table, it is shown that Rajbanshi (90 individuals, 60%) is the largest group in the surveyed population. Rajbanshis are typically classified as Scheduled Castes (SC) in West Bengal, though in some regions they may claim ST/OBC status out of West Bengal. Their dominance in number aligns with the earlier data showing 85 individuals as SC—indicating these Rajbanshis are counted under the SC category. The number exactly matches the ST figure in the caste-wise data, suggesting that all ST (60 individuals (40%) individuals are Oraon tribes. Oraon are indigenous tribal communities found widely in Eastern India and Bangladesh. Hindus (Brahmin, Namasudra) and Nashya-Shakha (converted Muslim) individuals from the other significant sub-castes were not recorded and there is no existence of these significant sub-castes in the enclave as per official record (Joint census conducted by Indian Bangladesh, 2011). The respondents consist entirely of Rajbanshi (SC) and Oraon (ST) communities. However, the chit represents no Muslim community other than Hindus. The Oraon is included in Hindu community by faith though they originally came from tribal communities. The data reflects a social composition dominated by marginalized

castes, indicating focus on backward areas. This kind of demographic profile is significant for targeted policy planning, welfare schemes, and development programs aimed at SC/ST communities.

**Table no. 3- Age group wise Marital Status of SC and ST Hindu women.**

Age group	Married under 18		Married Above 18		Unmarried		Total in group	
	Count	%	Count	%	Count	%	Count	%
<b>10-19</b>	7	41.18%	2	11.76%	8	47.06%	17	100%
<b>20-29</b>	10	33.33%	17	56.67%	3	10.00%	30	100%
<b>30-39</b>	15	60.00%	10	40.00%	Nil	0.00%	25	100%
<b>40-49</b>	26	86.67%	4	13.33%	Nil	0.00%	30	100%
<b>50-59</b>	19	90.48%	2	9.52%	Nil	0.00%	21	100%
<b>60 above</b>	27	100.00 %	0	0.00%	Nil	0.00%	27	100%
<b>Total</b>	104	69.33%	35	23.33%	11	7.33%	150	100%



**Figure 1 Marital Status**

The table shows that out of 150 respondents, 104 women (69.33%) were married before the age of 18 — a very high rate of child marriage. Particularly high rates of child marriage are seen in:

- 60+ group: 100% married under 18 — reflects past social norms.
- 50–59 group: 90.48% married under 18.
- 40–49 group: 86.67% married under 18.

This trend suggests historically entrenched practices of child marriage, although this practice seems to be declining in younger cohorts.

35 women (23.33%) married above 18. The 20–29 age group has the highest proportion (56.67%) of women married after 18 — a positive indicator of change. The majority have married above 18 (age group 20–29 years) aligning with the trend of adult marriage and it indicates a shift toward legal compliance and possibly changing aspirations among young women.

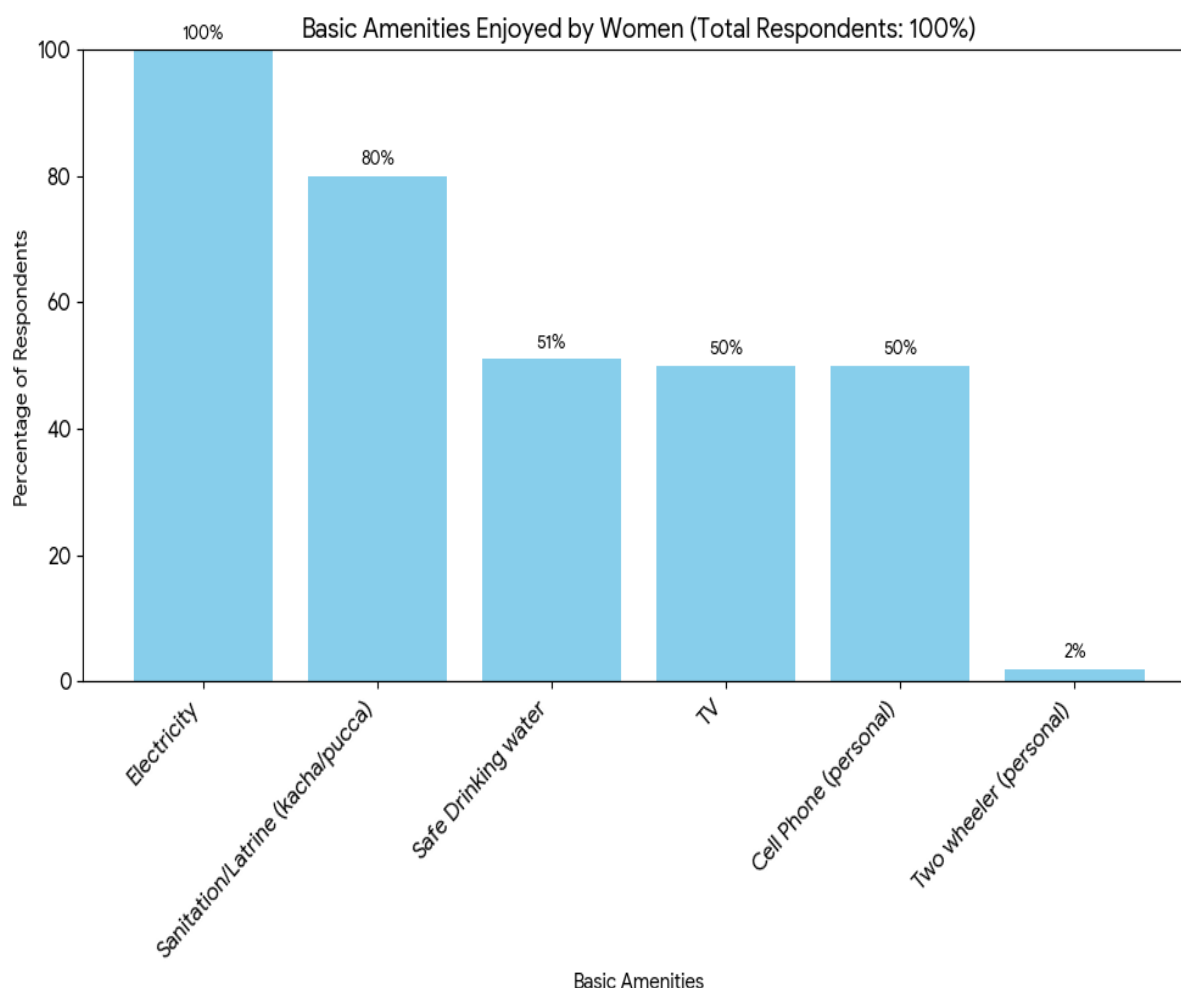
Only 11 women (7.33%) in the total sample are unmarried. Most of the unmarried women are concentrated in the 10–19 group (47.06%), indicating they may still be in the age window for marriage, which reflects growing legal awareness and increasing access to education and government campaigns discouraging child marriage. Unmarried rates drop drastically after the age of 20.

However, a large percentage of respondents overall were still married before 18, showing the deep-rooted nature of the practice, especially among older generations. This calls for continued social reform, community engagement, and policy implementation to fully eliminate early marriage.

**Table No. 4- Basic amenities which women enjoy**

Basic amenities	Total respondents 100%
Electricity	100%
Sanitation/Latrine (kacha/pucca)	80%
TV	50%
Two-wheeler (personal)	2%
Cell Phone (personal)	50%
Safe Drinking Water	51%

(Source: Primary Field Survey-2025)



**Figure 2. Basic amenities enjoyed by Women**

The table shows that all women have access to electricity (100%) — a strong indicator of infrastructural coverage in the area. A large majority have access to latrines (80%) (kacha or pucca), though the quality may vary. These two figures suggest basic infrastructure is in place, especially in terms of essential services.

Only just over half of the women (51%): have access to safe water — a critical health concern. These figures indicate moderate access to information and communication (Television (50%) & Cell Phones (50%)), which may limit women's exposure to education, health messaging, and news. Extremely women (2%) have low personal mobility (Two-Wheelers) which indicates poor economic empowerment and limited independence in terms of travel.

Electricity and sanitation access show significant development, but clean water — a basic human necessity — still lacks universal access. While half the women own a mobile phone, the other half may remain disconnected from essential digital services. Extremely low access to personal vehicles (2%) shows restricted mobility, particularly in emergency or economic activities.

## 7. EDUCATIONAL STATUS

Paschim Bakalirchhara prior to 2015, like most enclaves, lacked formal educational institutions. No government-run or private run schools existed due to the absence of administrative access and state support from country. Residents were totally cut off from mainland Bangladeshi public services, including education due its landlocked location within India.

However, the dwellers took the opportunity of education from nearby Indian educational institutions though they were Bangladeshi nationals prior to 2015. Willing parents concealed their own identity when they got their children admitted to school or college. No one was allowed to take admission with the address of the enclave in the Indian educational institutions. In a word, parents had to delete their own names on identity cards of their own children, with a view to admit them. Indian addresses had to be incorporated in their children's birth certificates rather than real addresses and parental names were changed into the names of close relatives. Duplicate birth certificates consist of rented father's name of the said children in exchange of money in many cases. Simply it is to prove to be Indians and get facilities the same as the Indian citizens enjoyed. However, a primary school was established after 2015 in the Bakalir Chhara where the students belong to the SC and ST community.

**Table no. 5- Female Literacy in Paschim Bakalir Chhara (age group-wise)**  
(Total respondents: 150)

Age groups	Literate	Illiterate	Percentage of literacy	Percentage of illiteracy
<b>10-19</b>	27	1	96.4%	3.6%
<b>20-29</b>	33	2	94.3%	5.7%
<b>30-39</b>	20	5	80.0%	20.0%
<b>40-49</b>	4	14	22.2%	77.8%
<b>50-59</b>	4	17	19.0%	81.0%
<b>60 above</b>	2	21	8.7%	91.3%
<b>Total</b>	90	60	60%	40%

(Source: Primary Field Survey-2025)

The data shows a clear generational divide in female literacy in Paschim Bakalir Chhara. Out of 150 women surveyed, 60% are literate, while 40% remain illiterate. Literacy is exceptionally high among younger women: the 10–19 and 20–29 age groups show 96.4% and 94.3% literacy respectively, reflecting improved educational access and awareness in recent decades. However, a gradual decline begins in the 30–39 group with 80% literacy. The drop becomes severe in older groups: 22.2% in the 40–49 bracket, and only 19% in the 50–59 group. The situation is most alarming for the 60+ group, where just 8.7% are literate and 91.3% are illiterate. This trend highlights past neglect of female education, especially for older generations. It also underlines the success of more recent literacy efforts for young women. To bridge the gap, targeted adult literacy programs are essential for older women.

**Table no. 6- Respondents who took their education or are taking their education in India in the following types of institutions from pre-2015 to the present.**

Age group	Government	Private
10-19	27	Nil
20-29	33	Nil
30-39	20	Nil
40-49	4	Nil
50-59	4	Nil
60 above	2	Nil
Total	90	

(Source: Primary Field Survey-2025)

The data on the place of education for literate women in Paschim Bakalir Chhara from pre-2015 to the present reveals a consistent reliance on government schools across all age groups. All 90 literate respondents received or are receiving education exclusively in government institutions, with no representation in government-aided or private schools.

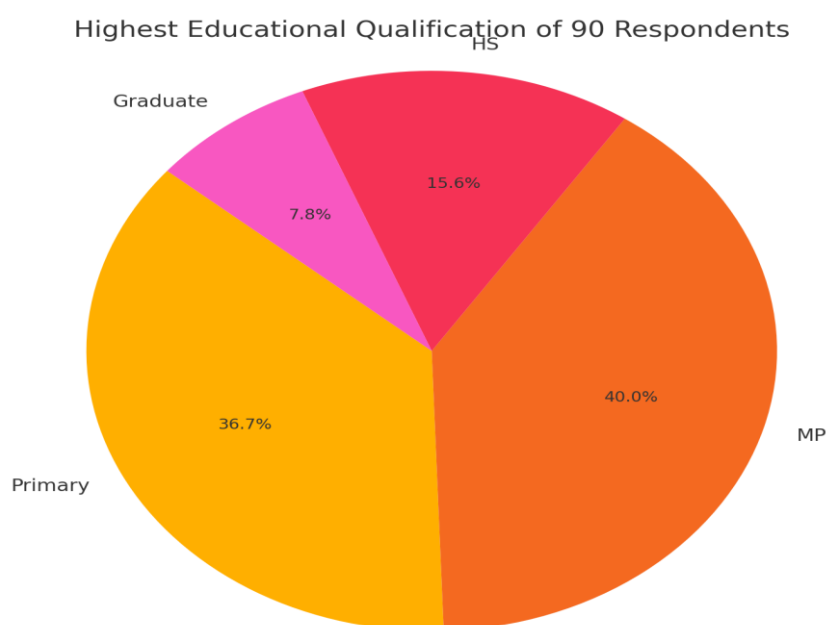
This pattern is likely due to the historical socio-economic marginalization of enclave residents before the 2015 Land Boundary Agreement. Prior to official integration with India, access to private or aided institutions was virtually non-existent due to legal, financial, and geographic barriers. Even after 2015, public institutions remained the only accessible option, as private and aided schools were either unavailable locally or unaffordable. Prior to 2015, the interested enclave dwellers accessed their education from Indian territory by concealing their real address and parental names (interview with an enclave dweller).



**Table no. 7- Age group-wise highest educational qualification of 90 respondents belong to Rajbanshi and Oraon.**

Age group	Primary	MP	HS	Graduate	PG	Others	Total
10-19	8	12	7	Nil	Nil	Nil	27
20-29	7	16	5	5	Nil	Nil	33
30-39	10	6	2	2	Nil	Nil	20
40-49	3	1	Nil	Nil	Nil	Nil	4
50-59	4	Nil	Nil	Nil	Nil	Nil	4
60 above	1	1	Nil	Nil	Nil	Nil	2
Total	33	36	14	7			90

(source: Primary Field Survey-2025)



**Figure3. Highest Education of 90 Respondents**

The educational profile of 90 Rajbanshi and Oraon women shows generational variation. The 20–29 age group forms the largest segment (33 respondents; 36.7%), followed by 10–19 (27; 30%) and 30–39 (20; 22.2%). Older age groups (40+) together constitute only 12 respondents (13.3%), indicating the youth-dominated nature of the data.

Educationally, MP (Madhyamika Pass) is the most common qualification with 36 respondents (40%), followed by Primary with 33 (36.7%), HS (Higher Secondary) with 14 (15.6%), and Graduation with 7 (7.8%). No respondent has attained post-graduation, and none are classified under “Others.”

Notably, education levels are significantly better among women aged 10–29, with all graduate-level qualifications and higher secondary education occurring within this group. In contrast, women aged 40 and above predominantly have

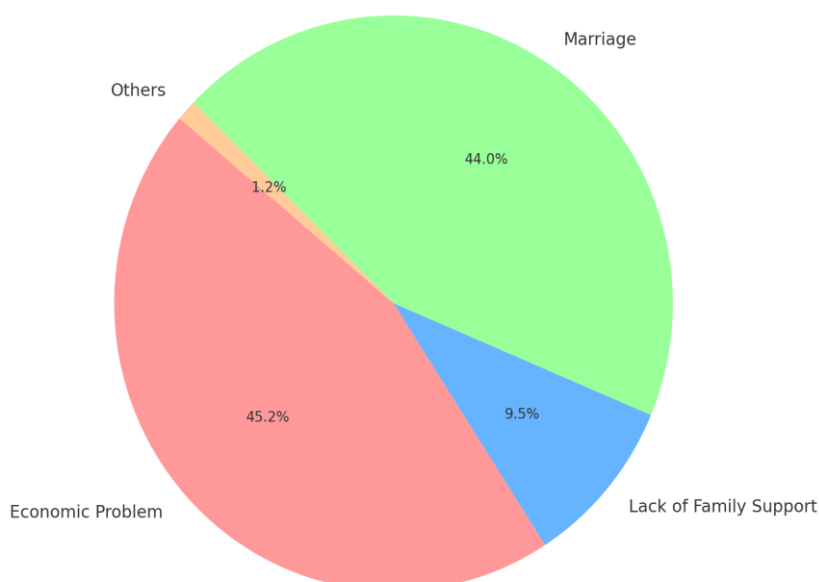
only primary or MP education. This trend indicates improving educational access among younger generations, though higher education remains limited overall.

Most of the families depend on agriculture or daily-wage labour, often involving children in work, which leads to low enrolment and high dropout rates. After integration, educational infrastructure remains weak— underfunded, and lacking number and qualified teachers. Parents, being first-generation learners, are often unaware of the long-term benefits of education, and there is a lack of role models within the community. Girls face challenges such as early marriage, lack of family support, economic crisis and other causes. These factors together contribute to the continued educational marginalization of the women in this area.

**Table no. 8- Causes of Discontinuing Education up to HS Level (Total Respondents: 83)**

Causes	Number of Respondents	Percentage (%)
Economic Problem	38	45.78%
Lack of Family Support	8	9.63%
Marriage	37	44.57%
Others	1	1.20%
Total	83	100

Causes of Discontinuing Education up to HS Level (Total Respondents: 83)



**Figure 4. Causes of discontinuing education**

Economic problems (45.78%) and marriage (44.57%) are the two most significant reasons for discontinuing education among the respondents. A minority (9.63%) cite lack of family support, while only 1.2% stopped due to other reasons.

This pattern suggests a strong link between socio-economic hardship, early marriage, and educational discontinuation, especially in marginalized communities.

## 8. HEALTH

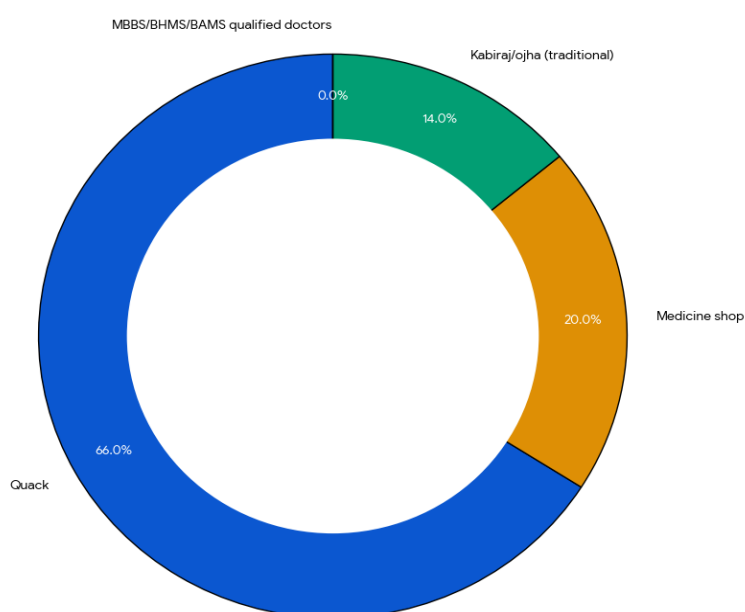
Prior to this, the enclave was isolated, lacking formal health infrastructure. Residents had no access to clinics, hospitals, or maternity facilities within the enclave. In medical emergencies, they were forced to cross into neighbouring Bangladeshi areas, often facing legal restrictions and financial barriers that hindered timely treatment. In the absence of qualified healthcare professionals, the community relied on traditional healers—locally known as 'Kaviraj' or 'Ojha'—whose unscientific methods often resulted in misdiagnoses and worsened health conditions. Women were especially vulnerable, with no maternal care or family planning resources.

**Table no. 8- Primary Sources of Treatment. (Total women Respondents: 150)**

Primary treatment from whom	Number of respondents	Percentage
Quack	99	66%
Medicine shop	30	20%
Kaviraj/ojha (traditional)	21	14%
MBBS/BHMS/BAMS qualified doctors)	0.00	0.00
total	150	100

(Source: Primary Field Survey-2025)

Primary Sources of Treatment (Total Women Respondents: 150)



**Figure 5. Primary source of Treatment**

The majority (66%) of the people took health treatment from quacks, which indicates a high level of dependence on unqualified practitioners. This points to a lack of access to professional medical care. 20% of respondents rely on medicine shops for advice and drugs, suggesting self-medication or informal consultations are common. 14% still depend on traditional healers like Kaviraj or Ojha, reflecting strong cultural beliefs or absence of modern healthcare facilities. Alarming, none of the respondents consult qualified MBBS/BHMS/BAMS doctors for primary treatment, which signals either extreme healthcare inaccessibility or lack of awareness or. However, in the extreme level all they consult the above qualified doctors.

Despite formal inclusion in Indian welfare systems, the enclave continues to suffer from inadequate health infrastructure. Many areas lack properly equipped health centres, forcing residents to travel significant distances—often up to 30 km to places like Dinhata Sadar hospital—for basic medical treatment. This geographical isolation significantly hampers timely healthcare access.

The data reveals severe health infrastructure gaps, with an overwhelming reliance on informal and unregulated sources. This demands urgent policy attention, health awareness campaigns, and deployment of qualified healthcare providers in the area.

Although government funds have been allocated for healthcare improvements, including the construction of Integrated Child Development Services (ICDS) centres (Anganwadi centre) and community health facilities, progress has been slow. Delays in implementation have limited the tangible benefits these projects were meant to deliver, leaving health outcomes largely unchanged.

## **9. FINDINGS**

The findings from Paschim Bakalir Chhara Chhit portray a community of SC/ST women grappling with deep-rooted marginalization despite post-2015 integration into India. Dominated by Rajbanshi and Oraon women, the enclave shows progress in literacy among younger generations (over 90% in ages 10–29) and access to basic amenities like electricity and sanitation. Yet, severe challenges persist: 69.33% of women were married before 18, higher education is rare, and negligence is shown towards healthcare issues. No women seek qualified doctors for primary treatment; most rely on quacks (66%) and traditional healers (14%). Access to personal mobility (2%) and clean water (51%) remains inadequate, highlighting gendered economic and health disparities. It, therefore, is very clear that the majority of the ST and SC women are not empowered in the social parameters.

## **10. RECOMMENDATIONS**

1. To establish more high schools within walking distance, provide scholarships, uniforms, books, and bicycles for girls, particularly from ST/SC groups, establish residential tribal schools (e.g., Eklavya Model Residential Schools) as recommended in the National Education Policy (NEP) 2020 (Ministry of Education, 2020), train and recruit local tribal youth as para-teachers when they will be eligible.
2. To introduce mother-tongue-based multilingual education in primary grades. Rajbanshi/Kamatapuri language is mother tongue of the SC (Rajbanshi), but so far, no School based on this language is established. Therefore, let a Rajbanshi (Kamatapuri) school be established in this area.
3. To Introduce Adult Literacy Programs for older women, special evening classes and village-based learning centres should be initiated.
4. To set up PHCs/Sub-Centres with female health workers and maternity care. Organize monthly medical camps with qualified doctors.
5. To launch IEC (Information, Education, and Communication) campaigns on nutrition, hygiene, contraception, and maternal care through Anganwadi centres and schools.
6. To eliminate Child Marriage form community vigilance groups, incentivize late marriages through government schemes, and ensure strict implementation of child marriage prohibition laws.

7. To start tailoring, handicraft, food processing, and Agri-based vocational training centres for women and link them to local markets via SHGs.
8. To install community water filters and ensure regular water quality monitoring and access to safe drinking water, especially for households with women.
9. To provide digital literacy training and distribute subsidized smartphones to bridge the information gap.
10. Transport Support: Introduce rural e-rickshaw or bicycle bank schemes for women to ensure access to schools, hospitals, and markets.
11. Support women's economic empowerment and mobility, possibly through subsidies or access to shared/public transport services.

## **11. CONCLUSION**

Women of India are lagging behind due to lack of empowerment in the area under the present study. A lot is left to be done, we have yet miles to go to make our dream come true. As India is moving fast towards 'Viksit Bharat' 2047, the empowerment of women of all sections of the society is essential. Achieving gender equality and empowering women will make India stronger in all sectors and create a better future for all its people. The dwellers of Chhitis who were deprived of the basic human rights for a long time, should become co-travellers in the journey of making India 'Atmanibhar', i.e. 'Self-reliant'. If it is possible, our desired goal to transform India into 'Viksit Bharat' will become a reality.

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