THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE ACT, 2020

ARRANGEMENT OF SECTIONS

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THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE ACT, 2020

ACT NO. 14 OF 2020

[20*th September,* 2020.]

An Act to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals of Indian System of Medicine in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of such medical professionals accessible and affordable to all the citizens; that promotes national health goals; that encourages such medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register of Indian System of Medicine for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Seventy-first Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

1. Short title, extent and commencement.—(*1*) This Act may be called the National Commission for Indian System of Medicine Act, 2020.

(*2*) It extends to the whole of India.

(*3*) It shall come into force on such date[1] as the Central Government may, by notification in the Official Gazette, appoint:

Provided that different dates may be appointed for different provisions of this Act and any reference in any such provision to the commencement of this Act shall be construed as a reference to the coming into force of that provision.

2. Definitions.—In this Act, unless the context otherwise requires,—

(*a*) "Autonomous Board" means any of the Autonomous Boards constituted under section 18;

(*b*) "Board of Ayurveda" means the Board constituted under section 18;

(*c*) "Board of Ethics and Registration for Indian System of Medicine" means the Board constituted under section 18;

(*d*) "Board of Unani, Siddha and Sowa-Rigpa" means the Board constituted under section 18;

(*e*) "Chairperson" means the Chairperson of the National Commission for Indian System of Medicine appointed under section 5;

(*f*) "Commission" means the National Commission for Indian System of Medicine constituted under section 3;

(*g*) "Council" means the Advisory Council for Indian System of Medicine constituted under section 11;

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1. **7th October, 2020**— S. 3,4,5,6,8,11,18,19,20,21,54 and 55 *vide* notification No. S.O. 3483(E), dated 7th October, 2020, *see* Gazette of India, Extraordinary, Part II, sec. 3 (*ii*).

11th June, 2021— (All the remaining provisions) *vide* notification No. S.O. 2278(E), dated 11th June, 2021. *see* Gazette of India, Extraordinary, Part II, sec. 3 (*ii*).

(*h*) "Indian System of Medicine" means the Ashtang Ayurveda, 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;

(*i*) "licence" means a licence to practice any of the Indian System of Medicine granted under sub-section (*1*) of section 33;

(*j*) "Medical Assessment and Rating Board for Indian System of Medicine" means the Board constituted under section 18;

(*k*) "medical institution" means any institution within or outside India which, grants degrees, diplomas or licences in Indian System of Medicine and includes affiliated colleges and deemed to be Universities;

(*l*) "Member" means a Member of the Commission referred to in section 4 and includes the Chairperson thereof;

(*m*) "National Register" means a National Medical Register for Indian System of Medicine maintained by the Board of Ethics and Registration for Indian System of Medicine under section 32;

(*n*) "notification" means a notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(*o*) "prescribed" means prescribed by rules made under this Act;

(*p*) "President" means the President of an Autonomous Board appointed under section 20;

(*q*) "regulations" means the regulations made by the Commission under this Act;

(*r*) "State Medical Council" means a State Medical Council of Indian System of Medicine constituted under any law for the time being in force in any State or Union territory for regulating the practice and registration of practitioners of Indian System of Medicine in that State or Union territory;

(*s*) "State Register" means a State Register for Indian System of Medicine maintained under any law for the time being in force in any State or Union territory for registration of practitioners of Indian System of Medicine;

(*t*) "University" shall have the same meaning as assigned to it in clause (*f*) of section 2 of the University Grants Commission Act, 1956 (3 of 1956) and includes a health university.

CHAPTER II

NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE

3. Constitution of National Commission for Indian System of Medicine.—(*1*) The Central Government shall, by notification, constitute a Commission, to be known as the National Commission for Indian System of Medicine, to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.

(*2*) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.

(*3*) The head office of the Commission shall be at New Delhi.

4. Composition of Commission.—(*1*) The Commission shall consist of the following persons, namely:—

(*a*) a Chairperson;

(*b*) fifteen *ex officio* Members; and

(*c*) twenty-three part-time Members.

(2) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any of the disciplines of Indian System of Medicine from a recognised University and having experience of not less than twenty years in any field of Indian System of Medicine, out of which at least ten years shall be as a leader in the area of healthcare delivery, growth and development of Indian System of Medicine or its education.

(*3*) The following persons shall be appointed by the Central Government as ex officio Members of the Commission, namely:—

(*a*) the President of the Board of Ayurveda;

(*b*) the President of the Board of Unani, Siddha and Sowa-Rigpa;

(*c*) the President of the Medical Assessment and Rating Board for Indian System of Medicine;

(*d*) the President of the Board of Ethics and Registration for Indian System of Medicine;

(*e*) Advisor (Ayurveda) or Joint Secretary to the Government of India in-charge of Ayurveda and Advisor (Unani) or Joint Secretary to the Government of India in-charge of Unani, in the Ministry of AYUSH;

(*f*) the Director, All India Institute of Ayurveda, New Delhi;

(*g*) the Director General, Central Council for Research in Ayurvedic Sciences, New Delhi;

(*h*) the Director General, Central Council for Research in Unani Medicine, New Delhi;

(*i*) the Director General, Central Council for Research in Siddha, Chennai;

(*j*) the Director, National Institute of Siddha, Chennai;

(*k*) the Director, National Institute of Unani, Bengaluru;

(*l*) the Director, North Eastern Institute on Ayurveda and Homoeopathy, Shillong;

(*m*) the Director, Institute of Post Graduate Teaching and Research in Ayurveda, Jamnagar; and

(*n*) the Director, National Institute of Ayurveda, Jaipur.

(*4*) The following persons shall be appointed by the Central Government as part-time Members of the Commission, namely:—

(*a*) four Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in any of the disciplines of Indian System of Medicine, Sanskrit, Urdu, Tamil, management, law, health research, science and technology and economics;

(*b*) ten Members to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for Indian System of Medicine for a term of two years in such manner as may be prescribed;

(*c*) six members from Ayurveda, one member each from Siddha, Unani and Sowa-Rigpa, to be appointed from amongst the nominees of the States and Union territories, under clause (*d*) of sub-section (*2*) of section 11, in the Advisory Council for Indian System of Medicine, for a term of two years in such manner as may be prescribed:

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Provided that no Member shall either himself or through any of his family members, directly or indirectly, own or be associated with or have any dealings with the managing body of a private or non-government medical institution which is regulated under this Act.

Explanation.—For the purpose of this section and section 19, the term "leader" means the Head of a Department or the Head of an Organisation.

5. Search Committee for appointment of Chairperson and Members.—(*1*) The Central Government shall appoint the Chairperson, referred to in section 4 and the President of the Autonomous Boards referred to in section 20 on the recommendation of a Search Committee consisting of—

(*a*) the Cabinet Secretary—Chairperson;

(*b*) two experts, possessing outstanding qualifications and experience of not less than twenty-five years in any of the fields of Indian System of Medicine, to be nominated by the Central Government—Members;

(*c*) one expert, from amongst the Members referred to in clause (*c*) of sub-section (*4*) of section 4, to be nominated by the Central Government in such manner as may be prescribed—Member;

(*d*) one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of Sanskrit, Urdu, Tamil, health research, management, law, economics or science and technology, to be nominated by the Central Government—Member;

(*e*) the Secretary to the Government of India in charge of the Ministry of AYUSH, to be the Convenor—Member:

Provided that for selection of part-time Members of the Commission referred to in clause (*a*) of sub-section (*4*) of section 4, the Secretary referred to in section 8 and other Members of the Autonomous Boards referred to in section 20, the Search Committee shall consist of Members specified in the clauses (*b*) to (*d*) and Joint Secretary to the Government of India in the Ministry of AYUSH as Convenor-Member and chaired by Secretary to the Government of India in charge of the Ministry of AYUSH.

(*2*) The Central Government shall, within one month from the date of occurrence of any vacancy, including by reason of death, resignation or removal of the Chairperson or a Member, or within three months before the end of tenure of the Chairperson or Member, make a reference to the Search Committee for filling up of the vacancy.

(*3*) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.

(*4*) Before recommending any person for appointment as the Chairperson or a Member of the Commission, the Search Committee shall satisfy itself that such person does not have any financial or other interest which is likely to affect prejudicially his functions as such Chairperson or Member.

(*5*) No appointment of the Chairperson or Member shall be invalid merely by reason of any vacancy or absence of a Member in the Search Committee.

(*6*) Subject to the provisions of sub-sections (*2*) to (*5*), the Search Committee may regulate its own procedure.

6. Term of office and conditions of service of Chairperson and Members.—(*1*) The Chairperson and Members (other than *ex officio* Members) and Members appointed under clauses (*b*) and (c) of sub- section (*4*) of section 4 shall hold office for a term not exceeding four years and shall not be eligible for any extension or re-appointment:

Provided that such person shall cease to hold office after attaining the age of seventy years.

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(*2*) The term of office of an *ex officio* Member shall continue as long as he holds the office by virtue of which he is such Member.

(*3*) Where a Member, other than an *ex officio* Member, is absent from three consecutive ordinary meetings of the Commission and the cause of such absence is not attributable to any valid reason in the opinion of the Commission, such Member shall be deemed to have vacated the seat.

(*4*) The salary and allowances payable to and other terms and conditions of service of the Chairperson and Member, other than an *ex officio* Member, shall be such as may be prescribed.

(*5*) The Chairperson or a Member may,—

(*a*) relinquish his office by giving in writing a notice of not less than three months to the Central Government; or

(*b*) be removed from his office in accordance with the provisions of section 7:

Provided that such person may be relieved from duties earlier than three months or allowed to continue beyond three months until a successor is appointed, if the Central Government so decides.

(*6*) The Chairperson and every Member of the Commission shall make declaration of his assets and liabilities at the time of entering upon his office and at the time of demitting his office and also declare his professional and commercial engagement or involvement, in such form and manner as may be prescribed, and such declaration shall be published on the website of the Commission.

(*7*) The Chairperson or a Member, ceasing to hold office as such, shall not accept, for a period of two years from the date of demitting such office, any employment, in any capacity, including as a consultant or an expert, in any private Medical institution of Indian System of Medicine or, whose matter has been dealt with by such Chairperson or Member, directly or indirectly:

Provided that nothing contained herein shall be construed as preventing such person from accepting an employment in a body or institution including Medical institution of Indian System of Medicine, controlled or maintained by the Central Government or a State Government.

(*8*) Nothing in sub-section (*7*) shall prevent the Central Government from permitting the Chairperson or a Member to accept any employment in any capacity, including as a consultant or an expert, in any private Medical institution of Indian System of Medicine, whose matter has been dealt with by such Chairperson or Member.

7. Removal of Chairperson and Members of Commission.—(*1*) The Central Government may, by order, remove from office, the Chairperson or any other Member, who—

(*a*) has been adjudged an insolvent; or

(*b*) has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or

(*c*) has become physically or mentally incapable of acting as the Chairperson or a Member; or

(*d*) is of unsound mind and stands so declared by a competent court; or

(*e*) has acquired such financial or other interest as is likely to affect prejudicially his functions as a Member; or

(*f*) has so abused his position as to render his continuance in office prejudicial to public interest.

(*2*) No Member shall be removed under clauses (*e*) and (*f*) of sub-section (*1*) unless he has been given a reasonable opportunity of being heard in the matter.

8. Appointment of Secretary, experts, professionals, officers and other employees of Commission.—(*1*) There shall be a Secretariat for the Commission to be headed by a Secretary, to be appointed by the Central Government in accordance with the provisions of section 5.

(*2*) The Secretary of the Commission shall be a person of proven administrative capacity and integrity, possessing such qualifications and experience as may be prescribed.

(*3*) The Secretary shall be appointed by the Central Government for a term of four years and he shall not be eligible for any extension or re-appointment.

(*4*) The Secretary shall discharge such functions of the Commission as are assigned to him by the Commission and as may be specified by regulations made under this Act.

(*5*) The Commission may appoint such officers and other employees, as it considers necessary, against the posts created by the Central Government for the efficient discharge of its functions under this Act.

(*6*) The salaries and allowances payable to, and other terms and conditions of service of the Secretary, officers and other employees of the Commission shall be such as may be prescribed.

(*7*) The Commission may engage, in accordance with the procedure specified by regulations, such number of experts and professionals of integrity and outstanding ability, who have special knowledge of Indian System of Medicine, and experience in fields including medical education in Indian System of Medicine, public health, management, economics, accreditation, patient advocacy, health research, science and technology, administration, finance, accounts or law as it deems necessary, to assist the Commission in the discharge of its functions under this Act.

9. Meetings of Commission.—(*1*) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.

(*2*) The Chairperson shall preside at the meeting of the Commission and if, for any reason, the Chairperson is unable to attend a meeting of the Commission, any Member being the President of the Autonomous Boards, nominated by the Chairperson shall preside at the meeting.

(*3*) Unless the procedure to be followed at the meetings of the Commission is otherwise provided by regulations, one-half of the total number of Members of the Commission including the Chairperson shall constitute the quorum and all decisions of the Commission shall be taken by a majority of the members, present and voting and in the event of equality of votes, the Chairperson or in his absence, the President of the Autonomous Board nominated under sub-section (*2*), shall have the casting vote.

(*4*) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.

(*5*) No act or proceeding of the Commission shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the Commission; or

(*b*) any defect in the appointment of a person acting as a Chairperson or as a Member.

(*6*) A person who is aggrieved by any decision of the Commission, except the decision rendered under sub-section (*4*) of section 31, may prefer an appeal to the Central Government against such decision within fifteen days of the communication of such decision.

10. Power and functions of Commission.—(*1*) The Commission shall perform the following functions, namely:—

(*a*) lay down policies for maintaining a high quality and high standards in education of Indian System of Medicine and make necessary regulations in this behalf;

(*b*) lay down policies for regulating medical institutions, medical researches and medical professionals and make necessary regulations in this behalf;

(*c*) assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;

(*d*) frame guidelines and lay down policies by making such regulations as may be necessary for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils of Indian System of Medicine;

(*e*) ensure coordination among the Autonomous Boards;

(*f*) take such measures, as may be necessary, to ensure compliance by the State Medical Councils of Indian System of Medicine of the guidelines framed and regulations made under this Act for their effective functioning under this Act;

(*g*) exercise appellate jurisdiction with respect to decisions of the Autonomous Boards;

(*h*) ensure observance of professional ethics in Medical profession and to promote ethical conduct during the provision of care by medical practitioners;

(*i*) frame guidelines for determination of fees and all other charges in respect of fifty per cent. of seats in private medical institutions and deemed to be Universities which are governed under the provisions of this Act;

(*j*) exercise such other powers and perform such other functions as may be prescribed.

(*2*) All orders and decisions of the Commission shall be authenticated by signature of the Secretary and the Commission may delegate such of its powers on administrative and financial matters, as it deems fit, to the Secretary.

(*3*) The Commission may constitute sub-committees and delegate such of its powers to them as may be necessary to enable them to accomplish specific tasks.

CHAPTER III

ADVISORY COUNCIL FOR INDIAN SYSTEM OF MEDICINE

11. Constitution and composition of Advisory Council for Indian System of Medicine.—(*1*) The Central Government shall, by notification, constitute an advisory body to be known as the Advisory Council for Indian System of Medicine.

(*2*) The Council shall consist of a Chairperson and the following members, namely:—

(*a*) the Chairperson of the Commission shall be the *ex officio* Chairperson of the Council;

(*b*) every Member of the Commission shall be *ex officio* member of the Council;

(*c*) one member, to represent each State, who is the Vice-Chancellor of a University in that State, possessing qualifications in the Indian System of medicine, to be nominated by that State Government, and one member to represent each Union territory, who is the Vice-chancellor of a University in that Union territory, possessing qualifications in the Indian System of Medicine, to be nominated by the Ministry of Home Affairs in the Government of India:

Provided that where the Vice-Chancellor possessing qualifications in the Indian System of Medicine is not available, a Dean or a Head of Faculty possessing qualifications in the Indian System of Medicine shall be nominated;

(*d*) one member to represent each State and each Union territory from amongst elected members of the State Medical Council of Indian System of Medicine, to be nominated by that State Medical Council;

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(*e*) the Chairman, University Grants Commission;

(*f*) the Director, National Assessment and Accreditation Council;

(*g*) four Members to be nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institutes of Science.

12. Functions of Advisory Council for Indian System of Medicine.—(*1*) The Council shall be the primary platform through which the States and Union territories may put forth their views and concerns before the Commission and help in shaping the overall agenda, policy and action relating to medical education, training, research and development.

(*2*) The Council shall advise the Commission on measures to determine and maintain, and to coordinate maintenance of, the minimum standards in all matters relating to medical education, training, research and development.

(*3*) The Council shall advise the Commission on measures to enhance equitable access to medical education.

13. Meetings of Advisory Council for Indian System of Medicine.—(*1*) The Council shall meet atleast twice a year at such time and place as may be decided by the Chairperson.

(*2*) The Chairperson shall preside at the meeting of the Council and if for any reason the Chairperson is unable to attend a meeting of the Council, such other member as nominated by the Chairperson shall preside over the meeting.

(*3*) Unless the procedure is otherwise provided by regulations, one-half of the members of the Council including the Chairperson shall form the quorum and all acts of the Council shall be decided by a majority of the members present and voting.

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CHAPTER IV

NATIONAL EXAMINATION

14. National Eligibility-cum-Entrance Test.—(*1*) There shall be a uniform National Eligibility-cum-Entrance Test for admission to the undergraduate courses in each of the disciplines of the Indian System of Medicine in all medical institutions governed under this Act:

Provided that National Eligibility-cum-Entrance Test shall be exempted for students who have taken admission in—

(*i*) Pre-tib for Bachelor of Unani Medicine and Surgery; and

(*ii*) Pre-Ayurveda for Bachelor of Ayurvedic Medicine and Surgery.

(*2*) The Commission shall conduct the National Eligibility-cum-Entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.

(*3*) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission to all the medical institutions governed under this Act:

Provided that the common counselling shall be conducted by the designated authority of—

(*i*) the Central Government, for All India seats; and

(*ii*) the State Government, for the remaining seats at the State level.

(*4*) The Commission shall specify by regulations the manner of admission of students to undergraduate courses who are exempted under sub-section (*1*).

15. National Exit Test.—(*1*) A common final year undergraduate medical examination, to be known as the National Exit Test, shall be held for granting licence to practice as medical practitioner of respective disciplines of Indian System of Medicine and for enrollment in the State Register or National Register, as the case may be.

(*2*) The Commission shall conduct the National Exit Test for Indian System of Medicine in English and in such other languages, through such designated authority and in such manner as may be specified by regulations.

(*3*) The National Exit Test shall become operational on such date, within three years from the date on which this Act comes into force, as may be appointed by the Central Government, by notification.

(*4*) Any person with a foreign medical qualification shall have to qualify national Exist Test for the purpose of obtaining licence to practice as medical practitioner of Indian System of Medicine and for enrollment in the State Register or the National Register, as the case may be, in such manner as may be specified by regulations.

16. Post-Graduate National Entrance Test.—(*1*) A uniform Post-Graduate National Entrance Test shall be conducted separately for admission to postgraduate courses in each discipline of the Indian System of Medicine in all medical institutions governed under this Act.

(*2*) The Commission shall conduct the National Entrance Test for admission to postgraduate courses in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.

(*3*) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission to the postgraduate seats in all medical institutions governed under this Act.

17. National Teachers' Eligibility Test for Indian System of Medicine.—(*1*) A National Teachers' Eligibility Test shall be conducted separately for the postgraduates of each discipline of Indian System of Medicine who desire to take up teaching profession in that discipline.

(*2*) The Commission shall conduct the National Teachers' Eligibility Test for Indian System of Medicine through such designated authority and in such manner as may be specified by regulations.

(*3*) The National Teachers' Eligibility Test for Indian System of Medicine shall become operational on such date, within three years from the date on which this Act comes into force, as may be notified by the Central Government:

Provided that nothing contained in this section shall apply to the teachers appointed prior to the date notified under sub-section (*3*).

CHAPTER V

AUTONOMOUS BOARDS

18. Constitution of Autonomous Boards.—(*1*) The Central Government shall, by notification, constitute the following Autonomous Boards, under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act, namely:—

(*a*) the Board of Ayurveda;

(*b*) the Board of Unani, Siddha and Sowa-Rigpa;

(*c*) the Medical Assessment and Rating Board for Indian System of Medicine; and

(*d*) the Board of Ethics and Registration for Indian System of Medicine.

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(*2*) Each Board referred to in sub-section (*1*) shall be an autonomous body which shall carry out its functions under this Act in accordance with the regulations made by the Commission.

19. Composition of Autonomous Boards.—(*1*) The composition of the Autonomous Boards shall be as under, namely:—

(*a*) the Board of Ayurveda shall consist of a President and four Members from the Ayurveda discipline of Indian System of Medicine;

(*b*) the Board of Unani, Siddha and Sowa-Rigpa shall consist of a President and two Members from each of the Unani, Siddha and Sowa-Rigpa disciplines of Indian System of Medicine;

(*c*) the Medical Assessment and Rating Board for Indian System of Medicine shall consist of a President and eight Members:

Provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine in such manner that at least one Member represents each such discipline separately, and the remaining two Members shall be accreditation experts;

(*d*) the Board of Ethics and Registration for Indian System of Medicine shall consist of a President and eight Members:

Provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine in such manner that at least one Member represents each such discipline separately, and the remaining two Members shall be chosen from any of the disciplines of quality assurance, public health, law or patient advocacy.

(*2*) The President and Members of the Autonomous Boards to be chosen under sub-section (*1*) shall be persons of outstanding ability, proven administrative capacity and integrity, possessing postgraduate degree in respective disciplines from a recognised University and having experience of not less than fifteen years in respective fields, out of which at least seven years shall be as a leader:

Provided that seven years as leader in the case of the President and Member from Indian System of Medicine shall be in the area of health, growth and development of education in Indian System of Medicine.

20. Search Committee for appointment of President and Members.—The Central Government shall appoint the President and Members of the Autonomous Boards on the basis of the recommendations made in accordance with the procedure specified in section 5 by the Search Committee constituted thereunder.

21. Term of office and conditions of service of President and Members.—(*1*) The President and Members of each Autonomous Board shall hold the office for a term not exceeding four years and shall not be eligible for any extension or re-appointment:

Provided that such person shall cease to hold office after attaining the age of seventy years.

(*2*) The salary and allowances payable to, and other terms and conditions of service of, the President and Members of an Autonomous Boards shall be such as may be prescribed.

(*3*) The provisions contained in sub-sections (*3*), (*5*), (*6*), (*7*) and (*8*) of section 6 relating to the terms and conditions of service of, and in section 7 relating to removal from office, the Chairperson and Members of the Commission shall also be applicable to the President and Members of the Autonomous Boards.

22. Advisory Committees of experts.—(*1*) Each Autonomous Board, except the Board of Ethics and Registration for Indian System of Medicine, shall be assisted by such advisory Committees of experts, as may be constituted by the Commission, for the efficient discharge of the functions of such Boards under this Act.

(*2*) The Board of Ethics and Registration for Indian System of Medicine shall be assisted by such ethics committees of experts, as may be constituted by the Commission, for the efficient discharge of the functions of that Boards under this Act.

23. Staff of Autonomous Boards.—The experts, professionals, officers and other employees appointed under section 8 shall be made available to the Autonomous Boards in such number and in such manner, as may be specified by regulations made by the Commission.

24. Meetings, etc., of Autonomous Boards.—(*1*) Every Autonomous Board shall meet at least once a month at such time and place as it may appoint.

(*2*) Subject to such regulations as may be made in this behalf, all decisions of the Autonomous Boards shall be made by consensus and if consensus is not possible, decision shall be made by majority of votes of the President and Members.

(*3*) A person who is aggrieved by any decision of an Autonomous Board may prefer an appeal to the Commission against such decision within thirty days of the communication of such decision.

25. Delegation of powers.—(*1*) The Commission may delegate all or any of its administrative and financial powers to the President of each Autonomous Board to enable such Board to function smoothly and efficiently.

(*2*) The President of an Autonomous Board may further delegate any of his powers to a Member or officer of that Board.

26. Powers and functions of Autonomous Boards.—(*1*) The Board of Ayurveda, in respect of the discipline of Ayurveda, and the Board of Unani, Siddha and Sowa-Rigpa, in respect of the disciplines of Unani, Siddha and Sowa-Rigpa, of the Indian System of Medicine, shall perform the following functions in respect of their respective disciplines, namely:—

(*a*) determine the standards of education at the undergraduate, postgraduate and super-speciality levels and oversee all aspects relating thereto;

(*b*) develop a competency based dynamic curriculum at all levels in accordance with the regulations made under this Act, in such manner that it develops appropriate skill, knowledge, attitude, values and ethics among the postgraduate and superspeciality students and enables them to provide healthcare, to impart medical education and to conduct medical research;

(*c*) frame guidelines on setting up of medical institutions for imparting undergraduate, postgraduate and super-speciality courses in Ayurveda, Unani, Siddha and Sowa-Rigpa, having regard to the needs of the country, the global norms and the regulations made under this Act;

(*d*) determine minimum requirements and standards for conducting of courses and examinations in medical institutions, having regard to the needs of creativity at local levels and the regulations made under this Act;

(*e*) determine standards and norms for infrastructure, faculty and quality of education and research in medical institutions of Indian System of Medicine, in accordance with the regulations made under this Act;

(*f*) specify norms for compulsory annual disclosure, electronically or otherwise, by medical institutions of Indian System of Medicine in respect of their functions that has a bearing on the interest of various stakeholders including students, faculty, the Commission and the Government;

(*g*) facilitate development and training of faculty members;

(*h*) facilitate research programmes;

(*i*) grant recognition to medical qualifications at all levels.

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(*2*) The Board of Ayurveda and the Board of Unani, Siddha and Sowa-Rigpa may, in the discharge of their functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

27. Powers and functions of Board of Ethics and Registration for Indian System of Medicine.—(*1*) The Board of Ethics and Registration for Indian System of Medicine shall perform the following functions, namely:—

(*a*) maintain a National Register of all licensed practitioners of Indian System of Medicine in accordance with the provisions of section 32;

(*b*) regulate professional conduct and promote medical ethics in accordance with the regulations made under this Act:

Provided that the Board of Ethics and Registration for Indian System of Medicine shall ensure compliance with the code of professional and ethical conduct through the State Medical Council, in a case where such State Medical Council has been conferred power to take disciplinary actions in respect of professional or ethical misconduct by medical practitioners under respective State Acts;

(*c*) develop mechanisms to have continuous interaction with State Medical Councils of Indian System of Medicine to effectively promote and regulate the conduct of medical practitioners of Indian System of Medicine;

(*d*) exercise appellate jurisdiction with respect to the actions taken by a State Medical Council under section 31.

(*2*) The Board of Ethics and Registration for Indian System of Medicine may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

28. Powers and functions of Medical Assessment and Rating Board for Indian System of Medicine.—(*1*) The Medical Assessment and Rating Board for Indian System of Medicine shall perform the following functions, namely:—

(*a*) determine the procedure for assessment and rating of medical institutions on the basis of their compliance with the standards laid down by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act;

(*b*) grant permission for establishment of a new medical institution or to start any postgraduate course or to increase number of seats, in accordance with the provisions of section 29;

(*c*) carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act:

Provided that the Medical Assessment and Rating Board for Indian System of Medicine may, if it deems necessary, hire and authorise any other third party agency or persons for carrying out inspections of medical institutions for assessing and rating such institutions:

Provided further that where inspection of medical institutions is carried out by such third party agency or persons authorised by the Medical Assessment and Rating Board for Indian System of Medicine, it shall be obligatory on such institutions to provide access to such agency or person;

(*d*) conduct, or where it deems necessary, empanel independent rating agencies to conduct, assess and rate all medical institutions, within such period of their opening, and every year thereafter, at such time, and in such manner, as may be specified by regulations;

(*e*) make available on its website or in public domain, the assessment and ratings of medical institutions at regular intervals, in accordance with the regulations made under this Act;

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(*f*) take such measures, including issuing warning, imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the Commission for withdrawal of recognition, against a medical institution for its failure to maintain the minimum essential standards specified by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act.

(*2*) The Medical Assessment and Rating Board for Indian System of Medicine may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

29. Permission for establishment of new medical institution.—(*1*) No person shall establish a new medical institution or start any postgraduate course or increase number of seats without obtaining prior permission of the Medical Assessment and Rating Board for Indian System of Medicine.

Explanation.— For the purpose of this sub-section, the term "person" includes any University, trust or any other body, but does not include the Central Government.

(*2*) For the purpose of obtaining permission under sub-section (*1*), a person may submit a scheme to the Medical Assessment and Rating Board for Indian System of Medicine in such form, containing such particulars, accompanied by such fee, and in such manner, as may be specified by regulations.

(*3*) While considering the scheme received under sub-section (*2*), the Medical Assessment and Rating Board for Indian System of Medicine shall have regard to the standards of education and research, the standards and norms for infrastructure and faculty, the guidelines on setting up of medical institutions and other requirements determined by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa under section 26, and pass an order either approving or disapproving the scheme within three months from the date of receipt of such scheme:

Provided that before disapproving such scheme, an opportunity to rectify the defects, if any, shall be given to the person concerned.

(*4*) Where a scheme is approved under sub-section (*3*), such approval shall be the permission under sub-section (*1*) to establish a new medical institution.

(*5*) Where a scheme is disapproved under sub-section (*3*), or where no order is passed within three months of submitting a scheme under sub-section (*2*), the person concerned may prefer an appeal to the Commission within fifteen days of such disapproval or, as the case may be, after lapse of three months, in such manner as may be specified by regulations.

(*6*) Where the Commission has disapproved the scheme or no order has been passed within fifteen days from the date of preferring appeal under sub-section (*5*), the person concerned may prefer a second appeal to the Central Government within seven days of communication of such disapproval or, as the case may be, lapse of specified period of fifteen days.

(*7*) The Medical Assessment and Rating Board for Indian System of Medicine may conduct evaluation and assessment of any University or medical institution at any time, either directly or through any other expert, having integrity and experience in medical profession, without any prior notice and assess and evaluate the performance, standards and benchmarks of such University or medical institution.

30. Criteria for approving or disapproving scheme.—While approving or disapproving a scheme under section 29, the Medical Assessment and Rating Board for Indian System of Medicine, or the Commission, as the case may be, shall take into consideration the following criteria, namely:—

(*a*) adequacy of infrastructure and financial resources;

(*b*) whether adequate academic faculty, non-teaching staff, and other necessary facilities have been provided to ensure proper functioning of medical institution or would be provided within the time-limit specified in the scheme;

(*c*) whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme;

(*d*) such other factors as may be prescribed:

Provided that, subject to the previous approval of the Central Government, the criteria may be relaxed for the medical institutions which are set up in such areas as may be specified by the regulations.

31. State Medical Council.—(*1*) The State Government shall, by notification, within three years of the commencement of this Act, establish a State Medical Council for Indian System of Medicine in that State if no such Council exists in that State.

(*2*) Where a State Act confers power upon the State Medical Council to take disciplinary actions in respect of any professional or ethical misconduct by a registered practitioner of Indian System of Medicine, the State Medical Council shall act in accordance with the regulations made, and the guidelines framed, under this Act:

Provided that till such time as a State Medical Council for Indian System of Medicine is established in a State, the Board of Ethics and Registration for Indian System of Medicine shall receive the complaints and grievances relating to any professional or ethical misconduct against a registered practitioner of Indian System of Medicine in that State in accordance with such procedure as may be specified by regulations:

Provided further that the Board of Ethics and Registration for Indian System of Medicine or, as the case may be, the State Medical Council shall give an opportunity of hearing to such practitioner before passing any order or taking any action, including imposition of any monetary penalty, against such person.

(*3*) A practitioner of Indian System of Medicine who is aggrieved by the order passed or the action taken by—

(*a*) the State Medical Council under sub-section (*2*) may prefer an appeal to the Board of Ethics and Registration for Indian System of Medicine and the decision, if any, of the Board of Ethics and Registration for Indian System of Medicine thereupon shall be binding on such State Medical Council, unless a second appeal is preferred under sub-section (*4*);

(*b*) the Board of Ethics and Registration for Indian System of Medicine under the first proviso to sub-section (*2*) may prefer an appeal to the Commission.

(*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.

Explanation.—For the purposes of this Act,—

(*a*) "State" includes Union territory and the expressions "State Government" and "State Medical Council for Indian System of Medicine", in relation to a Union territory, shall respectively mean the "Central Government" and "Union Territory Medical Council for Indian System of Medicine";

(*b*) the expression "professional or ethical misconduct" includes any act of commission or omission, as may be specified by regulations.

32. National Register and State Register of Indian System of Medicine.—(*1*) The Board of Ethics and Registration for Indian System of Medicine shall maintain a National Register containing the name, address, all recognised qualifications possessed by a licensed medical practitioner of the Indian System of Medicine and such other particulars as may be specified by regulations.

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(*2*) The National Register shall be maintained in such form, including in electronic form and in such manner as may be specified by regulations.

(*3*) The manner in which any name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof, shall be such as may be specified by the regulations.

(*4*) The National Register shall be made available to the public by placing it on the website of the Board of Ethics and Registration for Indian System of Medicine.

(*5*) Every State Medical Council shall maintain and regularly update the State Register in the specified electronic format and supply a physical copy of the same to the Board of Ethics and Registration for Indian System of Medicine within three months of the commencement of this Act.

(*6*) The Board of Ethics and Registration for Indian System of Medicine shall ensure electronic synchronization of the National Register and the State Register in such a manner that any change in one such register is automatically reflected in the other register.

33. Rights of persons to be enrolled in National Register and their obligations thereto.—(*1*) Any person who has a recognised qualification in Indian System of Medicine under this Act and qualifies the National Exit Test held under section 15 shall be granted a licence to practice Indian System of Medicine and shall have his name and qualifications enrolled first in the State Register and subsequently in the National Register maintained under this Act:

Provided that a person who has been registered in the Central Register of Indian System of Medicine maintained under the Indian Medicine Central Council Act, 1970 (48 of 1970) prior to the coming into force of this Act and before the National Exit Test becomes operational under sub-section (*3*) of section 15, shall be deemed to have been registered under this Act and be enrolled in the National Register maintained under this Act.

(*2*) No person who has obtained a qualification in Indian System of Medicine from a medical institution established in any country outside India and is recognised as a medical practitioner of Indian System of Medicine in that country, shall, after the commencement of this Act and the National Exit Test for Indian System of Medicine becomes operational under sub-section (*3*) of section 15, be enrolled in the National Register for Indian System of Medicine, unless he qualifies the National Exit Test for Indian System of Medicine.

(*3*) When a person whose name is entered in the State Register or the National Register, as the case may be, obtains any title, diploma or qualification for proficiency in sciences or medicine which is a recognised qualification under section 35 or section 36, as the case may be, he shall be entitled to have such title, diploma or qualification entered against his name in the State Register or the National Register, in such manner as may be specified by regulations.

34. Rights of persons to practice.— (*1*) No person other than a person who is enrolled in the State Register or the National Register, as the case may be, shall—

(*a*) be allowed to practice Indian System of Medicine as a qualified practitioner;

(*b*) hold office as a physician or surgeon or any other office, by whatever name called, which is meant to be held by a physician or surgeon, as the case may be;

(*c*) be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;

(*d*) be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 (1 of 1872) on any matter relating to Indian System of Medicine:

Provided that the Commission shall submit a list of such practitioners to the Central Government in such manner as may be prescribed:

Provided further that a foreign citizen who is enrolled in his country as a practitioner of Indian System of Medicine in accordance with the law regulating the registration of such practitioners in that country may be permitted temporary registration in India for such period and in such manner as may be specified by regulations.

(*2*) Any person who acts in contravention of the provisions of this section shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to five lakh rupees, or with both.

(*3*) Nothing contained in this section shall affect—

(*a*) the right of a person enrolled in a State Register as practitioner of Indian System of Medicine to practice in any State merely on the ground that he does not possess, as on the date of commencement of this Act, a recognised medical qualification in the Indian System of Medicine;

(*b*) the privileges, including the right to practice any system of medicine, conferred by or under any law for the time being in force in a State on the practitioners of Indian System of Medicine enrolled in the State register of that State;

(*c*) the right of a person who has been practicing Indian System of Medicine for not less than five years in a State, to continue to practice in that State in which a State Register of Indian System of Medicine is not maintained as on the date of commencement of this Act.

CHAPTER VI

RECOGNITION OF QUALIFICATIONS OF INDIAN SYSTEM OF MEDICINE

35. Recognition of qualifications granted by Universities or medical institutions in India.—(*1*) The medical qualifications in Indian System of Medicine at undergraduate or postgraduate or super-speciality level granted by any University or medical institution in India shall be listed and maintained by the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, in such manner as may be specified by regulations and such medical qualification shall be a recognised medical qualification for the purposes of this Act.

(*2*) Any University or medical institution in India which grants an undergraduate or postgraduate or super-speciality qualification in Indian System of Medicine not included in the list maintained by the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, may apply to that Board for granting recognition to such qualification.

(*3*) The Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, shall examine the application for grant of recognition to a qualification in Indian System of Medicine within a period of six months in such manner as may be specified by regulations.

(*4*) Where the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, decides to grant recognition to the qualification in Indian System of Medicine, it shall include such qualification in the list maintained by it and shall also specify therein the date of effect of such recognition, otherwise it shall communicate its decision not to grant recognition to the medical qualification to the concerned University or medical institution.

(*5*) The aggrieved University or the medical institution may prefer an appeal to the Commission within a period of sixty days from the date of communication of the decision of the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, in such manner as may be specified by regulations.

(*6*) The Commission shall examine the appeal received under sub-section (*5*) within a period of two months and if it decides that recognition may be granted to such medical qualification, it may direct the concerned Board to include such qualification in the list maintained by that Board in such manner as may be specified by regulations.

(*7*) Where the Commission decides not to grant recognition under sub-section (*6*) or fails to decide within the specified period, the aggrieved University or medical institution may prefer a second appeal to the Central Government within a period of thirty days from the date of communication of such decision or lapse of specified period, as the case may be.

(*8*) All medical qualifications which have been recognised before the date of commencement of this Act and are included in the Second Schedule and Third Schedule to the Indian Medicine Central Council Act, 1970 (48 of 1970), shall also be listed and maintained by the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, in such manner as may be specified by regulations.

36. Recognition of medical qualifications granted by medical institutions outside India.—(*1*) Where an authority in any country outside India which, by the law of that country is entrusted with the recognition of qualifications of Indian System of Medicine in that country, makes an application to the Commission for granting recognition to such qualification in India, the Commission may, subject to such verification as it deems necessary, either grant or refuse to grant recognition to that medical qualification.

(*2*) Where the Commission grants recognition to any medical qualification under sub-section (*1*), such qualification shall be a recognised qualification for the purposes of this Act and shall be included in the list maintained by the Commission in such manner as may be specified:

Provided that in case the Commission decides not to grant recognition to any qualification, the Commission shall give a reasonable opportunity of being heard to such authority before refusing to grant such recognition.

(*3*) Where the Commission refuses to grant recognition to a medical qualification under sub-section (*2*), the Authority concerned may prefer an appeal to the Central Government for grant of recognition.

(*4*) All qualifications which have been recognised before the date of commencement of this Act and are included in the Fourth Schedule to the Indian Medicine Central Council Act, 1970 (48 of 1970) shall also be recognised medical qualifications for the purposes of this Act and shall be listed and maintained by the Commission in such manner as may be specified by the regulations.

37. Withdrawal of recognition or de-recognition of qualification.—(*1*) Where, upon a report received from the Medical Assessment and Rating Board for Indian System of Medicine or otherwise, it appears to the Commission that—

(*a*) the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, a University or medical institution do not conform to the standards specified by the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be; or

(*b*) the standards and norms for infrastructure, faculty and quality of education in medical institutions as determined by the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, are not adhered to by any University or medical institution, and such University or medical institution has failed to take necessary corrective action to maintain specified minimum standards,

the Commission may initiate action in accordance with the provisions of sub-section (*2*):

Provided that the Commission shall, before, taking any action for *suo motu* withdrawal of recognition granted to the medical qualification awarded by a University or medical institution, impose penalty in accordance with the provisions of clause (*f*) of sub-section (*1*) of section 28.

(*2*) The Commission shall, after making such further inquiry as it deems fit, and after holding consultations with the State Government and the authority of the concerned University or medical institution, comes to the conclusion that the recognition granted to a medical qualification ought to be

withdrawn, it may, by order, withdraw recognition granted to such medical qualification and direct the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa, as the case may be, to amend the entries against the University or medical institution concerned in the list maintained by that Board to the effect that the recognition granted to such qualification is withdrawn with effect from the date specified in that order.

(*3*) If the Commission, after verification with the authority in any country outside India, is of the opinion that a recognised medical qualification which is included in the list maintained by it is to be de-recognised, it may, by order, de-recognise such medical qualification and remove it from the list maintained by the Commission with effect from the date of such order.

38. Special provision in certain cases for recognition of qualifications.—Where the Commission deems it necessary so to do, it may, by notification, direct that any qualification in Indian System of Medicine granted by a medical institution outside India, after such date, as may be specified in that notification, shall be recognised qualification for the purposes of this Act:

Provided that medical practice by a person possessing such qualification shall be permitted only if such person has been enrolled as a medical practitioner in accordance with the law regulating the registration of medical practitioner for the time being in force in that country:

Provided further that medical practice by a person possessing such qualification shall be limited to such period as may be specified in that order:

Provided also that medical practice by a person possessing such qualification shall be permitted only if such person qualifies National Exit Test.

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CHAPTER VII

GRANTS, AUDIT AND ACCOUNTS

39. Grants by Central Government.—The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit.

40. National Commission Fund for Indian System of Medicine.—(*1*) There shall be constituted a fund to be called "the National Commission Fund for Indian System of Medicine" and there shall be credited thereto—

(*a*) all Government grants, fees, penalties and charges received by the Commission and the Autonomous Boards;

(*b*) all sums received by the Commission from such other source as may be decided by it.

(*2*) The fund shall be applied for making payment towards—

(*a*) the salaries and allowances payable to the Chairperson and Members of the Commission, the Presidents and Members of the Autonomous Boards and the administrative expenses including the salaries and allowances payable to the officers and other employees of the Commission and Autonomous Boards;

(*b*) the expenses incurred or to be incurred in carrying out the provisions of this Act including in connection with the discharge of the functions of the Commission and the Autonomous Boards.

41. Audit and accounts.—(*1*) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed, in consultation with the Comptroller and Auditor-General of India.

(*2*) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.

(*3*) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and in particular, shall have the right to demand the production of, and complete access to, records, books, accounts, connected vouchers and other documents and papers and to inspect the office of the Commission.

(*4*) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid, as soon as may be after it is received, before each House of Parliament.

42. Furnishing of returns and reports to Central Government.—(*1*) The Commission shall furnish to the Central Government, at such time, in such form and in such manner, as may be prescribed or as the Central Government may direct, such reports and statements and such particulars in regard to any matter under the jurisdiction of the Commission, as the Central Government may, from time to time, require.

(*2*) The Commission shall prepare, once every year, in such form and at such time as may be prescribed, an annual report, giving a summary of its activities during the previous year and copies of the report shall be forwarded to the Central Government.

(*3*) A copy of the report received under sub-section (*2*) shall be laid by the Central Government, as soon as may be after it is received, before each House of Parliament.

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CHAPTER VIII

MISCELLANEOUS

43. Power of Central Government to give directions to Commission and Autonomous Boards.—(*1*) Without prejudice to the foregoing provisions of this Act, the Commission and the Autonomous Boards shall, in exercise of their powers and discharge of their functions under this Act be bound by such directions on questions of policy as the Central Government may give in writing to them from time to time:

Provided that the Commission and the Autonomous Boards shall, as far as practicable, be given an opportunity to express their views before any direction is given under this sub-section.

(*2*) The decision of the Central Government whether a question is one of policy or not shall be final.

44. Power of Central Government to give directions to State Governments.—The Central Government may give such directions, as it may deem necessary, to a State Government for carrying out all or any of the provisions of this Act and the State Government shall comply with such directions.

45. Information to be furnished by Commission and publication thereof.—(*1*) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts and other information to the Central Government as that Government may require.

(*2*) The Central Government may publish, in such manner as it may think fit, the reports, minutes, abstracts of accounts and other information furnished to it under sub-section (*1*).

46. Obligation of Universities and medical institutions.—Every university and medical institutions covered under this Act shall maintain a website at all times and display in its website all such information as may be required by the Commission or an Autonomous Board, as the case may be.

47. Completion of courses of studies in medical institutions.—(*1*) Notwithstanding anything contained in this Act, any student who was studying for a degree or diploma in any medical institution immediately before the commencement of this Act shall continue to so study and complete his course for such degree or diploma, and such institution shall continue to provide instructions and hold examination for such student in accordance with the syllabus and studies as existed before such commencement, and such student shall be deemed to have completed his course of study under this Act and shall be awarded degree or diploma under this Act.

(*2*) Notwithstanding anything contained in this Act, where recognition granted to a medical institution has lapsed, whether by efflux of time or by its voluntary surrender or for any other reason whatsoever, such medical institution shall continue to maintain and provide the minimum standards as approved by the Commission till such time as all the candidates are able to complete their study in that institution.

48. Chairperson, Members, officers of Commission and of Autonomous Boards to be public servants.—The Chairperson, Members, officers and other employees of the Commission and the President and Members of Autonomous Boards shall be deemed, when acting or purporting to act in pursuance of any of the provisions of this Act, to be public servants within the meaning of section 21 of the Indian Penal Code (45 of 1860).

49. Protection of action taken in good faith.— No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Autonomous Board or a State Medical Council or any Committee thereof, or any officer or other employee of the Government or of the Commission acting under this Act for anything which is in good faith done or intended to be done under this Act or the rules or regulations made thereunder.

50. Cognizance of offences.—No Court shall take cognizance of an offence punishable under this Act except upon a complaint in writing made in this behalf by an officer authorised by the Commission or the Ethics and Registration Board or a State Medical Council for Indian System of Medicine, as the case may be.

51. Power of Central Government to supersede Commission.—(*1*) If, at any time, the Central Government is of opinion that—

(*a*) the Commission is unable to discharge the functions and duties imposed on it by or under the provisions of this Act; or

(*b*) the Commission has persistently made default in complying with any direction issued by the Central Government under this Act or in the discharge of the functions and duties imposed on it by or under the provisions of this Act,

the Central Government may, by notification, supersede the Commission for such period, not exceeding six months, as may be specified in the notification:

Provided that before issuing a notification under this sub-section, the Central Government shall give a reasonable opportunity to the Commission to show cause as to why it should not be superseded and shall consider the explanations and objections, if any, of the Commission.

(*2*) Upon the publication of a notification under sub-section (*1*) superseding the Commission,—

(*a*) all the Members shall, as from the date of supersession, vacate their offices as such;

(*b*) all the powers, functions and duties which may, by or under the provisions of this Act, be exercised or discharged by or on behalf of the Commission, shall until the Commission is re-constituted under sub-section (*3*), be exercised and discharged by such person or persons as the Central Government may direct;

(*c*) all property owned or controlled by the Commission shall, until the Commission is re-constituted under sub-section (*3*), vest in the Central Government.

(*3*) On the expiration of the period of supersession specified by the notification issued under sub-section (*1*), the Central Government may,—

(*a*) extend the period of supersession for such further term not exceeding six months, as it may consider necessary; or

(*b*) re-constitute the Commission by fresh appointment and in such case the Members who vacated their offices under clause (*a*) of sub-section (*2*) shall not be deemed disqualified for appointment:

Provided that the Central Government may, at any time before the expiration of the period of supersession, whether as originally specified under sub-section (*1*) or as extended under this sub-section, take action under clause (*b*) of this sub-section.

(*4*) The Central Government shall cause a notification issued under sub-section (*1*) and a full report of any action taken under this section and the circumstances leading to such action to be laid before both Houses of Parliament at the earliest opportunity.

52. Joint sittings of Commission, National Commission for Homoeopathy and National Medical Commission.—(*1*) There shall be a joint sitting of the Commission, the National Commission for Homoeopathy, and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Indian System of Medicine, Homoeopathy and modern system of medicine.

(*2*) The Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the Commissions concerned.

(*3*) The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational and medical modules or programme that could be introduced in the under-graduate and post-graduate courses across medical systems, and promote medical pluralism.

53. State Government to promote public health.—Every State Government may, for the purposes of addressing or promoting public health, take necessary measures to enhance the capacity of the healthcare professionals.

54. Power to make rules.—(*1*) The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(*2*) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the manner of appointing ten Members of the Commission on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council under clause (*b*) of sub-section (*4*) of section 4;

(*b*) the manner of appointing members under clause (*c*) of sub-section (*4*) of section 4;

(*c*) the manner of nominating one expert by the Central Government under clause (*d*) of sub-section (*1*) of section 5;

(*d*) the salary and allowances payable to, and other terms and conditions of service of, the Chairperson and Members under sub-section (*4*) of section 6;

(*e*) the form and the manner of making declaration under sub-section (*6*) of section 6;

(*f*) the qualifications and experience to be possessed by Secretary under sub-section (*2*) of section 8;

(*g*) the salaries and allowances payable to, and other terms and conditions of the Secretary, officers and other employees of the Commission under sub-section (*6*) of section 8;

(*h*) the other powers to be exercised and other functions to be performed by the Commission under clause (*j*) of sub-section (*1*) of section 10;

(*i*) the salary and allowances payable to, and other terms and conditions of service of, the President and Members of an Autonomous Board under sub-section (*2*) of section 21;

(*j*) the other factors under clause (*d*) of section 30.

(*k*) the manner of submitting a list of practitioners under the first proviso to sub-section (*1*) of section 34;

(*l*) the form for preparing annual statement of accounts under sub-section (*1*) of section 41;

(*m*) the time within which, and the form and the manner in which, the reports and statements shall be furnished by the Commission and the particulars with regard to any matter as may be required by the Central Government under sub-section (*1*) of section 42;

(*n*) the form and the time for preparing annual report under sub-section (*2*) of section 42;

(*o*) the compensation for the premature termination of employment under the second proviso to sub-section (*3*) of section 58;

(*p*) any other matter in respect of which provision is to be made by rules.

55. Power to make regulations.—(*1*) The Commission may, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) the functions to be discharged by the Secretary of the Commission under sub-section (*4*) of section 8;

(*b*) the procedure in accordance with which experts and professionals may be engaged and the number of such experts and professionals under sub-section (*7*) of section 8;

(*c*) the procedure to be followed at the meetings of Commission, including the quorum at its meetings under sub-section (*3*) of section 9;

(*d*) the quality and standards to be maintained in education of Indian System of Medicine under clause (*a*) of sub-section (*1*) of section 10;

(*e*) the manner of regulating medical institutions, medical researches and medical professionals under clause (*b*) of sub-section (*1*) of section 10;

(*f*) the manner of functioning of the Commission, the Autonomous Boards and the State Medical Councils under clause (*d*) of sub-section (*1*) of section 10;

(*g*) the procedure to be followed at the meetings of the Medical Advisory Council, including the quorum at its meetings under sub-section (*3*) of section 13;

(*h*) the other languages in which, the designated authority through which, and the manner in which the National Eligibility-cum-Entrance Test shall be conducted under sub-section (*2*) of section 14;

(*i*) the manner of conducting common counselling by the designated authority for admission to medical institutions under sub-section (*3*) of section 14;

(*j*) the manner of admission of students to undergraduate courses under sub-section (*4*) of section 14;

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(*k*) the other languages in which, the designated authority through which, and the manner in which, the National Exit Test shall be conducted under sub-section (*2*) of section 15;

(*l*) the manner in which a person with foreign medical qualification shall qualify National Exist Test under sub-section (*4*) of section 15;

(*m*) the other languages in which, the designated authority through which, and the manner in which admission to postgraduate courses shall be conducted under sub-section (*2*) of section 16;

(*n*) the manner of conducting common counselling by the designated authority for admission to the postgraduate seats in all medical institutions under sub-section (*3*) of section 16;

(*o*) the manner of conducting the National Teachers' Eligibility Test for Indian System of Medicine and the designated authority through whom such test shall be conducted under sub-section (*2*) of section 17;

(*p*) the number of, and the manner in which, experts, professionals, officers and other employees shall be made available by the Commission to the Autonomous Boards under section 23;

(*q*) the manner in which decisions of the Autonomous Boards shall be made under sub-section (*2*) of section 24;

(*r*) the competency based dynamic curriculum at all levels under clause (*b*) of sub-section (*1*) of section 26;

(*s*) the manner of imparting undergraduate, postgraduate and super-speciality courses in Ayurveda, Unani, Siddha and Sowa-Rigpa under clause (*c*) of sub-section (*1*) of section 26;

(*t*) the minimum requirements and standards for conducting courses and examinations in medical institutions under clause (*d*) of sub-section (*1*) of section 26;

(*u*) the standards and norms for infrastructure, faculty and quality of education and research in medical institutions of Indian System of Medicine under clause (*e*) of sub-section (*1*) of section 26;

(*v*) the manner of regulating professional conduct and promoting medical ethics under clause (*b*) of sub-section (*1*) of section 27;

(*w*) the procedure for assessment and rating of the medical institutions under clause (*a*) of sub-section (*1*) of section 28;

(*x*) the manner of carrying out inspections of medical institutions for assessing and rating under clause (*c*) of sub-section (*1*) of section 28;

(*y*) the manner of conducting, and the manner of empanelling independent rating agencies to conduct, assess and rate all medical institutions under clause (*d*) of sub-section (*1*) of section 28;

(*z*) the manner of making available on website or in public domain the assessment and ratings of medical institutions under clause (*e*) of sub-section (*1*) of section 28;

(*za*) the measures to be taken against a medical institution for failure to maintain the minimum essential standards under clause (*f*) of sub-section (*1*) of section 28;

(*zb*) the form of scheme, the particulars thereof, the fee to be accompanied and the manner of submitting scheme for establishing new medical college under sub-section (*2*) of section 29;

(*zc*) the manner of preferring an appeal to the Commission for approval of the scheme under sub-section (*5*) of section 29;

(*zd*) the areas in respect of which criteria may be relaxed under the proviso to section 30;

(*ze*) the manner of taking disciplinary action by a State Medical Council for professional or ethical misconduct of registered medical practitioner and the procedure for receiving complaints and grievances by the Board of Ethics and Registration for Indian System of Medicine, under sub-section (*2*) of section 31;

(*zf*) the act of commission or omission which amounts to professional or ethical misconduct under clause (*b*) of the Explanation to section 31;

(*zg*) other particulars to be contained in a National Register under sub-section (*1*) of section 32;

(*zh*) the form, including the electronic form and the manner of maintaining the National Register under sub-section (*2*) of section 32;

(*zi*) the manner in which any name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof, under sub-section (*3*) of section 32;

(*zj*) the manner of entering the title, diploma or qualification in the State Register or the National Register under sub-section (*3*) of section 33;

(*zk*) the manner in which, and the period for which temporary registration may be permitted to a foreign citizen under the second proviso to sub-section (*1*) of section 34;

(*zl*) the manner of listing and maintaining medical qualifications granted by a University or medical institution in India under sub-section (*1*) of section 35;

(*zm*) the manner of examining the application for grant of recognition under sub-section (*3*) of section 35;

(*zn*) the manner of preferring an appeal to the Commission for grant of recognition under sub-section (*5*) of section 35;

(*zo*) the manner of including a medical qualification in the list maintained by the Board under sub-section (*6*) of section 35;

(*zp*) the manner in which the Board of Ayurveda or the Board of Unani, Siddha and Sowa-Rigpa shall list and maintain the medical qualifications which have been granted recognition before the date of commencement of this Act, under sub-section (*8*) of section 35;

(*zq*) the manner in which the Commission shall list and maintain the medical qualifications which have been granted recognition before the date of commencement of this Act, under sub-section (*4*) of section 36.

56. Rules and regulations to be laid before Parliament.—Every rule and every regulation made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation.

57. Power to remove difficulties.—(*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as may appear to it be necessary, for the removing the difficulty:

Provided that no order shall be made under this section after the expiry of a period of two years from the commencement of this Act.

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(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each house of Parliament.

58. Repeal and saving.—(*1*) With effect from such date as the Central Government may, by notification, appoint in this behalf, the Indian Medicine Central Council Act, 1970 (48 of 1970) shall stand repealed and the Central Council of Indian Medicine constituted under section 3 of the said Act shall stand dissolved.

(*2*) Notwithstanding the repeal of the Act referred to in sub-section (*1*), it shall not affect,—

(*a*) the previous operation of the Act so repealed or anything duly done or suffered thereunder;

(*b*) any right, privilege, obligation or liability acquired, accrued or incurred under the Act so repealed;

(*c*) any penalty incurred in respect of any contravention under the Act so repealed; or

(*d*) any proceeding or remedy in respect of any such right, privilege, obligation, liability, penalty as aforesaid, and any such proceeding or remedy may be instituted, continued or enforced, and any such penalty may be imposed as if that Act had not been repealed.

(*3*) On the dissolution of the Central Council of Indian Medicine, the person appointed as the Chairman of that Council and every other person appointed as the Member and any officer and other employees of the Council and holding office as such immediately before such dissolution shall vacate their respective offices and such Chairman and other Members shall be entitled to claim compensation not exceeding three months' pay and allowances for the premature termination of term of their office or of any contract of service:

Provided that any officer or other employee who has been, immediately before the dissolution of the Central Council of Indian Medicine appointed on deputation basis to the Central Council of Indian Medicine, shall, on such dissolution, stand reverted to their parent cadre, Ministry or Department, as the case may be:

Provided further that any officer, expert, professional or other employee who has been, immediately before the dissolution of the Central Council of Indian Medicine employed on regular basis or on contractual basis by the Council, shall cease to be such officer, expert, professional or other employees of the Central Council and shall be entitled to such compensation for the premature termination of his employment, which shall not be less than three months' pay and allowances, as may be prescribed.

(*4*) Notwithstanding the repeal of the aforesaid enactment, any order made, any licence to practice issued, any registration made, any permission to start new medical institution or to start higher course of studies or to increase in the admission capacity granted, any recognition of medical qualifications granted, under the Indian Medicine Central Council Act, 1970 (48 of 1970) which are in force as on the date of commencement of this Act shall continue to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of this Act or the rules or regulations made thereunder.

[1][(*5*) Notwithstanding the expiration of the period for reconstitution of the Central Council under section 3A of the Indian Medicine Central Council Act, 1970 (48 of 1970), as inserted by the Indian Medicine Central Council (Amendment) Act, 2020 (25 of 2020), all acts done by the Board of Governors constituted under sub-section (*4*) of that section and all the powers and functions of the Central Council exercised and performed by it under the repealed Act, as amended by the Indian Medicine Central Council (Amendment) Ordinance, 2021 (Ord. 5 of 2021), immediately before the commencement of this Act, shall be deemed to have been done or taken under the provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.]

1. Ins. by Act 38 of 2021, s. 2 (w.e.f. 18-8-2021).

59. Transitory provisions.—(*1*) The Commission shall be the successor in interest to the Central Council of Indian Medicine including its subsidiaries or owned trusts and all the assets and liabilities of the Central Council of Indian Medicine shall be deemed to have been transferred to the Commission.

(*2*) Notwithstanding the repeal of the Indian Medicine Central Council Act, 1970 (48 of 1970), the Medical standards, requirements and other provisions of the Indian Medicine Central Council Act, 1970 and the rules and regulations made thereunder shall continue to be in force and operate till new standards or requirements are specified under this Act or the rules and regulations made thereunder:

Provided that anything done or any action taken as regards the medical standards and requirements under the enactment under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provision of this Act and shall continue in force accordingly unless and until superseded by anything or by any action taken under this Act.

(*3*) The Central Government may take such appropriate measure as may be necessary for smooth transition of the dissolved Central Council of Indian Medicine to the corresponding to new Commission under this Act.

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