



प्राणाभिस्तरः प्राणायतनानाम्

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कमांक/Ref. No. 20-28/2022-Regn. (Regulation)

दिनांक/ Dated: 06.05.2022

Corrigendum

Public Notice

With reference to the Public Notice dated 04.05.2022 in respect of draft, Board of Ethics & Registration regulation 2022, I hereby inform you that due to oversight the email on which the comments with justification were asked, was mentioned president.berism@gmail.com instead of president.berism@ncismindia.org

Therefore, Public in General & Experts, Stakeholders and organizations are requested to kindly submit your Valuable Comments on draft, Board of Ethics & Registration regulation 2022, with Justification only on **president.berism@ncismindia.org** within one month.

Inconvenience caused highly regretted.

15/5-22

(Dr. Raghurama Bhatta U.)
Secretary I/c, NCISM

Copy to: -

1. Chairperson, National Commission for Indian System of Medicine, New Delhi-110058.
2. President, Board of Ethics and registration, NCISM, New Delhi
3. Guard file.

(Dr. Raghurama Bhatta U.)
Secretary I/c, NCISM



Draft Board of Ethics and Registration, Regulation, 2022

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BOARD OF ETHICS AND REGISTRATION REGULATION 2022

In exercise of powers conferred under section 10, 26, 27, 31, 32, 33, 34, 35, 36, 55, 57 and 59 of the National Commission for Indian System of Medicine Act, 2020 and all other powers enabling in it, in that behalf, the Government of India, hereby makes the following regulation.

Short Title – This regulation may be called “National Commission for Indian System of Medicine, Board of Ethics and Registration Regulation, 2022”.

Definitions as under: -

1. In this regulation unless the context otherwise requires.

- a) “Act” means the National Commission for Indian System of Medicine, Act 2020.
- b) “Board” means the Board as defined under section 18(d) of the National Commission for Indian System of Medicine, Act, 2020.
- c) “State Council” means the “State Medical Council” as referred to in Section 2 (r) of the National Commission for Indian System of Medicine, Act 2020, in any state or union territory.
- d) “National Register” means the “National Register” of Indian System of Medicine as referred to in Section 2(m) of the National Commission for Indian System of Medicine, Act 2020.
- e) “State Register” means the “State Register” as defined under Section 2(s) of National Commission for Indian System of Medicine, Act 2020.
- f) “Practitioner” means a person who is the Registered Practitioner of Ayurved, Siddha, Sowa - Rigpa or Unani System of Medicine, registered under the State Register and/or the National Register.
- g) Inquiry Committee means the Committee appointed by the,
 - g.a) State Council that shall be headed by the President/Chairman of the inquiry committee as the case may be, appointed by the President of the State Council, for the purpose of Conducting Inquiry as mentioned in Chapter 3 of this Regulation.
- h) Registrar –As referred to and defined under **Rule 40 (a)** of this Regulation.

- i)** Patients Representative - a patients representative means a person who belongs to the patient's family, is a patient's friend, guardian and/or any such person as authorized under any such law in force in this regard.
- j)** Notification – a notification means any circular or notice or official order i.e., issued by the board or commission giving out any direction, clarification, and information as mentioned in the relevant rules of this chapter.
- k)** Indian System of Medicine: As per section 2(h) of the act, the “Indian System of Medicine” means the Ashtang Ayurved, Unani, Siddha and Sowa-Rigpa Systems of Medicine supplemented by such modern advances, scientific and technological development as the Commission may, in consultation with the Central Government, declare by notification from time to time.
- l)** Ayurved - Ayurved i.e. ashtanga Ayurved, means eight main specialties of Ayurved viz., Kayachikitsa (General/Internal Medicine), Shalya Tantra (Surgery), Shalakya Tantra (Ophthalmology, Oto-Rhino-Laryngology & Oro-Dentistry), Kaumarabhritya (Obstetrics, Gynecology & Paediatrics), Agada Tantra (Clinical Toxicology), Bhuta Vidya (Clinical Microbiology, Clinical Psychology & Psychiatry), Rasayana (Preventive, Promotive, Rejuvenative Medicine & Gerontology) and Vajikarana (Reproductive Medicine & Epigenetics) and other specialized branches of Ayurved.
- m)** Unani - The Unani-Tibb Medicine is a medical system that deals with the management of health and diseases. It provides preventive, promotive, curative and rehabilitative healthcare with holistic approach. It is a Science by which one learns the various states of the human body, in health and disease condition by which health is likely to be lost, and when lost, is likely to be restored with various specialties of Unani-Tibb Medicine.
- n)** The Siddha means a system i.e. is based on a combination of ancient Indian medicinal practices and spiritual disciplines of health care. The word "Siddha" comes from the Sanskrit and Tamil word “Siddhi” which means “an object to be attained” or “perfection” or heavenly bliss”. The Ancient Siddhars were the originators of Siddha medicine. Siddha imparts four kind of knowledge and they are: 1. Vaidhyam (medical system as Ashtang

Ayurved) 2. Vatham (alchemy the use of minerals, metallic composition in medicine) 3. Yogam (AshtangaYogam) 4. Jnanam (Knowledge acquired from ancient philosophical and modern scientific tools)

- O) Sowa-Rigpa:-** Sowa Rigpa is also commonly Known as Aamachi Medicine. The Term Sowa-Rigpa is derived from Bhoti language which means knowledge of healing. The term Aamachi is made up of two words of Ayurved Sanskrit. Ama means disease and Chi/Chay means removal. So the Aamachi is the person who removes the disease i.e. Physician Vaidya.

The Sowa-Rigpa (Aamachi Medicine) is Similar to Ayurveds, Propagated by Lord Budha and practiced mainly in Himalaya region in India .It was officially included in Indian System of Medicine in the year 2011-12 under the IMCC Act 1970.

- 2.** The words and expressions used in this regulation but not defined therein shall have the same meaning as respectively assigned to such words and expressions in the Act.

DRAFT REGULATIONS

CHAPTER – 1

Standards of Indian Medicine of Professional Conduct, Etiquettes, and Code of Ethics and Punishment for violation.

3. Duties and Responsibilities of the Practitioner in General.

- a) **Character of Practitioner** - A Practitioner shall uphold the dignity and honor of his/her profession.
- b) The primary object of the medical profession is to render service towards the diseased and for those in dire need of medical help; reward or financial gain is a subordinate consideration.
- c) Whosoever chooses this profession, pledges himself / herself to the solemn duty to conduct himself / herself in accordance with its greatest ideals. A Practitioner should be an honorable person, instructed in the art of healings, shall have extensive theoretical, knowledge and practical experience, deep knowledge of Body-mind Constitution and most importantly shall have a pure and infallible character. He/ She shall be diligent in caring for the sick; he / she should be modest, sober, patient, immaculately clean, prompt in discharging his/her duties and shall be without anxiety; fear, greed, confusion, anger, and falsehood. He / She shall be free from all kinds of immorality both in his/her personal and professional life.
- d) No person other than a Practitioner having the qualification as is recognized under chapter VI of the Act is allowed to practice Indian System of Medicine as defined in the Act and this regulation.

4. Maintaining Good Medical Practice

- a) The principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and people at large. Practitioners should merit the confidence of patients entrusted to their care rendering to each a full measure of service and devotion and treat them as a member of their family. Practitioners should strive, continuously to improve his/her medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The Practitioner should practice methods of healing founded on the tradition of Indian systems of medicine and scientific basis and should not associate

professionally with anyone who violates this principle. The honored ideals of the Medical Profession imply that the responsibilities of the practitioner extend not only towards the individuals but also towards society and the nation at large.

- b) Membership in Bodies of Indian System of Medicine:** For the advancement of his/her profession, a practitioner should affiliate with associations and societies of Indian System of Medicine and Medical Professions and involve actively in the functioning of such bodies and learn from his/her peers and experts in the profession.
- c)** A Practitioner should participate in professional meetings i.e., continuous Medical Education Programmes approved by the Board and / or State Councils, as part of his/her lifelong quest to attain knowledge of and develop his/her skills in the Indian System of Medicine and such modern medicine advances, Scientific and Technological Development as the Commission may declare by time to time through notification in this regard, and shall attain at least 50 credit points of CME through any of the activities as mentioned in Rule 28(e) of this Regulation as prescribed by the Board in every Five Years. The compliance of this requirement shall be informed regularly to National Commission for Indian System of Medicine, and the State Medical Councils as prescribed by the Board. The compliance of this requirement shall be mandatory at the time of renewal of his/her registration. Following are exempted from the compliance of the requirement as mentioned in this sub-section: - the practitioners who are above the age of 70 years, the teachers having the NCISM teacher code, the administrators appointed by the Government, Semi-Government and autonomous Government funded bodies (the present and the retired) and the researchers from Aayush research councils and Government undertaking Institutions and/or the laboratories under any of the Government, Semi-Government and autonomous Government funded bodies.
- d)** A Practitioner will actively participate to render medical service as per National Health Policy in Various National Health Programs. He/she will get update knowledge, training, skill development and infrastructure to meet the national health needs in routine, emergency, and epidemics/pandemics

situations.

5. Maintenance of Medical Records.

- a) Every Practitioner shall maintain the medical records pertaining to his/her indoor and outdoor patients for a period of 3 years from the date of commencement of the treatment or the practitioner may handover all records to the patient immediately after, OPD consultation.
- b) A Registered Medical Practitioner shall maintain a register of all the medical certificates, issued by him/her, giving full details of certificates issued. When issuing a medical certificate, he/ she shall always enter the identification marks of the patient and keep a copy of the certificate. He/She shall not omit to record the signature and/or thumb mark, address and at least one identification mark and any identification proof of the patient that include the patients address on such medical certificates or reports.
- c) If any request is made to the Practitioner regarding medical records and certificates as mentioned in this rule; by the patient, Patients Representative, the Board, the concerned State Council, or any Legal Authority in accordance with the relevant provisions of the law, within 3 years from the date of commencement of the treatment, the same may be duly acknowledged and the documents shall be issued within the period of 72 hours of when such a communication is made in this behalf; provided the practitioner did not hand over all the records to the patient immediately at the time of OPD consultation or at the time of discharge in case of IPD patients.
- d) Efforts shall be made to Computerize Medical Records for quick retrieval and to link them to a Digital Portal as mentioned in **Rule 32** of this Regulation.
- e) The Practitioner shall take maximum care to ensure that the Patient's Medical Records are kept in the private custody of the practitioner and that the same are not leaked or shared with a third person subject to such conditions as mentioned in Rule 5(c) in this Regulation.

6. Display of Registration Certificate and Number.

- a) Every practitioner shall display the registration certificate accorded to him/her by the State Medical Council / National Commission for Indian

System of Medicine in his/her Clinic and registration number in all his/her prescriptions, certificates, and money receipts given to his/her patients by him/her.

- b) Practitioners shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honors which confer professional knowledge or recognizes any exemplary qualification/achievements as recognized by the relevant provisions of the Act and this Regulation.

7. **Use of Generic Names of Drugs:** Every Practitioner should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational behind the prescription and use of Drugs. The prescription written by him/her should be very clearly readable/taped.

8. **Exposure of Unethical Conduct:** A Practitioner should expose, without fear or favor, incompetent or corrupt, dishonest, or unethical conduct on the part of Members of the Profession. The practitioner shall ensure that he/she shall not employ or take services of unregistered practitioners (not registered in state of national register) under institutions owned or administered by him/her and shall ensure that reasonable due diligence is maintained to prevent the same.

9. **Payment of Professional Services:** The Practitioner, engaged in the Practice of Medicine shall give priority to the interests of patients. The personal financial interests of a practitioner should not conflict with the medical interests of the Patient. A Practitioner should announce his/her fees before rendering service and not after and shall charge reasonable fees.

10. **Duties of Practitioners to their Patients & referral situations:-**

- a) Though a practitioner is not bound to treat each and every person asking his/her services, he/she should not only be ever ready to respond to the calls of the sick and the injured but should be mindful of the high character of his/her duties and the responsibility, he/she discharges in the course of his/her professional duties. In his/her treatment, he /she should never forget that the health and the lives of those entrusted to his/her care depend on his/her skill and attention. A Practitioner should endeavor to add to the comfort of the sick by making his/her visits at the hour indicated to the patients. "A Practitioner advising a patient to seek service of another

practitioner is acceptable; however, in case of emergency a practitioner must treat the patient to the best of his/her abilities and the available infrastructure/facilities at the time thereof on, humanitarian grounds”. No practitioner should arbitrarily refuse treatment to a patient. However, for good reason, when a patient is suffering from an ailment which is not within the range of training and/or experience of the treating practitioner or in the case of unavailability of the requisite facilities or infrastructure the practitioner may refuse treatment and refer the patient to another practitioner. The Practitioner shall ensure that he / she provides a complete holistic treatment for a particular disease and illness and ensure that the patient is duly counseled about his/her body-mind constitution and informed about the ideal lifestyle that is required to be followed for such a constitution. Medical Practitioner having any incapacity i.e., detrimental to the patient or which can affect his/her performance vis-à-vis the patient is not permitted to practice his/her profession.

- 11. Patience, Delicacy and Secrecy:** Patience and Delicacy should characterize the practitioner, confidences concerning individual or domestic life entrusted by patients to a practitioner and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the law. Sometimes, however, a practitioner must determine whether his/her duty to society requires him/her to employ knowledge, obtained through confidence as a practitioner, to protect a healthy person against a communicable disease and epidemic disease to which he/she is about to be exposed. In such instance, the practitioner should act as he/she would wish another to act toward one of his/her own family in similar circumstances.
- 12. Prognosis:** The practitioner should neither exaggerate nor minimize the gravity of a patient's condition. He/She should ensure himself / herself that the patient, patient's relatives, or patient's responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family. It is the practitioner's duty to determine the root cause of the illness and not merely identify the symptoms and provide a holistic treatment plan for the patient that treat both the symptoms and the root cause. It is also the practitioner's duty to identify the reasons that led to the Disease and Illness and Counsel the Patient to avoid such things that caused the disease¹⁰

- 13. The Patient must not be neglected:** A practitioner is free to choose, whom he/she will serve. He/she should, however, respond to any request for his/her assistance in an emergency on humanitarian grounds. Once having undertaken a case, the Practitioner should not neglect the patient, nor should he/she withdraw from the case without giving adequate notice to the patient and his/her family. Provisionally or fully registered medical Practitioner shall not willfully commit an act of negligence that may deprive his/her patient or patients from necessary medical care.
- 14. Engagement for an Obstetric Case:** When a practitioner who has been engaged to attend an Obstetric Case is absent and another is sent for and delivery is accomplished, the acting practitioner is entitled to his/her professional fees but should secure the patient's consent to withdraw on the arrival of the Practitioner engaged.
- 15. Duties of Practitioner in Consultation.**
- a) Unnecessary consultations should be avoided, however, in case of serious illness and in doubtful or difficult conditions, the practitioner should request consultation, but under any circumstances such consultation should be justifiable and in the interest of the patient only and not for any other consideration.
 - b) Consulting Pathologists/Radiologists or asking for any other diagnostic lab investigation should be done judiciously and not in a casual manner. The primary reliance should be on the diagnostic skills of the practitioner himself / herself, only in certain cases when the practitioner fails to diagnose a disease, shall he/she recommend further investigation.
 - c) **Consultation for Patient's Benefit:** In every consultation, the benefit to the patient is of foremost importance. All practitioners engaged in the case should be frank, polite and humble with the patient and his/her attendants.
 - d) **Punctuality and Sincerity in Consultation:** Utmost punctuality and sincerity should be observed by the Practitioner in making themselves available for consultations
- 16. Statement to Patient after Consultation.**
- a) All statements to the patient or Patient's Representative should take place in the presence of the consulting Practitioners, except as otherwise agreed. The disclosure of the opinion to the Patient or Patients Representative shall

rest with the medical attendant.

- b) Differences of opinion should not be divulged unnecessarily but when there is irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or Patients Relatives/ Representative. It would be opened to them to seek further advice as they so desire. In such a case it is expected of the practitioner to provide the patient with reference to other practitioners. Such reference should be objective and devoid of any personal biases or vested interests.
- c) **Treatment after Consultation:** No decision should restrain the attending practitioner from making such subsequent variations in the treatment if any unexpected change occurs, but at the next consultation, reasons for the variations should be discussed/ explained. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending practitioner. The attending practitioner may prescribe medicine at any time for the patient, whereas the consultant may prescribe only in case of emergency or as an expert when called for.
- d) **Patients Referred to Specialists:** When a patient is referred to a specialist by the attending practitioner, a case summary of the patient should be given to the specialist, who should communicate his/her opinion in writing to the attending practitioner. The practitioner may take a due follow up of the patient after he/she is referred to a specialist.

17. Fees and other Charges: A practitioner shall clearly display his/her Fees and other Charges on the Board of his/her Chamber and/or the Hospitals he/she is visiting. Prescription should also make clear if the Practitioner himself / herself dispensed any Medicine.

- a) A Practitioner shall write his/her Name and Designation in full along with registration particulars in his/her prescription letterhead.

Explanation 1: In Government and other Institutional Hospitals where the patient-load is heavy, the name of the prescribing doctor must be written below his/her Signature.

18. Responsibilities of Practitioners to Each Other: A Practitioner should consider it as a pleasure and privilege to render gratuitous service to all practitioners and their immediate family dependents.

- a) **Conduct in Consultation:** In consultations, no insincerity, rivalry, or envy should be indulged in. All due respect should be observed towards the practitioner in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him/her. For this purpose, no discussion should be carried on in the presence of the patient or Patient's Representatives.
- b) **Consultant not to take charge of the case:** When a practitioner has been called for consultation, the consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The consultant shall not criticize the referring practitioner. He/she shall discuss the diagnosis and treatment plan with the referring practitioner
- c) **Appointment of Substitute:** Whenever a Practitioner requests another practitioner to attend his/her patients during his/her temporary absence from his/her practice, professional courtesy requires the acceptance of such appointment only when he/she has the capacity to discharge the additional responsibility along with his/her other duties. The practitioner acting under such an appointment should give the utmost consideration to the interests and reputation of the absent practitioner and all such patients should be restored to the care of the latter upon his/her return.
- d) **Visiting another Practitioner's Case:** When it becomes the duty of a practitioner occupying an official position to see and report upon an illness or injury, he/she should communicate to the practitioner in attendance so as to give him / her option of being present. The medical officer / Practitioner occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

19. **Duties of Practitioner to the Public and to the Paramedical Profession:** Practitioners, as good citizens, possessed of special training should disseminate advice on public health issues and promote and educate people about the Indian System of Medicine. They should play their part in enforcing the laws of the community and in sustaining the Institutions that advance the interests of humanity. They should particularly co-operate with the authorities in the administration of sanitary/public health related laws and regulations and National Health Programs.

- a) **Public and Community Health:** Practitioners, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times, the Practitioner should notify the constituted public health authorities of every case of communicable disease under his/her care, in accordance with the Laws, Rules and Regulations of the health authorities. When an epidemic occurs, a practitioner should not abandon his/her duty for fear of contracting the disease himself / herself.
- b) **National Health Programmes:-**Practitioners of the Indian System of Medicine should be well-versed with the National Health Policy and programmes. He should educate, train and equip himself/herself to render medical services in the larger interest of the nation and public at large. In the event of epidemics/pandemics, his/her responsibility to participate in National Health Programmes is increased.
- c) **Pharmacists / Nurses:** Practitioners should recognize and promote the participation of different paramedical services such as, pharmacy and nursing as professions and should seek their co-operation wherever required.

20. Unethical Acts and Professional Misconduct: A practitioner shall not aid or abet or commit any of the following acts, which shall be construed as unethical, commission or omission on the part of a Practitioner, as the case may be, of such acts shall constitute professional misconduct rendering him/her liable for disciplinary action.

a) **Advertising:**

- a. **1 Soliciting** of patients directly or indirectly, by a practitioner, by a group of practitioners or by institutions or organizations is unethical. A Practitioner shall not make use of his/her name as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him/her or to his/her professional position, skill, qualification, achievements, attainments, specialties, appointments, associations, affiliations, or honors and/or of such character as would ordinarily result in his/her self-aggrandizement. A Practitioner shall

not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his/her name, signature, or photograph, video in any form or manner or through any mode of advertising, including electronic and print media, nor shall he/she boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. A Medical Practitioner is however permitted to make a formal announcement in press regarding the following: on starting practice, on change of type of practice, on changing address, on temporary absence from duty, on resumption of another practice, on succeeding to another practice and public declaration of charges.

- a. 2** Subject to other rules in this Regulation, printing of self-photograph, visiting Card, hoarding at public places or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment or appearing on TV programs sponsored either by him/her or any other agency, shall be regarded as acts of self- advertisement. A Practitioner should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself/herself or soliciting practices; but is open to write to the lay press under his/her own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio/TV/internet chat for the same purpose and send announcement of the same to lay press. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical.

- c) Patent and Copy Rights:** A Practitioner may Patent surgical instruments, appliances, medicine or Copyright applications, methods, and procedures as per relevant provisions of the law in this regard. However, it shall be unethical if the benefits of such patents or copyrights are not made

available in situations where the interest of large population is involved.

- d) Running/ an Open Shop / (Dispensing of Drugs and Appliances by Practitioners):** It is not unethical for a Practitioner to dispense/sell or supply Drugs, remedies, or appliances as long as there is no exploitation of the patient. Drugs prescribed by a practitioner or brought from the market for a patient should explicitly state the proprietary formulae as well as generic name of the drug, expiry date etc.
- e) Gifts and Commission:** A Practitioner shall not give, solicit, or receive nor shall he/she offer to give solicit or receive, any gift, gratuity, commission, or bonus in consideration of or return for the referring, recommending, or procuring of any Patient for medical, surgical, or other treatment. A practitioner shall not directly or indirectly, participate in or be a party to act of division, transference, assignment, subordination, rebating, splitting, or refunding of any fee for medical, surgical, or other treatment.
- e. 1)** This Regulation shall apply with equal force to the referring, recommending, or procuring by a practitioner or any person, specimen or material for diagnostic purposes or other study / work. Nothing in this section, however, shall prohibit payment of salaries by a qualified practitioner to other duly qualified person rendering medical care under his/her supervision.
- f) Secret Remedies:** The prescribing or dispensing by a practitioner of secret remedial agents of which he/she does not know the composition, or the manufacture or promotion of their use is unethical and as such prohibited. All the drugs prescribed by a practitioner should always carry a proprietary formula and clear name.
- g) Human Rights:** The practitioner shall not aid or abet torture, nor shall he/she be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights.
- h)** In dealing with pharmaceutical and allied health sector industry Diagnostic center/testing lab/marketing/sale company/person, the following things shall be followed:-
- h. 1 Gifts:** A Medical Practitioner shall not receive any gift from any

pharmaceutical or allied health care industry and their salespersons or representatives.

h. 2 Travel Facilities: A Medical Practitioner shall not accept any travel facility inside the country or outside, including rail, air, ship, cruise tickets, paid vacations etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops and CME programme as a delegate.

h. 3 Hospitality: A Medical Practitioner shall not accept individually any hospitality like hotel accommodation for self and family members under any pretext.

h. 4 Cash or Monetary Grants: A Medical Practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study can only be received through approved institutions in accordance with the law / rules / guidelines adopted by such approved institutions, in a transparent manner and the same shall always be fully disclosed.

h. 5 Maintaining Professional Autonomy: In dealing with Pharmaceutical and Allied Healthcare Industry a Medical Practitioner shall always ensure that there shall never be any compromise either with his/her own professional autonomy and / or with the autonomy and freedom of the Medical Institution.

h. 7 Affiliation: A Medical Practitioner may work for Pharmaceutical and Allied Healthcare Industries in advisory capacities, as a consultant, researcher, as treating doctor or in any other professional capacity in compliance to this Regulation and the Act. In doing so, a medical practitioner shall always:

(h.7.1) Ensure that his/her professional integrity and freedom are maintained.

(h.7.2) Ensure that patient's interest is not compromised in any way.

(h.7.3) Ensure that such affiliations are within the law.

(h.7.4) Ensure that such affiliations/ employments are fully

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transparent and disclosed.

h. 8 Medical Research: A Medical Practitioner may carry out, participate in, work in research projects funded by Pharmaceutical and Allied Healthcare Industries. A Medical Practitioner is obliged to know that the fulfillment of the following items (h.8.1) to (h.8.7) will be an imperative for undertaking any research assignment project funded by industry, for being proper and ethical. Thus, in accepting such a position a Medical Practitioner shall:-

(h. 8.1) Ensure that the research proposal(s) has the due permission of the competent concerned authorities.

(h. 8.2) Ensure that such a research project(s) has the clearance of National/ State / Institutional Ethics Committees/ Bodies.

(h. 8.3) Ensure that it fulfils all the Legal Requirements Prescribed for Medical Research.

(h. 8.4) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.

(h. 8.5) Ensure that proper care and facilities are provided to human volunteers if they are necessary for the research project(s).

(h. 8.6) Ensure that undue animal experimentations are not done and when these are necessary, they are done in a Scientific and a Humane way.

(h. 8.7) Ensure that while accepting such an assignment a Medical Practitioner shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a Rule in the MoU or any other document/ agreement for any such assignment.

Provided: In Clinical Drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be construed as misconduct.

h. 9) Endorsement: A Medical Practitioner shall not endorse any drug or

product of the industry publicly. Any study conducted on the efficacy or otherwise of such products shall be presented to and/ or through appropriate Scientific Bodies or published in appropriate scientific journals in a proper way"]

- i) **Claiming cure to certain diseases** – A Practitioner may claim to treat but shall not claim to have arrived at a cure of diseases mentioned in the “Schedule” of The Drugs and Magic Remedies Objectionable Advertisement

Act, 1954 and other such diseases as notified by the relevant government authority in this regard from time to time.

- j) **Misrepresentation** – A Practitioner shall not misrepresent or present false qualifications or certificate of registration.

- k) If he/she does not maintain the medical records of his/her indoor patients for a period of Three Years as per this Regulation and refuses to provide the same within 72 hours when the Patient’s Representative makes a request for it as per the Regulations.

- l) If he/she does not display the Registration number accorded to him/her by the State Medical Council or the National Council for Indian System of Medicine in his/her clinic, prescriptions and certificates issued by him/her or violates the other provisions of this Regulation in this regard.

- m) **Adultery or Improper Conduct:** Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient.

- n) **Conviction by Court of Law:** Conviction by a court of law for offences involving moral turpitude / Criminal acts.

- o) **Sex Determination Tests:** On no account Sex Determination test shall be undertaken with the intent to terminate the life of a female fetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971.

- p) **Signing Professional Certificates, Reports, and other Documents:** Registered Medical Practitioners of Ayurved, Unani, Siddha and Sowa-Rigpa are in certain cases bound by law to provide or may from time to

time be called upon or requested to provide certificates, notification, reports, and other documents of similar character signed by them in their professional capacity for subsequent use in the courts or for administrative purposes. Any Registered Practitioner who is shown to have signed or given under his/her name and authority any such certificate, notification, report, or document of a similar character which is untrue, misleading, or improper, is liable to have his name deleted from the register.

- q) A Practitioner shall not contravene the provisions of the Drugs and Cosmetics Act, 1940 and Regulations made thereunder.
- r) The Registered Medical Practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his/her profession except-
 - r.1) in a court of law under orders of the Presiding Judge.
 - r.2) in circumstances where there is a serious and identified risk to a specific person and / or community; and
 - r.3) in case of communicable/notifiable diseases, concerned public health authorities should be informed immediately.
 - r.4) or in circumstances where he is obliged to do so as per this regulation.
- s) The Registered Medical Practitioner shall not refuse on religious grounds alone to give assistance in or conduct of sterility, birth control, circumcision, and medical termination of Pregnancy when there is Medical Indication, unless the Medical Practitioner feels himself/herself incompetent to do so.
- t) Before Performing an Operation the Practitioner should obtain in writing the consent from the husband or wife, parent, or guardian in the case of minor, or the patient himself/herself, as the case may be. In an operation which may result in Sterility the consent of both husband and wife is needed.
- u) A Registered Medical Practitioner shall not publish photographs or case reports of his/her patients without their permission, in any Medical or other journal in a manner by which their identity could be made out. If the identity is not to be disclosed, the consent is not needed.
- v) In the case of running of a nursing home by a practitioner and employing assistants to help him/her, the ultimate responsibility rests on

the practitioner.

- w) A Practitioner shall not use touts or agents for procuring patients.
- x) No Practitioner shall claim to be a specialist unless he/she has a special qualification in that subject.

For the purpose of this rule special qualification means a post-graduate degree diploma or certificate course in the concerned subject from a recognized institution/university.

- y) For the purposes of this regulation, a practitioner, who is appointed as per any of the position, as mentioned in **Rule 55** of this Regulation, indulges in serious dereliction of his/her duty by commitment fraud and/or misrepresentation to conceal such dereliction, is committing a professional misconduct. **Explanation:** The term “Dereliction” here means dereliction by all the reasonable and universal standards of professionalism.

y. 1) On Paper Teacher: For the purpose of this Regulation, an “On Paper Teacher” is a Classic Example of the term dereliction. Those who are appointed as a Regular Teacher but remain physically absent in the institution, college and attached hospital during working hours on working days but shall be considered as an on paper teacher and shall be liable for the action as mentioned under Rule 22(c) of this Regulation.

y. 2) Regular Teacher: For the purpose of this Regulation, a teacher who is duly appointed by the institution through proper channel and who remains physically present in the institution, college and attached hospital during working hours of the college and attached hospital on working days shall be considered as Regular Teacher subject to the Rule 23 of this Regulation.

y.3) Notwithstanding anything contained in this regulation, the inquiry conducted for violation under this rule, shall be conducted by the Medical Assessment and Rating Board for Indian System of Medicine and the Board of Ethics and Registration (the board), the state council shall not have the power to initiate inquiry under this rule.

- z) No act of In vitro Fertilization or Artificial Insemination shall be undertaken

without the informed consent of the female patient and her spouse as well as the donor. Such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedure and possible risks and hazards.

21. Violation of these (Standards of Indian Medicine of Professional Conduct, Etiquettes, and Code of Ethics)

Subject to the right of the Practitioner to appeal under section 31 of the act, when a practitioner is found guilty under inquiry conducted under chapter 3 of this regulation for violation of these Standards of Indian Medicine of Professional Conduct, Etiquettes, and Code of Ethics, the inquiry committee as defined under Rule 2(g) shall impose such punishment as specified below,

- a) Imposition of such fine and/or temporary or permanent removal from the state register, or both, as deemed fit by the Inquiry Committee as defined under Rule 2(g).

Provided, any person who is held guilty by the Medical Assessment and Rating Board for Indian System of Medicine and the Board of ethics and Registration (the Board) after hearing, for the misconduct i.e., mentioned in of Rule 22(y), i.e., being an on-paper teacher who is physically absent from his/her duty, then the commission shall have the power of taking necessary and appropriate action in this regard, in accordance to the powers vested to it by the act and rules made thereunder; provided;

C.1) In case of first-time violation of 22(y), the violator shall be fined with the amount of Rs. 1.5 Lakhs and a temporary suspension of the registration, not exceeding 2 years.

C.2) In case of Second-time violation of 22(y), the violator shall be fined the amount of Rs. 2.5 Lakhs and the suspension of his/her registration shall have a permanent effect.

- c) When a Practitioner's name is permanently or temporarily removed from the State Register as per the Rules of this Regulation, the concerned State Council shall within 7 days of when such an action is taken, communicate the same to the concerned District Collector, Senior Superintendent of Police, Director of Indian System of Medicine and Local Health Authority

of Indian System of Medicine, and any such person as the Commission may notify from time to time through notification in this regard, through the Concerned Registrar of the State Council, along with a direction that strict action as per the relevant provisions of the law shall be taken against any such person who is still found to be practicing.

DRAFT REGULATIONS

CHAPTER – 2

Guidelines for Registration to State and National Register.

22. For the purpose of this Regulation, only those persons that satisfy the requirements of Section 33 of the NCISM Act, 2020, shall be eligible to register in the State Register. Provided disqualification from the National and State Register shall not deprive such persons to use their qualification for purposes other than what are mentioned in Rule in this Regulation.

- a) The Board shall maintain a National Register as mentioned in section 32 of the act, the National Register shall be maintained on an internet based digital platform that is linked with the state register and shall contain such information as is uploaded by the state register on a real time basis, in accordance with the rules of this chapter.
- b) A different national registration number other than the one granted by the state council as reflected in the state register, shall be granted to the practitioner whose name is included in the national register.

23. Further Particulars to be Included in the State and National Register.

The register prepared and maintained under the Act shall include

- a) Those particulars as are mentioned in the “Form A, A1” appended to this Regulation.
- b) Date of Renewal of Registration of the Practitioner.
- c) If any disciplinary action is taken by the State Council against the Practitioner, the particulars of such action.
- d) If the name of the Practitioner was removed from the Register to and subsequently re-entered therein, the date on which the name was so removed and re-entered.
- e) Cancellation Certificate if the Practitioner Registered in one State applies for registration in another state.
- f) Board may add such other particulars in the “Form – A, A1”, from time to time through notification in this regard.

24. Application for Registration.

- a) Every person, subject to his/her eligibility as per the Act read with the Rules in this chapter, desiring to have his/her name entered in the State Register

shall apply to State Council by filling **Form-A, A1**. The State Council shall create a mechanism to ensure that the Form A is made available on the internet platform, or any other platform as prescribed by the Board from time to time, through notification and ensure that the Form A can be filled and submitted on the internet platform or any other platform, as prescribed by the Board, through notification, from time to time on a real timebasis.

- b) Every application made under **Rule 25(a)** shall be accompanied by registration fee as determined by the StateCouncil/National Board.
- c) Every application made under **Rule 25(a)** in this Regulation shall be accompanied by the list of certificates as specified by the State Council.

25. Certificates of Registration, Provisional and TemporaryRegistration:

- a) The Certificates of Registration, Provisional Registration and temporary registration shall be provided by the State/ Councils/Central Board as per the prescribed form and mechanism as provided by the State/ Councils/Central Board and State Councils may charge a fee for the same, the fee shall be the same as decided by the State Councils/Central Board.

b) Registration certificate:- The Format language, style & seal of registration certificate will be approve by the board. The state registration certificate will be in the official/regional certificate of the state & English both with a logo of state Govt. The central registration certificate will be in Devnagri Rajbhasha & In English both with a logo of govt. of India. The Board with the take necessary measures to prevent the piracy and duplication of Registration Certificate including measures such as usage of special seals/barcode of any such measure to make the Certificate unique and non-replicable.

26. Removal of Name from The State Register: The State Council shall provide for the mechanism of removal of the names from the State Register and make Rules thereof. Provided the State Council shall create a mechanism to ensure that every single renewal is communicated to the Board on a real time basis in a mode, manner, and language i.e., prescribed by the Board from time to time, throughnotification.

27. Renewal of Name from the StateRegister.

- a) The State Council shall provide for the mechanism of renewal of the names from the State Register and make Rules thereof, provided the State Council

shall create a mechanism to ensure that every single renewal is communicated to the Board on a real time basis in a mode, manner, and language i.e., prescribed by the Board from time to time, through notification. The registration no. and name approved for removed shall bear a red star along with its entry in the registration register of state & National Board.

- b) Every name registered in the State Register shall be renewed after every 5 years of when such name is registered in the state register, after paying a renewal fee. Every Registered Practitioner who has completed 70 years of age shall present a life certificate every year, for the renewal of his/her name in the State Register, within 2 months of his/her completing 70 years of age, failure to do so shall result in his/her name liable to be removed from the State Register, the State Council shall send a notice to such a person demanding the renewal of his name in the State Register granting him/her 3 months' time to do so, failure of which shall result in his/her removal from the State Register. For the purpose of **Rule 28(c)**, the State Council shall create a robust online and offline mechanism through which life certificates shall be submitted online, expeditiously, on submission of as elf attested Affidavit, in the same Performa as mentioned in **FORM-B**, by the Practitioners

- c) For the purpose of **Rule 28(c)**, every such person whose name is removed from the State Register shall have the right to appeal to the State Council and provide the Life Certificate. The State Council after the receipt of such Life Certificate shall re-enter such person's name in the State Register practitioners above the age of 70 years will be exempted to pay any renewal fee for registration.

c1 For the purpose of this Rule, every Medical Practitioner shall attain at least 50 credit points of CME, every Five Years, for him/her to be eligible for the renewal.

c2 For the purpose of this Regulation the CME credit points means, credit points allocated by the Board to continuous Medical Education Programmers including Conferences, Seminars, Workshops (10 credit points each workshop), Hands On Training (15 credit points each hands on

training), Publication in peer reviewed index journal (20 credit points each publication) and a patent registered as per relevant Provisions of the Law (50 credit points each), with relation to subjects related to Indian System of Medicine and/or as pre- approved by the Board and State Councils and any such program i.e., pre- approved by the Board and the State Council. The resource person /speaker shall get 10 credit points per lecture.

c3 The person with 75 credits, 100 credits will be eligible for Silver leaf and Gold leaf CME Certificate.

- e) For the purpose of this chapter whenever a person's name the Registration Number or Identification Number i.e., associated with such a person shall be Suspended from the record.

28. Manner of Withdrawal of Cancelled Certificate: The State Council shall create a mechanism for withdrawal of Suspended/Cancelled Certificate and make rules thereof, provided the Board shall be communicated of any such action of withdrawal of Cancelled Certificate in real time basis in the mode, manner and language that is prescribed by the Board through notification.

29. Period of limitation for Application for Re-entering Name in State Register: The period within which an application for re-entering the name removed from the State Register shall be the same as provided by the State Councils, provided to the Board shall be communicated of any such action of re-renting the name in the real time basis in the mode, manner and language that is prescribed by the Board through notification.

30. Reporting of Disciplinary Action: A detailed report citing reasons behind any disciplinary action taken by the State Council, against the practitioner under the Rules made by the State Council, for the same shall be provided to the Board in real time basis in the mode, manner, and language i.e., prescribed by the Board through notification.

31. Prohibiting Dual Registration: Subject to section 32 of the act, No practitioner shall be allowed to enter his/her name in the State Register, if his/her name is already entered in another State Register. Nothing in this Rule, shall affect a practitioner who has attained a temporary Certificate of another State along with a permanent registration as mentioned here.

Provided such temporary certificate shall be renewed every year till the

completion of 5 years, after which the said practitioner shall be entitled to hold only One Registration of the State of his/her first registration.

32. State Council to Provide a List of Names in the State Register to the National Register.

- a) The State Council to create a mechanism to ensure that all the names of the State Register shall be sent to the National Register on a real time basis in the mode that is prescribed in a Standard Operative Procedure, created by the board in this regard, from time to time, through notification.
- b) For the purpose of this chapter, the State shall create an internet based digital platform or any other platform, as prescribed and notified by the board from time to time through notification and ensure that such platform is linked and synchronized to any such National platform as created by the Board and that information i.e., entered into the state council's portal is provided to the National Portal on a real time basis.
- c) State council shall also provide a physical copy of the state register to the Board every, every six months.

DRAFT REGULATIONS

CHAPTER – 3

Rules for Enquiry by State Council into cases of Misconduct and Breach of Code of Medical Ethics and Medical Negligence.

33. Complaints against Registered Medical Practitioners of Indian System of Medicine.

- a) The State Council may sou-motu or on any complaint made to it in that behalf hold an inquiry with respect to the misconduct of any Registered Practitioner.
- b) Any complaint or information received in the office of the State Council about the misconduct of any Registered Practitioner shall be addressed to the Registrar.
- c) For the purpose of this rule no complaint shall be entertained unless it is made in writing, signed by the person making it with full name, address, phone no & E-Mail Id, is addressed to the registrar of the State Council, and is accompanied by declarations as to the facts of the case.
- d) For the purpose of this rule every declaration shall State the description and true place of residence of the declarant and the full facts of the complaint. Where a particular fact stated is not within the personal knowledge of the declarant, he/she shall State the source of such a fact and grounds for belief with respect to the truth of such a fact stated.
- e) If the Registrar believes that a complaint is pseudonymous, he/she may call upon for further details to ascertain the genuineness of the complaint, within 7 days of when such a complaint is received.
- f) Provided no complaint shall be rejected unless a reply is received by the Registrar from the practitioner as referred to in Rule 36 of this Regulation.
- g) Provided, in case of medical negligence or violation of code of Medical Ethics as mentioned in **Rule 21** of this Regulation, by a Practitioner, any such body formed by the respective State or Central Government, under any law or regulation in this behalf, to inquire into such an incidence and/or conduct any inspections thereof, shall not consist officials who are not registered in the State and/or Central Register as defined in this Regulation. Any inquiry or inspection, conducted by a body i.e., in violation of this Rule, shall be considered illegal and the report submitted by such

committee shall be considered void abinitio.

34. Rules and Procedure regarding the written reply on the Complaint.

- a) The registrar of the State Council shall within 15 days of when he/she receives the complaint shall send a notice of Inquiry to the practitioner, in such a form as is decided by the state council, such notice of Inquiry shall be accompanied with the copy of the complaint. Provided such a notice of inquiry shall be sent by registered/speedpost and Email as well as such permissible modes of service as prescribed by the board from time to time.
- b) The practitioner shall send his/her reply, in such a form as is decided by the state council, within 15 days of having received the notice of inquiry as mentioned in this rule. If the practitioner fails to send his/her reply in the given 15 days, the registrar of the state council shall send 2 reminder notices, to such a practitioner, each within 7 days of the termination of the time granted to the practitioner, giving him 15 more days each reminder, to send his reply. When the practitioner fails to send his reply after having received two reminder notices, the Inquiry Committee shall proceed with the matter ex-parte, in compliance with all the other provisions of this chapter.

Provided, it shall be the discretion of the President of the State medical council to grant such a practitioner an opportunity to present his/her say or to cross-examine the complainant, at a later stage of the inquiry.

- c) If the Registrar of the State Council after going through the reply as mentioned in this rule, is satisfied with such a reply, he/she may, within 30 days of having received the reply, call for hearing both the practitioner and the complainant and after hearing both the parties, in consonance with the Inquiry Committee, dismiss the complaint, provided a report therein shall be sent, stating the reasons behind such an action, to the Board within 15 days of when such an action is taken.
- d) The State Council shall make further Regulations and develop mechanisms on the distribution of the copies of the complaint and copies of all material documents that are part of the evidence regarding the case, before the hearing of the case, to the complainant, practitioner and Members of the council and matters relating to it.

35. Notice of Charges on Registered Practitioner.

- a) The Registrar shall subject to **Rule 35**, serve to the Registered Practitioner a notice of charge, subject to such variations as the circumstances of the case may require.
- b) The notice shall be accompanied by a statement of allegations on which each charge is based. The relevant allegations as to facts, the inferences which they lead to, and the circumstances supporting such inferences shall be, clearly mentioned along with any other circumstances proposed to be considered while passing order on the case.

36. Procedure of Inquiry: Where a complainant appears to the State Council, the following procedure shall be followed, subject to rules in this chapter-

- a) The Registrar shall within 30 days of having complied with Rule 36, read to the Inquiry Committee the notice of charges, addressed to the Practitioner.
- b) Within, 30 days the compliance of Sub-Rule (a), the complainant and the practitioner, will then be invited to State his/her case to the Inquiry Committee and submit his/her evidence in support of it.
- c) The process of examination of witnesses, will start at the termination of the 30 days as provided in Sub-Rule (b) of the examination of witness shall not last for more than 3 months. Where a witness is produced by any party before the Inquiry Committee, he/she will be first examined by the party producing him/her, and be cross-examined by the adverse party, and then re-examined by the party producing him/her. The Chairman/President, as the case may be, of the Inquiry Committee, reserves to itself the right to decline to admit in evidence, any declaration where the declarant is not present or declines to submit to cross-examination. The Registrar shall have the right to summon the witness if it deems fit to do so for a particular case.
- d) The Chairman of the Inquiry Committee may put questions to the complainant and the practitioner, at any time during the Inquiry Proceeding, including any of their witnesses; and members of the Inquiry Committee through the Chairman and the President of the Inquiry Committee may likewise put questions to the complainant and/or the practitioner.
- e) Within 30 days of examination of witness as specified under Sub-Rule (c), both the parties shall be called for final hearing. After this the inquiry shall

be deemed to be completed.

- f) The Inquiry Committee shall keep a record of all the proceeding of inquiry as mentioned under this chapter and make rules thereof such rules shall be in compliance with any rules made by the Board in this regard, through notification.
- g) Within 30 days of the completion of inquiry as mentioned in this rule the Registrar, shall, on the recommendation of the Inquiry Committee, subject to the compliance to all the provisions of this chapter, then put forth such a recommendation, as is concluded by the Inquiry Committee, to the State Council's General Body for their approval, the General Body shall take the recommendation for consideration and passing in the very first State Councils general body meeting that takes place after the receipt of such a recommendation from the Inquiry Committee, any order thus passed by the State Council shall be binding on either of the parties subject to appeal under section 31(3)A of the NCISM Act, 2020, within 30 days of the order.

Provided any such order shall state the reasons justifying the order.

Provided the Registrar or his/her representative (who shall not be of a rank lower than the Gazette Officer) shall appear in such cases as the Appellate

Board specifies, on behalf of the State Council.

37. Procedure for Inquiry When the Complainant is not Present or None

Appears: Where there is no complainant or no complainant appears, the Registrar, in compliance of other Rules of this chapter, will directly call the practitioner to present his/her case as mentioned in this chapter. The further inquiry shall be conducted in such a manner as is provided in **Rule 38**. In any case the complaint shall not be dropped merely on the basis that the complainant is not present.

38. Power of State Council to Make Rules: Subject to the provisions of this chapter the State Council to make Rules and mechanism to conduct the procedure of Inquiry as specified in this chapter.

a) Subject to the rules of this chapter state council to make standard proforma's for filing of various documents as required to be filed for conducting inquiry under **section 37 of the act**.

b) The inquiry committee empowered under this regulation to conduct an

enquiry shall, while holding such enquiry have all the powers of a civil court, while trying a suit under the Code of Civil Procedure, 1908 (Central Act 5 of 1908) in respect of the following matters. namely:—

- b.1)** summoning and enforcing the attendance of any person and examining him on oath;
- b.2)** requiring the discovery and production of any document;
- b.3)** receiving evidence on affidavit; and
- b.4)** any other matter which may be prescribed.

Nothing contained in this regulation shall be construed to mean that the Inquiry Committee empowered under this regulation shall be bound by the Code of Civil Procedure, 1908 (Central Act 5 of 1908).

- c)** Every enquiry under this chapter shall be deemed to be a judicial proceeding for the purposes of section 193 and 228 of the Indian Penal Code, 1860 (Central Act 45 of 1860).
- d)** The state council shall create such mechanism and rules thereof and comply to any such standard operative procedure as notified by the board from time to time, through notification, to ensure that the proceedings of this chapter can be conducted through video conferencing. The Standard Operative Procedure made by the board from time to time, through notification, in this regard with respect to the conduct of procedure under this chapter through video conferencing shall be binding on the State Council.

CHAPTER – 4

Guidelines for the Functioning of State Councils

39. Compliance to Section 31 of the Act.

- a) In compliance to the Section 31 of the Act, all the concerned state governments shall, where no State Council as defined under Rule 1(d) exists, within Three Years of the commencement of the Act, form such State Councils.
- b) The bodies that currently refer to themselves as State Medical Boards, shall within Three Years of the commencement of the Act make such amendments in their respective legislations and/or Rules, so as to refer to themselves as State Medical Councils (with the same meaning as in Rule 1(d)).
- c) All State Councils shall abide by the section 31 of the Act, the Regulations framed under this chapter and any such guidelines or directions as provided by the Commission from time to time through notification.

40. Registrar of State Medical Councils.

- a) The State Governments, shall, in consultation with the State Council, appoint a full time Registrar, who shall act as the Executive Officer of the State Council. The salary and the allowances and other conditions of service of the Registrar shall be such as may be prescribed by the concerned state government.

Provided the Registrar shall be qualified degree holder in the Indian System of Medicine as recognized in the provisions of Chapter VI of the Act.

- b) The Commission may, if it concludes that, a Registrar as defined under Rule 1(h) of this Regulation, has failed in discharging his/her duties, as mentioned in section 31 of the act and Rule 1(c) of this chapter, recommend the concerned state government to suspend, dismiss or remove any such person appointed as the Registrar or impose any other penalty upon him/her.
- c) The State Council shall, from time to time through notification, appoint such other officers and staff for the State Council, as it deems necessary for carrying out its duties and performing its functions under this Act, and should ensure, as it deems necessary, that there should be a position for an

accountant, senior clerk, junior clerk, steno/typist, public relationship officer, information and technology person and peon.

Provided that the State Council shall appoint one Deputy Registrar (technical), who will be deputy executive officer of state council.

Provided that the number and designations and the salaries, allowances and other conditions of service of such officers and servants shall be such as the state government may from time to time determine.

- d) For the purpose of this Regulation the Registrar and other staff of the State Council or any other officer shall be deemed to be a public servant within the meaning of section 21 of the India PenalCode.

41. Composition of the State Council: The State Council shall consist of the following members, including a President, and Vice President and

- a) One such member as nominated by the commission.
- b) Director of Ayurved/AYUSH *ex-officio* member.
- c) Any such number of Members nominated by the State Government, as per the Provisions of the States Council Acts, amongst the Registered Medical Practitioners, registered under State Council. Provided that, starting from such time that, this Regulation comes in force, till such time the State Councils incorporate the positions as mentioned in **Rule 45**, by amending their respective legislations, in this behalf, the State Government shall appoint one such member as nominated by the commission as provided in **Rule 43 (a) in category as mentioned in Rule 43 (c)**.
- d) Any such number of Members as provided in the State Council Acts, elected from the State Register, by the Members of the State Register.
- e) Any such number of Members as provided in the State Council Acts, elected by the Principals or Heads of Indian System of Medicine Colleges or Institutions as Recognized by, subject to provisions of this Act, by the State Councils, from among themselves.
- f) Any such number of Members as provided in the State Council Acts, elected by the teachers of Indian system of medicine Colleges or institutions as recognized by, subject to provisions of this Act, by the State Councils, from among themselves.

Provided that, the members to be elected under Rule 43(e) and (f), shall not

be the same as the persons nominated or appointed in the Preceding Rules.

Provided that, the President and Vice President shall be elected from the above members amongst themselves.

42. Members of the State Council to meet Twice every year: The Registrar in consultation with the President shall call a meeting of all the members of the State Council, twice a year.

43. Budget of the State Council.

- a) The Registrar shall ensure that a yearly financial budget of the State Council is prepared, which shall be approved in the state council meeting with by 2/3rd majority.
- b) The state council to make rules and create mechanism ensure that this rule is complied with.
- c) the state council to make rules to generate financial resources and to get grants from state and Central govt. bodies to run the affairs of the state council.

44. Creating a Technological Platform.

- a) The Council shall, in line with Rule 32, create a Digital Platform i.e., connected with the internet and provide all its services to the members such as registration, Renewal, Cancellation, or any other service in this behalf including information of any disciplinary action taken by the State Councils as well as all the details of the Registered Practitioners and ensure that payments to such services can be made through Online Transactions of any kind.
- b) The State Council to make Rules and create mechanism to ensure that Sub-rule (a) is complied with, provided such platform is created and updated in line with such guidelines that are provided by the Commission from time to time.
- c) Provided that any such Digital Platform i.e., connected to the Internet shall upload information in real time basis and shall be connected to any such platform i.e., created by the commission and should share all such information on a real time basis in addition to and in compliance with any such guidelines provided by the Commission in this regard from time to time through notification.

- d) In addition to this the State Council to create a digital repository of all the documents, details provided by the “Practitioner” during registration.

45. Efficacious and Expeditious Functioning of the Council.

- a) The State Councils to make Rules thereby ensuring that a time limit is put on the dispersal of all the functions of the State Council and make any such Rules as it deems fit to ensure that services are provided in an efficacious and Expeditious manner. Provided, such Rules are in compliance to the provisions of this Regulation and any such guidelines as provided by the Commission from time to time through notification.

46. Preventing Duplicity, Fraud and Maintaining Security of the Data.

- a) The State Council to make such Rules to ensure that there is no fraud or duplicity in Registrations and make Rules to ensure that the sanctity and security of the data is maintained. Provided such Rules are in compliance to the provisions of this Act and any such guidelines as provided by the Commission from time to time through notification.

- b) The State Council shall create a Robust Mechanism to ensure that person's that are not registered in the State or Central Registrar but are misrepresenting themselves as the “Practitioner”, and the Institutions that aid and support such malpractice are identified and a complaint is registered against such people under section 420, 465, 471, R/W 120(A) and 107 of the Indian Penal Code, 1860 and for violation of section 34 of the act in addition to other relevant provisions of the law as the case may be.

Explanation 1: The Institutions as referred to in Rule 48(b) are bogus institutions, with bogus degrees, and misleading abbreviations.

- c) To ensure the compliance of 47(a) and (b) the State Council shall create an online mechanism to receive complaints in this behalf and upload such information on a real time basis, which shall be shared to the commission in real time basis in addition to and in compliance with any such guidelines provided by the board in this regard through notification.

47. Internal Audit.

- a) The State Council shall conduct an Internal, Financial and Performance Audit every year, conducted by such person or group of persons as decided by the members of the State Council. The Report of such an Audit shall be made public.
- b) It shall be the duty of the State Council to ensure that an yearly statutory audit is conducted as per the relevant provisions of law, the Report of such an audit shall be made public.

48. Create a Mechanism to communicate with the “Practitioner”: The State Council shall make such Rules and create such mechanism to ensure that there can be an effective and regular communication between the State Council and the Practitioner, in addition to any such guidelines provided.

49. Conducting CME programs: The State Council shall make such Rules and create such mechanism in addition to and in compliance with any such guidelines as provided by the Commission in this regard to ensure that continuous CME programs as defined under this regulation are conducted, continuously.

DRAFT REGULATIONS

CHAPTER – 5

Rights and Privileges of the Practitioner.

50. Right of the Practitioner to Use Certain Titles/Prefixes: It shall be lawful for every practitioner whose name is entered in any part of the State or Central Register as mentioned under this Regulation, to use in full, with his/her name the titles/prefixes “Registered Medical Practitioner”, “Doctor” (Dr.), “Vaidya” (Vd),” “Hakim” or “Vaidyar” (Vd), or Aamachi as the case maybe.

51. Right of the Practitioner to issue Certain Certificates and Give Evidence as an Medical Expert: In virtue of the powers granted to the “Practitioner” as mentioned in section 34(c) of the Act and subject to section 34(3) of the Act, a “Practitioner” as defined under **Rule 2(f) read with Rule 55** of this regulation, is allowed to sign and/or authenticate any Medical Certificate including but not limited to certificate on fitness (including physical and mental health certifications), disability, or any other certificate required to be signed and/or authenticated by a duly qualified medical Practitioner, or any such term used, that refers to a medical Professional, in any Act passed by the Parliament or the State Legislature and/or in any Government Notification, whether Central or State i.e. passed in this regard.

- a)** The Practitioner as defined under Rule 2(f) read with **Rule 55**, shall have the right to give evidence at any inquest or any Court of Law as an expert under Section 45 of the Indian Evidence Act, 1872, on any matter relating to medicine, surgery, midwifery and/or any such subject as is recognized in the relevant provisions of law from time to time and/or appear as a medical expert in any judicial and/or quasi-judicial proceeding in which any duly qualified medical practitioner, or any such term used, that refers to a Medical Professional, in any Act passed by the Parliament or the State Legislature and/or in any Government Notification, whether Central or State i.e. passed in this regard is called to give witness as a Medical Expert.

52. Right of the Practitioner to Certain Appointments.

- a)** Subject to section 34(3) of the Act, a “Practitioner” as defined under Rule 2(f) , shall be eligible to hold any appointment as a Physician, Surgeon,

Teacher, Administrator (eg. Director, Head of the Institute CEO etc.).Advisor, Consultant, Researcher or any Medical Officer, in any hospital, infirmary, lying-in-hospital or any Institution Imparting Education of Medicine, either Centre or State Government Controlled or Private or Supported by, or receiving a grant from the Central or State Government or in any Public Establishment, body or institution dealing with MedicalPractice.

DRAFT REGULATIONS

CHAPTER – 6

Meetings of the Board.

- 53. Ordinary Meetings:** The Board shall ordinarily meet for the transaction of business in the first week of March and September, every year. The exact date, hour and place of such meetings shall be decided by the President of Board.
- 54. Extraordinary Meetings:** The President of the Board may, whenever he/she thinks fit, and/or shall, upon a written requisition of not less than one third of the members of the Board, convene, an extraordinary meeting of the Board.
- 55. Notice of Meetings.**
- a)** All Meetings of the Board shall be convened by a notice addressed by the President, or any such person authorized by the President in this respect, through notification, and send to each of the respective members within not less than 15 days before the date fixed for an ordinary meeting and not less than 7 days before the date fixed for an extraordinary meeting.
 - b)** The notice shall as be mentioned in this rule shall state the date, hour and place of the proposed meeting, shall declare the purpose of the said meeting, and such contain such information that shall include of but not limited to, whether the said meeting falls **under Rule (57) or Rule(58)**.
 - c)** In the case of an extraordinary meeting, the notice as mentioned in this Rule shall be accompanied by a Copy of the Agenda for the Proposed Extraordinary Meeting. The Agenda shall be prepared by such person as authorized by the President, through notification, under the instructions of the President.
 - d)** Not less than seven days before the date fixed for an ordinary meeting, the President or such Person as Authorized by the President, through notification , shall send to the respective members a Copy of the Agendas for the meeting. The Agenda shall be prepared by the President, or such person as authorized by the president, through notification, under the instructions of the President.

Provided, at any meeting which is convened for special business, no other business than that specified in the notice shall be enacted, unless otherwise instructed/approved by the President.

56. Motions for Insertion in Agenda.

- a) Notice of any motion to be inserted in the agendas for an ordinary meeting of the Board, shall be in writing, shall be signed by the member giving it and by another member who is willing to second the motion and shall be sent to the President or such person as authorized by the President, through notification, so as to reach the President or such person as authorized by the President, through notification , in not less than 5 days before the date fixed for the meeting.

Provided, all such notices shall be placed by such person as authorized by the President, through notification, before the President for deciding the admissibility of the motions.

- b) A motion shall not be admissible on the following grounds, in addition to such grounds as decided by the Board through notification,

b.1) if the notice thereof has not been signed by the proposer and the seconder as mentioned in this rule; or

b.2) if the matter to which it related to is not within the scope of the functions of the Board; or

b.3) if it raises substantially, the same question as a motion or amendment which has been moved and either decided or withdrawn with the leave of the board within a period of six months immediately before the date of the meeting at which it is proposed to move the new motion; or

b.4) unless it clearly and precisely expresses and raises substantially only one definite issue, or

b.5) if it contains arguments, inferences, ironical expressions, or defamatory statements.

Provided the President shall have full discretionary power to accept or reject or accept in an amended form, any motion subject to the conditions as mentioned in this Rule and have the power to decide whether the said motion falls under conditions as imposed in sub-rule (b) of this rule.

Provided when the President disallows or amends a motion, he/she or such Person as authorized by the President, through notification, shall

inform the Member, who gave notice of the Motion or when the Motion is amended shall provide the form in which the Motion has been admitted.

57. Amendments to Motions.

Any member who desires to move an amendment to any motion included in the agenda shall send to the President or to such Person as authorized by the President, through notification, a notice in writing, of such amendment so as to reach the President or such Person as authorized by the President, through notification, in not less than two days before the date fixed for the meeting.

- a) All such notices shall be placed by such person as authorized by the President, through notification, before the President for the admissibility of the amendments.
- b) Notice for deciding the amendment shall not be admitted by the President for any such conditions as mentioned in **Rule 59 (b), (b1) to b(4)**, in addition to such grounds as decided by the Board through notification.

Provided the President or such Person as authorized by the President, through notification, shall have full discretionary power to accept or reject or accept in an amended form, any such amendment in lieu of but not limiting to the conditions as mentioned in this Rule.

Provided when the President disallows or amends an amendment, he/she or such Person as authorized by the President, through notification, shall inform the member, who gave notice of the amendment or when the amendment is admitted with amendment shall provide the form in which the Amendment has been amended.

58. Discretionary Power of President to Allow Motions or Amendments without

Notice: Notwithstanding anything contained in this chapter, the President or any such authorized person by the President in this behalf, through notification, may by using his discretion allow any member to move at a meeting,

- a) any motion which in the opinion of the president or any such authorized Person by the President in this behalf through notification, of an urgent nature, and of which no notice is given, or the notice given has not reached the President or any such authorized Person by the President in this behalf,

through notification, in time for inclusion in the agenda as per the Rules of thisChapter.

- b) any amendment to a Motion which in the opinion of the President or any such authorized Person by the President in this behalf, through notification, is of an urgent nature and of which no notice has given, or the notice given has not reached the President or any such Authorized Person by the President in this behalf, through notification, in time for inclusion in the agenda as per the Rules of thisChapter.

59. Manner of Taking Votes.

- a) Every matter to be determined by the Board shall be determined on a motion moved at the meeting of the Board, by a member and put to the Board by any such authorized person by the President in this behalf., throughnotification
- b) Votes shall be taken by voices, show of hands or division as the President or any such authorized person by the President in this behalf, through notification, maydirect,
Provided that, votes shall be taken by division or by ballot if any member so desires.
- c) The President or any such authorized person by the President in this behalf, through notification, shall determine the method of taking votes bydivision.
- d) The result of the votes shall be announced by the President or any such authorized Person by the President in this behalf, throughnotification.

60. Motions Identical in Purpose.

- a) When motions identical in purpose stand in the names of two or more members they shall be arranged by the President or any such authorized Person by the President in this behalf, through notification, in the order in which the notices in respect to such motions were received by him/her ,as per the rules of this Chapter, and the member who's notice stands first in the order of priority shall be called upon to move his/her motion. If such member moves his/her motion, other motion or motions identical in purpose shall not be moved.
- b) When any member so called upon to move his/her motion is absent or does

not wish to move the same, his/her motion shall be deemed to have been withdrawn and the member whose name appears next in the order of priority shall be called upon to move his/her motion and the same procedure shall be followed if necessary, till the last member in the order of priority is called upon to move his/her motion.

61. Motion shall be Seconded: Every Motion shall be seconded, by at least one 1 member of the Board, and if not seconded, shall be deemed to be withdrawn.

62. Amendments to motions shall be seconded: After a motion is moved and seconded, amendments to such motions as per the rules of this Chapter, if any, shall also be seconded, by at least 1 member of the board, and if not seconded, shall be deemed to be withdrawn.

63. Withdrawal of Motion and Amendment: A Member who has made a motion or an amendment to a motion may withdraw the same by leave of the President or any such authorized Person by the President in this behalf, through notification, the said Motion or amendment shall not be allowed to be withdrawn if any other member objects to the withdrawal thereof.

64. Adjournment of Business and Closure.

a) When any motion or amendment is under debate, no proposal with reference thereto shall be made other than,

a.1) an amendment of the motion or of the amendment, as the case may be.

a.2) a proposal for the adjournment of the debate on the motion or amendment or both either to a specified time or sine die;

a.3) a motion for the closure, namely, a motion that the question now put.

Provided the President or such Person as Authorized by the President, through notification, shall have full discretionary power with respect to giving a final decision, with respect whether a particular proposal is fit to be admitted subject to the rules of this chapter.

65. Right of Speech and Reply and Duration of Speech.

a) When a motion has been moved and seconded, members other than the mover and seconder may speak on the motion in such order as the President or such person as authorized by the President, through notification, may direct:

Provided that, the seconder, may, with the Permission of the President or such person as authorized by the President, through notification, confine himself/herself to seconding the motion and speak thereon at any subsequent stage of the debate before the final reply.

- b) No member, other than the mover who shall be entitled to a final right of reply, shall speak more than once on any motion except with the permission of President or such person as authorized by the President, through notification, and for the purpose of making an explanation or putting question to the member addressing the board.

Provided that, a member who has spoken on a motion may speak again on an amendment subsequently to the motion.

- c) No member shall, except with the permission of the president or such person as authorized by the President, through notification, speak for more than Ten minutes:

Provided that, the mover of a motion when moving the same may speak for Twenty minutes,

- d) A speech shall be strictly relevant and confined to the subject matter of the motion on which it is made.

66. Member to Rise and then Speak.

- a) A Member desiring to make any observations on any matter before the Board shall rise in his/her seat, and, if called upon by the President or such person as authorized by the President, through notification, address his/her remarks to the President or such Person as authorized by the President, through notification, if he/she is not called upon, he/she shall resume his/her seat: Provided that, a member disabled by sickness or infirmity may be permitted to address the meeting sitting.
- b) If at any time the President or such Person as Authorized by the President, through notification, any member speaking shall immediately resume his/her seat.

67. Limitations on Speech: No member shall be heard except upon the business before the Board, or with the Special Permission of the Presiding Authority in personal explanation in connection with some previous debate.

68. Putting the Question, Order of Amendment and Motion.

- a) When an amendment to any motion is moved or when two or more such amendments are moved, the President or such Person as authorized by the President, through notification, shall before taking the sense of the Board thereon, state or read to the Board, the terms of the original motion and the amendment of amendments Proposed.
- b) The President or such Person as Authorized by the President, through notification, shall put to vote the original motion and the Amendments, if any, in such order as that authority deems fit. Provided that, where any amendment is carried, the motion shall be put to vote in the amended form.

69. Division of Motion: When any motion involving several points has been discussed, it shall be in the discretion of the President or such Person as authorized by the President, through notification, to divide the motion and put each or any point separately to the vote as he/she may think fit.

70. Adjournment of Meeting.

- a) The president or such Person as authorized by the President, through notification, may at any time for reasons to be recorded in writing adjourn the Meeting to any time day or to any hour of the same day.
- b) Whenever a meeting is adjourned to a future day, President or such Person as authorized by the President, through notification, if possible, send notice of the Adjournment to every member who was not present at such meeting.
- c) When a meeting has been adjourned to a future day, the President or such Person as Authorized by the President, through notification, may change such day to any other day, and the President or Person as Authorized by the President, through notification, shall sent written notice of the change to each member.
- d) At a meeting adjourned to a future day any motions standing over from the previous day shall, unless the President or such Person as authorized by the President, through notification, directs otherwise, take precedence over any new matter.

71. Points of Order: The President or such Person as Authorized by the President through notification, shall decide all points of order which may arise.

72. Circulation of Proposition, in lieu of Meeting: The President or any such Person as authorized by the President, through notification, whenever it appears to him/her unnecessary to convene a meeting, may instead of convening a meeting circulate by hand delivery or by registered post a written proposition with the reasons for such proposition for the observations and votes of the members of the Board.

73. Minutes of Meeting.

a) The Minutes of the Meeting shall be Circulated to all the members with in 15 days of the meeting. The proceedings of the meetings of the Board shall be preserved in the form of printed minutes which shall be authenticated, after confirmation, by the signature of the President or such Person as authorized by the President, through notification.

b) The minutes of each meeting shall contain such motions and Amendments as have been moved and adopted or negatived with the names of the mover and the seconder, but without any comment and without any record of any observation made by any member at the meeting.

74. Confirmation of Minutes of Meeting: The Minutes of a Meeting shall be deemed to have been confirmed if no objection to their correctness is received by the President or such person as authorized by the President, through notification. If any objection is received, confirmation of such minutes shall await the next meeting of the Board.

75. Volume of Minutes of Meetings: The Minutes of the Meetings of the Board shall, as soon as is practicable after their confirmation, be made up in sheets and consecutively paged for insertion in separate volumes, which shall be permanently preserved.

76. Fees for Attendance at Meetings: Member's shall be entitled to such a fee i.e., decided by the Board from time to time through notification, for each day of attendance at a meeting of the Board.

a) In addition to such Rules as may be made by the Board in this regard, from time to time through notification, the travelling expenses of the Members of the Council for attending the meetings of the Council, shall be paid, as follows

- a.1) Officials who are the Government servants may draw the travelling and halting allowances which they may be entitled to claim for travelling on official duties according to their grades under the relevant provisions of law.
- a.2) A non-official member shall draw travelling allowance according to rate as decided by the State Council from time to time through notification.

DRAFT REGULATIONS

CHAPTER 7 –

BOARD OF ETHICS AND REGISTRATION APPELLATE SIDE

RULES.

77. All the appeals arising from the order passed by the State Council as mentioned in **Rule 37** of this regulation, shall be made to the Board of Ethics and Registration within 45 days of the passing of order, as mentioned in section 31(3), of the act.

78. **Jurisdiction of the Expert Committee** - The Expert committee, shall be the forum to admit, conduct and decide upon such an appeal.

79. **Conduct of Business-**

a.) Any appeal made to the Expert Committee arising out of an order passed by the State Council, shall consist of the facts of the case, specific pleadings for challenging the order, prayer clause, and shall be accompanied by the copy of the order passed and original complaint made to the state council as referred to in rule 34 (d). The appeal shall be drafted in such a form and manner i.e. notified by the board from time to time, through notification.

b.) The Chairman of the Expert Committee shall have the power to dismiss an appeal if it is not in compliance with sub-rule (a) and such notifications as mentioned in sub-rule (a).

Provided the Appellant shall be given 15 more days to come up with a proper format of the complaint as prescribed in sub-rule (a) and such notifications as mentioned in sub-rule (a), failure to do so his/her appeal shall not be admitted by the Expert Committee.

Provided an appeal as mentioned in **rule 80**, shall be made only against final order of the state council as mentioned in **rule 37** of this regulation, or against such interlocutory orders that have the effect of finality on a particular complaint.

80. The Chairman of the expert committee or any such person as authorized by the President of the expert committee on this behalf, shall, after having received the appeal i.e. as per the Chairman's (of the expert committee) decision in compliance with rule 82(a), shall send a notice to the Non-appellant in this regard, within 30 days of having received the appeal.

a) Notice shall consist of the copy of the appeal along with the supporting document therein.

81. The Non-appellant shall within 30 days of having received the notice as mentioned in rule 84, submit to the Expert committee his/her reply which shall consist of the facts of the case and specific replies to the contentions made in the appeal. In case of non-compliance of this rule, 15 days more time shall be given to the Non-Appellant, to submit his/her reply. Failing which the Expert Committee shall proceed with the appeal ex-parte.

Provided the Non-Appellant may be called to be a part of the proceeding at a later stage at the discretion of the President of the Expert Committee.

Provided, as mentioned in rule 37, the registrar or his/her representative (who shall not be of a lower rank than a gazette officer) shall appear in such cases as is decided by the president or any such person as authorized by the President on this behalf.

82. Evidence - The Chairman of the Expert Committee has the power to call for witnesses, documentary evidence and call for record the proceedings of the Inquiry conducted by the state council and pose questions to such witnesses. The power vested under this rule can be exercised Suo-moto or on any application made by the parties in this behalf.

Provided the power granted under rule 85 is subject to the discretion of the President and does not grant any absolute right to the parties to call for witnesses.

Provided there shall be no cross examination of the witnesses by the parties.

Provided such process shall start from the next date on which the reply is received as mentioned in rule 84 and shall not last for more than 3 months.

83. The Chairman of the Expert Committee shall, not later than 30 days of the completion of the 3 months period as mentioned in rule 85, after deliberation with the expert committee, give his final decision on the appeal. As per section 31 (4), A medical practitioner of Indian system of medicine who is aggrieved by the decision of the Board of Ethics and Registration for Indian System of Medicine, may prefer an appeal to the Commission within sixty days of communication of such decision.

Provided such final decision shall consist of the reasons thereof.

84. Power of Board to Make Rules: Subject to the provisions of this chapter, the Board to make Rules and mechanism to conduct the procedure of Appeal as specified in this chapter.

a) Subject to the rules of this chapter state Board to make standard proforma's for filing of various documents, applications as required to be filed under this chapter, from time to time through notification.

b) The Expert committee empowered under this Act to conduct an appeal shall, while holding such enquiry have all the powers of a civil court, while trying a suit under the Code of Civil Procedure, 1908 (Central Act 5 of 1908) in respect of the following matters. namely: —

b.1) summoning and enforcing the attendance of any person and examining him on oath.

b.2) requiring the discovery and production of any document;

b.3) b.3) receiving evidence on affidavit; and

b.4) any other matter which may be prescribed.

c) Every proceeding under this chapter shall be deemed to be a judicial proceeding for the purposes of section 193 and 228 of the Indian Penal Code, 1860 (Central Act 45 of 1860).

d) The Board shall create such mechanism and rules, to ensure that the proceedings of this chapter can be conducted through videoconferencing.

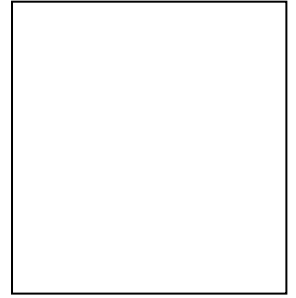
“FORM –A”

(Application for Registration of a practitioner of ISM in State/ National Register)

(Online or physical Application)

Personal Details:

1. Name: First-Middle-Last (for married women name after marriage)
2. Gender:
3. D.O.B.:
4. Fathers Name: First-Middle-Last
5. Mothers Name: First-Middle-Last
6. Spouse: First-Middle-last
7. Blood Group:
8. Aadhaar No.:
9. Voters ID:
10. Pan No.(optional):



Contact Details:

1. Aadhaar Linked Mobile No.
2. Alternate Mobile No.1 &2
3. Landline No.1&2 (optional)

4. Email ID:

5. Alternate Email ID:

Contact Address Details:

1. Address:

2. City:

3. Taluka:

4. District:

5. State:

6. Pin Code:

Permanent Address Details:

7. Address:

8. City:

9. Taluka:

10. District:

11. State:

12. Pin Code:

Practicing Address Details (optional)

1. Address:

2. City:

3. Taluka:

4. District:

5. State:

6. Pin Code:

Qualification Details:

1. RegistrationNo. of University/ Faculty

2. Registration Certificate SerialNo:

3. Schedule:

4. Date of Registration:DD/MM/YYYY

5. Qualification:

6. Year ofPassing:

7. Year of DegreeAwarded: & copy of the degree (upload or attach)

8. Year of Passing of Exit finalexam copy of the final year examination marksheet (upload or attach)

9. Name of theState:

10. Name of theuniversity:

11. Name of the Collage/Institute:

12. Passing year ofSSC: Please attach copy of one of the certificates Indicate the date of birth (upload or attach)

13. Passing year ofHSC

14. Name of SSCBoard:

15. Name of HSCBoard:

16. Detail of fee deposit : E banking/cash /or any mode of payment -----Amount of
Rs-----.

Undertaking:

I (Name) ----- solely affirm that the information given above is true to my
knowledge.

Signature

(Name)

DRAFT REGULATIONS

“FORM – A-1”

(Additional Qualification Details): - if Applicable

1. Additional Qualification Registration No. of University
2. Additional Qualification Registration Certificate No.:
3. State from which additional qualification Obtained:
4. Name of the University:
5. Name of the Collage/Institution:
6. Subject Specialization/ Post Graduate degree (attach copy or upload)
7. Year of Passing:
8. Copy of the Original Registration Certificate of State/ National Board

APPENDIX-1
(Self-Declaration)

Undertaking For Life Certificate

IS/o..... Registered at State Medical council of... ..at

Registration No.....residing at.....do hereby solemnly declare and affirm

that I am alive.

Place:

Date:

DRAFT REGULATIONS

(Signature)

(Name & Present Address)

Mob no :

Email: