



Ayurveda Medical Association of India

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Ref:

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To

Sri .Arvind Panagariya
Vice Chairman, NITI Aayog

Respected Sir,

Sub: Comments on the Preliminary Report of the Committee on the Reform of the Indian Medicine Central Council Act 1970.

Sir,

The proposed National Commission for Indian Systems of Medicine is totally replacing the Indian Medical Central Council Act 1970 and the present regulatory system in Ayush Medical education and practice. In support of this decision the committee pointing out some issues in the present Act.

While going through the issues we cannot blame the sole responsibility to the existing Act. In the present condition Central and State governments, the regulatory body (CCIM) and the Universities are playing vital roles in the medical education. The assumptions made by the NITI Ayog did not consider the responsibilities of Governments and Universities and also prejudiced on the elective mechanism of the council. India being the largest country of Democracy, blaming the processes of election is not a good practice. In the election the whole community will be getting the opportunity to select right person who deems fit for the post. To ensure the quality of selection we can fix the eligibility of the persons to be get elected for the post. But totally ignoring the democratic representation is not acceptable.

The present constitution of the council is well balanced with Central Government nominees, University representatives and elected members and the council is the supreme body to decide policy matters. It gives a proper representation of professionals in the policy decisions. Above that, the Government is free to take decisions if any matter seems to be intervened. So at any point of time, the Government can interfere in the case of impropriation or conflict of interest.

In the proposed Bill the policy decisions are made by NCISM which is a lean body in which half of the members are non-professionals. The council is only advisory in nature and it is not clear that how selection from the states will be made. The state representative is specified as Vice – chancellor. Most of the Vice-Chancellors, except for Four Ayurveda Universities of some states, are not from Ayush systems. Hence we can't expect more expertise from this body. The proposed set up is professionally weaker than the existing body.

There is no proper direction on the structure and function of the separate boards in the proposed bill. If the democratic constitution of the separate boards and their advisory board are maintained, the NCISM can function smoothly and efficiently at a supervisory level. This is not at all considered in the proposed bill.

So we humbly request you to take necessary steps to restore the existing democratic values in different bodies envisaged in the bill. We whole heartedly support all the move to eradicate corruption in all levels. We suggest the following points for your consideration.

1. The existing structure of the CCIM as per the IMCC Act 1970 shall be maintained in the proposed Advisory Council for Indian systems of Medicine with adequate representation of Government nominees, University representatives and elected members from the professionals with statutory powers. Accordingly, we suggest to increase the number of members in these bodies. This body should be given the power to review the decisions of NCISM.

2. Stringent measures are to be taken to check corruption and misappropriations with appropriate amendments to the present regulation.

3. National Entrance Examination Test is to be implemented and merit-based admissions should be done.

4. The National Licentiate examination shall be avoided as it will demean our university examination system among the world community and put unnecessary hurdles to the new graduates.

5. The clause 40(3) (d) of the NCISM bill is attracting the back door entry of unqualified persons to medical practice. In this context the 17(3) (c) of the IMCC Act is giving clear direction.

IMCC Act 17(3)

Nothing contained in sub-section (2) shall affect, -

(c) The right of a person to practice in a state in which, on the commencement of this Act, a state Register of Indian Medicine is not maintained if, on such commencement, he has been practicing Indian medicine for not less than five years;

Here the entry of unqualified persons banned since the commencement of IMCC Act. But in NCISM bill, the commission possesses the power of permitting such persons at any point of time. This should be avoided and the protection given in the IMCC Act 17(3) (c) shall be maintained under section 40(1) by adding a sub section.

6. The punishment prescribed in the present Bill (40 clause 4)is too inadequate to prevent quackery in the current situation. So strong punishment with imprisonment and huge fine shall be introduced to persons who are not abiding the law.

7. We propose to constitute a Para Medical Board under NCISM.

8. We may be given an opportunity to hear in this regard while considering this matter in future.

We are suggesting the following changes in the bill

Comments on proposed
NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE (NCISM) BILL, 2017

Content of the bill	Comments
<p>THE NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE (NCISM) BILL, 2017</p> <p>A BILL TO CREATE A WORLD-CLASS EDUCATION SYSTEM FOR INDIAN SYSTEMS OF MEDICINE THAT</p> <ul style="list-style-type: none"> • ENSURES ADEQUATE SUPPLY OF HIGH QUALITY INDIAN SYSTEMS OF MEDICINE PROFESSIONALS AT BOTH UNDERGRADUATE AND POSTGRADUATE LEVELS; • ENCOURAGES INDIAN SYSTEMS OF MEDICINE PROFESSIONALS TO INCORPORATE THE LATEST RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH; • ENCOURAGES INTERFACE BETWEEN VARIOUS SYSTEMS OF MEDICINE; • PROVIDES FOR OBJECTIVE PERIODIC ASSESSMENTS OF INDIAN SYSTEMS OF MEDICINE INSTITUTIONS; • FACILITATES THE MAINTENANCE OF REGISTER FOR INDIAN SYSTEMS OF MEDICINE AND ENFORCES HIGH ETHICAL STANDARDS IN ALL ASPECTS OF INDIAN SYSTEMS OF MEDICINE SERVICES; AND • IS FLEXIBLE SO AS TO ADAPT TO THE CHANGING NEEDS OF A TRANSFORMING NATION <p>Be it enacted by Parliament in the sixty eighth year of the Republic of India as follows:</p>	<p>No comments</p>
<p>CHAPTER-1 PRELIMINARY 1</p> <p>1. SHORT TITLE, EXTENT AND COMMENCEMENT</p> <p>(1) This Act may be called the National Commission for Indian Systems of Medicine (NCISM) Act, 2017.</p> <p>(2) It extends to the whole of India</p> <p>(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.</p> <p>2. DEFINITIONS</p>	<p>No comments</p>

In this Act, unless the context otherwise requires: -

- a) "Indian Systems of Medicine" means Ayurveda, Unani, Siddha and Sowa-Rigpa, systems of Medicine as well as Yoga and Naturopathy.
- b) "Board" means any of the Boards referred to under subsections (e) to (i) below.
- c) "Council" means the Advisory Council for Indian Systems of Medicine (ACISM) constituted under this Act.
- d) "Commission" means the National Commission for Indian Systems of Medicine (NCISM) constituted under section 6 of this Act.
- e) "Board of Ayurveda, Siddha and Sowa-Rigpa" (BASS) means the Board constituted for education of Ayurveda, Siddha, and Sowa-Rigpa systems of medicine under section 19.
- f) "Board of Yoga and Naturopathy" (BYN) means the Board constituted for education of Yoga and Naturopathy under section 23.
- g) "Board of Unani Systems" (BUS) means the Board constituted for education of Unani systems of medicine under section 27.
- h) "Medical Assessment and Rating Board for Indian Systems of Medicine" (MARBIM) means the Board for assessment and rating of medical colleges for Indian Systems of Medicine constituted under Section 31.
- i) "Board for Ethics and Indian Systems of Medicine Registration" (BEIMR)" means the Board constituted under Section 36.
- j) "License to practice" means a suitable mechanism, as defined by the NCISM, to allow Indian Systems of Medicine graduates to do practice of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa systems in India.
- k) "Register for Indian Systems of Medicine" (RIM) means the National Medical Register for Indian Systems of Medicine maintained by the BEIMR.
- l) "Medical Institution for Indian Systems of Medicine" means any institution, within or outside India, which grants degrees, diplomas or licenses in any of the systems of Indian medicine.
- m) "Prescribed" means prescribed by rules and/ or regulations
- n) "Recognized medical qualification of Indian Systems of Medicine" means any of the Indian Systems of Medicine medical qualifications included in the Schedules.
- o) "Rule" means a rule made under section 52;
- p) "Regulation" means a regulation made by the NCISM under section 14;
- q) "State Medical Council for Indian Systems of Medicine" means an Indian Systems of Medicine medical council constituted under any law for the time being in force in any State/Union Territory regulating the registration of practitioners of Indian Systems of Medicine in the given state/ Union Territory.
- r) "State Register for Indian Systems of Medicine" means a register maintained under any law for the time being in force in any State/Union Territory regulating the registration of Indian Systems of Medicine practitioners.
- s) "University" will have the same meaning as defined in the University Grants Commission Act, 1956.
- t) "Health University" means a class of University as defined in sub-section (s) above specializing in affiliating institutions engaged in teaching medicine, medical and

health sciences. This expression, unless it is repugnant to the context, shall also include the expression Medical University and University of Health Sciences.
u) "Central Government" means the Ministry or Department in-charge of Indian Systems of Medicine and their Education.

CHAPTER 2

THE ADVISORY COUNCIL FOR INDIAN SYSTEMS OF MEDICINE

3. Constitution and Composition

(1) The Central Government shall constitute a Council to be called the Advisory Council for Indian Systems of Medicine (ACISM).

(2) The Council shall consist of:

a. One member to be nominated by every State government who is Vice Chancellor of a University that has the largest number of colleges for Indian Systems of Medicine affiliated to it.

b. Seven members to be nominated by Ministry of Home Affairs who are Vice Chancellor of the University in the Union Territory that has the largest number of colleges for Indian Systems of Medicine affiliated to it. Provided further where there is no University in the Union Territory, Ministry of Home Affairs shall nominate a member who shall possess medical qualification as may be prescribed under rules framed under this Act.

c. All members including the Chairperson of the National Commission for Indian Systems of Medicine shall be ex-officio members of the Council and the Chairperson of the National Commission for Indian Systems of Medicine shall be the ex-officio Chairperson of the Council.

d. Four members shall be nominated by the Central Government who shall be Directors of Indian Institutes of Technology, Indian Institutes of Management, and the Indian Institute of Science.

3.2(a)(b)

The vice chancellor may not be a person from Indian System of Medicine. If so he/she might be from any of the ISM system. So the representation of the state with a single person from the university will not protect the good interests of ISM systems as a whole especially Ayurveda. Ayurveda is our National traditional system of medicine. It has its own position in the health care delivery system of the country. Yoga is a constituent system of Ayurveda. Naturopathy, Unani and Homeopathy are foreign in origin. But here Yoga and Naturopathy systems are combined and formed a single degree course (BNYS). Sidha Medicine and Sowa Rigpa are being practiced only in certain parts of the country. **Ayurveda is the only system in ISM being practiced all over India.** Every constituent system in the ISM is trying to catch the space of Ayurveda. **So the council should have adequate representation of Ayurveda from each state and the other systems can be included from those states where they are having institutions.**

Along with this we strongly suggest to restore the present structure of the council that is 30% of the council members are nominated by the central government, 30% elected from faculties of the universities and 40% are elected from the registered practitioners. This is an ideal composition where all stake holders are having representation in policy making.

If the government feels that the present size of the council is big it can be reduced to one elected member from each state instead of one for 10,000 and one

	<p>faculty member from each university.</p> <p>The concept of selection than election is against the spirit of Indian democracy. To ensure the quality of selection.</p> <ul style="list-style-type: none"> • We can fix the eligibility of the candidate to be to get elected for the post. • We can put norms like those who are the part of private Education management cannot possess the post of member. • But totally ignoring the democratic representation is not acceptable.
<p>4. Functions of Advisory Council for Indian Systems of Medicine</p> <p>(1) The role of the Council shall be entirely advisory in nature.</p> <p>(2) The Council shall serve as the primary platform through which the states would put forward their views and concerns before the National Commission for Indian Systems of Medicine (NCISM) and shall help shape the overall agenda for education & training in Indian Systems of Medicine.</p> <p>(3) The Council shall advise the NCISM on the measures to determine, maintain and coordinate the minimum standards in the discipline of education, training and research in Indian Systems of Medicine.</p> <p>(4) The Council shall advise the NCISM on measures to enhance equitable access to education for Indian Systems of Medicine.</p>	<p>The proposed council is only advisory in nature and it has no role in reviewing the functioning of the NCISM. We strongly suggest that the council should have the right to review the decisions of the NCISM.</p>
<p>5. Meeting of the Advisory Council for Indian Systems of Medicine</p> <p>(1) The Council shall meet at least once every year at such time and place as may be appointed by the Chairperson.</p> <p>(2) The Chairperson shall preside over the meetings of the Council. If for any reason, s/he is unable to attend, such other member as nominated by the Chairperson shall preside over the meeting.</p> <p>(3) Unless otherwise provided by regulations, 15 members including the Chairperson of the Council shall form a quorum and all the acts of the Council shall be decided by a majority of the members present and voting. Absentee votes will not be permitted.</p>	<p>5(3) The quorum is usually fixed as 1/3 of the total existing members. The total number may vary in unavoidable circumstances. So fixing a number like 15 is not scientific.</p>
<p style="text-align: center;">CHAPTER 3</p> <p style="text-align: center;">THE NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE</p> <p>6. Constitution and Composition</p> <p>(1) The Central Government shall constitute a Commission, to be called the National Commission for Indian Systems of Medicine.</p> <p>(2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal,</p>	<p>The NCISM is positioned as the supreme body having huge responsibility such as controlling various boards, policy making, reforming syllabus and curriculum, rating of institutions, registration of various systems of medicine etc. But the constitution of the NCISM ,as envisaged in the bill, with persons from different fields not</p>

<p>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.</p> <p>(3) The Central Government shall, by notification, establish autonomous Boards under the overall supervision of this Commission, to fulfill the functions related to the conduct of under-graduate, post-graduate and further education, assessment and rating of institutions for Indian Systems of Medicine and registration of medical practitioners and enforcement of medical ethics relating to Indian Systems of Medicine.</p> <p>(4) The Commission shall comprise a Chairperson, a Member Secretary, 13 ex-officio members and 14 part-time members.</p> <p>(5) Of the ex-officio members, five shall be the Presidents of the Boards constituted under this Act; six shall be Directors of the All India Institutes of Ayurveda, Yoga, Naturopathy, Unani, Siddha and SowaRigpa or equivalent and the remaining two shall be the Director General-Indian Council of Medical Research and a nominee from the Ministry of AYUSH above the rank of Joint Secretary;</p> <p>(6) Of the part-time members, nine shall be persons to be appointed by the Central Government from diverse backgrounds including Indian Systems of Medicine, botany, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, education, science and technology. Provided that five part-time members shall be from the Indian Systems of Medicine.</p> <p>(7) The remaining five part-time members shall be from amongst the nominees of the States and Union Territories in the Advisory Council for Indian Systems of Medicine, who shall be appointed on a rotational basis for two-year terms by the Central Government in the manner prescribed.</p> <p>(8) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.</p> <p>(9) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of the Commission.</p>	<p>competent enough to look into the technicalities of each system may be changed, so as to include competent personalities from concerned disciplines.</p> <p>Otherwise the sole responsibility will be put on chairman NCISM and different board chairmen.</p> <p>The chairman NCIM will be the supreme authority and might be any one from the ISM. The same will be in some of the board chairmen such as BASS, MARBIM and BEIMR. So there are chances to hamper the good interest of Ayurveda.</p> <p>Provisions may be given for enough representation from Ayurveda sector</p>
<p>7. Secretariat</p> <p>(1) There shall be a Secretariat for the Commission to be headed by the Member Secretary of an appropriate rank from government or nongovernment sector, who shall be the ex-officio Secretary to the Commission.</p> <p>(2) The Member Secretary shall be appointed by the Central Government for a term of four years in the manner as prescribed under this Act and shall not be eligible for re-appointment.</p> <p>(3) The Member Secretary shall discharge such functions as may be specified under the regulations made by the Commission and/ or may be assigned to him by the Commission from time to time.</p> <p>(4) The Commission may fill-up the posts created in the Secretariat by the central government with such professionals, officers and other employees from diverse backgrounds</p>	<p>No comments</p>

including education in each discipline of Indian Systems of Medicine including Yoga and Naturopathy, public health, management, health economics, quality assurance, patient advocacy, health research, science and technology, nursing, botany, pharmacology, administration, finance, accounts or law, as it or its constituent Boards considers necessary for the efficient discharge of their functions under this Act.

(5) The recruitment process, salaries and allowances and other terms and conditions of service of the Member Secretary and other professionals, officers and employees of the Commission shall be such as may be prescribed.

(6) The professionals, officers and staff engaged by the Commission shall be employees of the Commission and shall be deployed to the constituent Boards based on procedure as may be prescribed under regulations.

8. Qualification for appointment as Chairperson, Member Secretary of the Commission and President and Members of the Boards:

(1) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity with a degree in any discipline of Indian Systems of Medicine from a university, and having not less than twenty years' experience in the profession, out of which at least ten years shall be in a leadership role, in the area of health care delivery, growth and development of Indian Systems of Medicine or their education.

(2) The Presidents of the Boards and the Members of BASS, BYN, BUS mentioned in this Act shall be persons of outstanding ability, proven administrative capacity and integrity with a degree in the respective disciplines of Indian Systems of Medicine, public health or research in the respective disciplines of Indian Systems of Medicine from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

(3) Six Members of MARBIM and BEIMR shall be persons of outstanding ability, proven administrative capacity and integrity with a degree in the respective disciplines of Indian Systems of Medicine.

a. Remaining two Members of the MARBIM shall be person of outstanding ability with a post-graduate programme in any of the disciplines of management, quality assurance, law, science and technology, from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

b. Remaining two Members of the BEIMR shall be person of outstanding ability who would have demonstrated public record of work on Medical ethics or person of outstanding ability with a post-graduate degree in the disciplines of quality assurance, public health law, patient advocacy, from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role. Provided that President/Members of BASS shall be persons with degrees from Ayurveda, Siddha and Sowa-Rigpa separately. Provided further that one Member each of BYN shall represent Yoga and Naturopathy.

8(3)b

While going through the constitution of different boards , it is noted that, they are also not well represented from the stakeholders. Each board consists of one president and two members. In BASS(Ayurveda Siddha Sowa Rigpa board) three systems are there and only three members including chairman is there. It means there will only be one member for Ayurveda in the board. According to the new bill this board is empowered to take all technical decisions regarding the systems concerned. **Ayurveda being the largest system in the ISM group the proposed board is too inadequate to handle the whole responsibilities of the system with this one member.** But the proposed bill suggests separate boards for Unani and Yoga even though they are too small compared to Ayurveda.

Hence we strongly demand separate board for Ayurveda to have enough representation for Ayurveda in NCISM. Also there may be chances of non representation of Ayurveda in NCISM because any one member of the said board can be president of the board and only the president will be representing the board in NCISM.

We strongly suggests that the advisory board suggested for these boards in chapter 5 (19 clause 5) shall be constituted

<p>(4) The Member Secretary of the Commission shall be person of outstanding ability, and integrity with a post graduate qualification as may be prescribed in rules.</p>	<p>according to the existing style of representation of CCIM that is 30% nominated members 30% university representatives and 40% elected members from registered practitioners in which the government is free to prescribe the eligibility of members in all categories. It will ensure the technical representation of the board. If it is allowed the NCISM can function as a supervisory body to control and shape the functions of all individual systems.</p>
<p>9. Mode of Appointment</p> <p>The Central Government shall appoint the Chairperson, Part time members, Member Secretary and Presidents and Members of the Boards, referred in Sections 8(1), Section 6(6), 8(2), 8(3) and Section 7(2), through an open and transparent selection process by a Search Committee provided for in this Act.</p>	<p>No comments</p>
<p>10. Search Committee</p> <p>(1) The Central Government shall constitute a Search Committee consisting of:</p> <ul style="list-style-type: none"> i. Cabinet Secretary ii. CEO, NITI Aayog iii. Three persons having outstanding qualifications and experience of having worked for not less than twenty-five years in the field of Indian Systems of Medicine/ Public Health to be nominated by Ministry of AYUSH, Govt. of India. iv. One person having outstanding qualifications and experience of not less than twenty-five years in the management, or law, or economics or science and technology to be nominated by Ministry of AYUSH, Government of India v. Secretary to the Government of India, in charge of the Ministry of AYUSH, as the Convenor. <p>(2) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.</p> <p>(3) Before recommending any person for appointment as the Chairperson or President of the Boards or other Members of the Commission and/ or Boards, the Committee shall satisfy itself that such person does not have any financial or other conflict of interest, which is likely to affect prejudicially his functions as Chairperson or President or Member, as the case may be.</p> <p>(4) No appointment of the Chairperson or President or Member of the Commission or the Boards, as the case may be, shall be invalid merely by reason of any vacancy or absence of Member in the Search Committee.</p> <p>(5) Subject to the provisions of sub-sections (1) to (4), the Search Committee may regulate its own procedure.</p>	<p>According to this act the search committee is empowered to find out suitable panel for the various posts.</p> <p>We suggest that a provision shall be added in this clause for inviting eligible nominations/ applications from state governments/individuals.</p>
<p>11. Terms of Chairperson and Members/Member Secretary of the Commission and President and Members of the Boards</p>	<p>No comments</p>

(1) The Chairperson of the Commission or the part-time Members, as mentioned in section 6(6) of the Commission shall hold office for a term, not exceeding four years.

(2) The Presidents and Members of the Boards shall hold the office for a term not exceeding four years.

(3) The Chairman, part-time Members of the NCISM and the President and Members of the Boards, as referred in sub-sections (1) and (2) above, shall be eligible for re-appointment for another term of four years after following the procedure as prescribed in this Act. Provided that the maximum term of a person as the Chairperson, President of the Board and/ or Member shall not exceed eight years in aggregate; Provided further the Chairperson and Members of the Commission and the President and Members of the Boards shall cease to hold office after he/ she has attained the age of seventy years.
Explanatory Memorandum: Process of re-appointment would involve following due process to be followed as in the case of a fresh appointment.

(4) A Member/ Member Secretary shall be deemed to have vacated his/her seat if he/she is absent from three consecutive ordinary meetings of the Commission and the cause of absence is not attributable to valid reasons in the opinion of the Commission.

(5) The Central Government shall initiate the process of appointment of the Chairperson and Members of the Commission, President and Members of the Boards, at least 3 months before the expiration of their term. However, the new Chairperson/ President/ Member shall not assume office until the term of the outgoing member has expired.

12. Terms and Conditions of service of Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards

(1) The salary and allowances payable to the Chairperson, President of the Board and other Members shall be such as may be prescribed.

(2) The Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards in discharge of their official duties shall ensure that there is no conflict of interest as per prescribed rules. Violations shall be treated as misconduct inviting action under the relevant penal clauses of this Act.

(3) The Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards, on ceasing to hold office shall not, for a period of one year from demitting such office, accept any employment (including as consultant or expert or any other) in any private educational institution in Indian Systems of Medicine, whose matter has been dealt with by such Chairperson/ Member or President/ Member of the Boards, directly or indirectly.

(4) Nothing in sub-sections (2) & (3) shall prevent the Chairperson, President of a Board or a Member from accepting employment in a body or institution including educational institutions in Indian Systems of Medicine controlled or maintained by the Central Government or a State Government.

(5) Nothing in sub-sections (2) & (3) shall prevent the Central Government from permitting the Chairperson/ Member or President/ Member of the Board for accepting any employment (including as consultant or expert or any other) in any private educational institution in Indian Systems of

12
The clause (3) and (5) are contradictory. Hence to keep the spirit of Clause (3) Clause (5) may be deleted

<p>Medicine, whose matter has been dealt with by such Chairperson/ Member or President/ Member of the Board.</p>	
<p>13. Resignation and Removal of Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards</p> <p>(1) The Chairperson or a President or a Member may, by giving notice of a period not less than three months to the Central Government, resign from his office. If mutually agreeable, such Chairperson, President or Member may be relieved from duties earlier than three months or allowed to continue beyond three months until a successor has been appointed.</p> <p>(2) The Central Government may, by order, remove from office the Chairperson or any Member or the Member Secretary of Commission, President or any Member of a Board, who—</p> <p>a. has been adjudged an insolvent; or</p> <p>b. has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or</p> <p>c. has become physically or mentally incapable of performing his or her duties; or</p> <p>d. is of unsound mind and stands so declared by a competent court; or</p> <p>e. has been removed or dismissed from the service or office of the Central Government or of a State Government or from a body owned or controlled by the Central Government or a State Government or from any Central or State statutory body; or</p> <p>f. has acquired such financial or other interest as is likely to impair his ability to perform his duties; or</p> <p>g. has so abused his position as to render his continuance in office prejudicial to public interest; or</p> <p>h. has been guilty of proved misconduct; or</p> <p>i. has been guilty of proved conflict of interest in the discharge of his functions or</p> <p>j. has not been able to perform or has made persistent defaults</p> <p> i. in the performance of the duties expected of him under this Act or has exceeded or abused his position; or</p> <p> ii. Either willfully or without sufficient cause neglects to comply with the directions issued by the Central Government under sections 52 or 53.</p> <p>(3) The Chairperson/ President of a Board or any Member shall not be removed from his office under clauses (a), (b), (f), (g), (h), (i) and (j) of the preceding sub-section unless he / she has been given a reasonable opportunity to represent his case.</p>	<p>No comments</p>
<p>14. Power and Functions of National Commission for Indian Systems of Medicine</p> <p>(1) To assess the changing requirements of the health care scenario, human resources for health, health care infrastructure and develop a road map for meeting these requirements.</p> <p>(2) To frame requisite policies for the governance of Education of Indian Systems of Medicine.</p> <p>(3) To frame regulations for discharging responsibilities by the Commission and the Boards, as prescribed under this Act and rules framed under it, without undermining the autonomy of the Boards.</p> <p>(4) To provide overarching policy coordination among the Boards with due regard to their autonomy.</p>	<p>The functions of the NCISM laid down here are touching all aspects of regulatory and policy aspects of each system of medicine under Indian System of Medicine but the constitution of NCISM is not adequately represented by the technical experts to discharge these functions. It will be a supervisory body rather than a policy making body as envisaged in the objectives of the bill.</p>

- (5) To advise that State Councils effectively enforce the provisions of the Act and in event of inaction on their part, take such action as it deems fit to ensure compliance.
- (6) To exercise Appellate Authority with respect to decisions of the BASS, BYN, BUS and MARBIM.
- (7) To frame policies and codes to ensure observance of professional ethics by profession of Indian Systems of Medicine, and to promote ethical conduct during the provision of care by Indian Systems of Medicine practitioners.
- (8) To evaluate the performance of the Boards.
- (9) To prescribe norms for determination of fees for a proportion of seats, not exceeding 40%, in the Private Educational Institutions for Indian Systems of Medicine.
- (10) To delegate powers to the Member Secretary on administrative matters.
- (11) To constitute sub-committees and to delegate powers to them as may be necessary for smooth conduct of their business to accomplish specific tasks.
- (12) To exercise such other powers and duties as prescribed in this Act.
- (13) To exercise such other powers and duties as the Central Government may confer upon it from time to time under the Rules framed under the Act.

Of the ex-officio members, five shall be the Presidents of the Boards constituted under this Act; six shall be Directors of the All India Institutes of Ayurveda, Yoga, Naturopathy, Unani, Siddha and SowaRigpa or equivalent. (We don't have separate institute for Yoga and Naturopathy and their course is also combined and named as BNYS) It's a serious error in the bill document.

The remaining two shall be the Director General-Indian Council of Medical Research and a nominee from the Ministry of AYUSH above the rank of Joint Secretary.

Of the part-time members, nine shall be persons to be appointed by the Central Government from diverse backgrounds including Indian Systems of Medicine, botany, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, education, science and technology. Provided that five part-time members shall be from the Indian Systems of Medicine.

The remaining five part-time members shall be from the nominees of the States and Union Territories in the Advisory Council for Indian Systems of Medicine, who shall be appointed on a rotational basis for two-year terms by the Central Government in the manner prescribed.

While going through the constitution of the council we can see the majority of the members are from diverse background, the directors and vice chancellors of the universities representing the states are having their own heavy responsibilities won't be possible to take the additional responsibility of NCISM. The proposed quarterly meeting is also not sufficient to manage all these functions.

	<p>As per the act , the general superintendence, direction and control of the administration of the Commission is vested in the Chairperson. So ultimately the NCISM will function as ratifying body of Chairperson’s actions.</p> <p>To rectify this one elected member from each state shall be included in the National Advisory Council and from which Nine members shall be co opted to the NCISM in rotational basis instead of Five and the number of the members from diverse background shall be reduced to five.</p>
<p>15.Meeting of the Commission:</p> <p>(1) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson. (2) Unless otherwise provided by regulations, more than 50% members appointed or nominated including the Chairperson of the Commission shall form a quorum and all the acts of the Commission shall be decided by a majority of the members, present and voting and in the event of equality of votes, the Chairperson or in his absence; the member presiding shall have the casting vote.</p>	
<p>16.Joint Sitting for Homoeopathy, Indian Systems of Medicine and Modern Medicine:</p> <p>(1) The Commission shall meet at least once a year jointly with the Medical Council of India (MCI) or any successor thereof and Central Council of Homoeopathy (CCH) or any successor thereof at such time and place as mutually appointed by the Chairpersons of the NCISM, CCH and MCI to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine. (2) Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the NCISM, CCH and MCI or separately by the NCISM, MCI or any successor thereof, CCH or any successor thereof. (3) The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational modules/programs that could be introduced in the under-graduate and post-graduate courses across medical systems, to develop bridges, across the various systems of medicine and promote medical pluralism.</p>	<p>We appreciate this move.</p>
<p style="text-align: center;">CHAPTER 4 NATIONAL EXAMINATION</p> <p>17.National Eligibility-cum-Entrance Test (NEET)</p> <p>(1) The uniform National Eligibility-cum-Entrance Test (NEET), as prescribed under the Indian Medical Council (IMC) Act, 1956 or any amendment or any successor thereof, shall be the National Eligibility cum-Entrance Test (NEET) for admission to the under-graduate medical education under the purview of</p>	<p>We appreciate this move.</p>

National Commission for Indian Systems of Medicine. Provided that those institutions which are governed by a separate Act of Parliament shall continue to be governed by their respective Act(s).

(2) The National Commission for Indian Systems of Medicine shall prescribe the manner for a common counseling to be conducted by the designated authority for admission to all the institutions under its purview.

i. Common counseling for All India seats shall be conducted at the Central Level by the designated authority for admission to all the institutions under its purview.

ii. Common counseling for State seats shall be conducted at the State level by the designated authority for admission to all the institutions under the purview of the Commission.

18.National Licentiate Examination for Indian Systems of Medicine

(1) There shall be National Licentiate Examination for Indian Systems of Medicine (NLEIM) for the professionals graduating from the Institutions for each systems of Indian Medicine under the purview of National Commission for Indian Systems of Medicine through such designated authority in such manner as may be prescribed for granting the license to practice and enrolment into the Register(s) for Indian Systems of Medicine, as referred to in Section 37(1). The designated authority shall ensure the conduct of uniform licentiate examination in the aforesaid manner for each Indian Systems of Medicine.

Provided that the National Licentiate Examination for Indian Systems of Medicine shall become operational within three years from the date on which this Act comes into force, on a date to be notified by the Central Government.

(2) The National Licentiate Examination for Indian Systems of Medicine shall also serve as a National Eligibility-cum-Entrance Test for admission into post-graduate courses in respective Indian systems medical colleges/ institutions under the purview of National Commission for Indian Systems of Medicine.

(3) There shall be common counseling for post graduate courses to be conducted by the designated authority for admission to all the institutions for Indian Systems of Medicine under the purview of the Commission.

The proposal for NLEIM is an unwanted exercise and it gives a bad impression about university examination system of our country. Right now our universities are taking good effort in conducting fair examination in all states with CCTV monitored examination hall and online question paper system.

Currently this examination is adopted in modern medical system only for the graduates coming from outside India to ensure the quality of such graduates. Initiating such examination to the domestic candidates is again attracting many operational issues as well as unnecessary delay in getting the registration and engaging them in employment.

Usually graduates are completing their internship in different months according to their result announcement and training completion. Now they can get registration as and when it required. If this NLEIM is introduced they have to wait for the next possible examination date.

In these circumstances we suggest the following.

1. No need of NLEIM for graduates studied in India. Can be introduced for foreign candidates.

2. Competitive entrance examination is required for PG admission .

BOARD FOR AYURVEDA, SIDDHA AND SOWA-RIGPA (BASS)**19. Composition and Constitution of BASS**

(1) The Central Government shall, by notification, establish a body to be called the Board of Ayurveda, Siddha and Sowa-Rigpa (BASS).

(2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.

(3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.

(4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.

(5) There may be Advisory Committee(s) to assist the Board, to be constituted by the Commission, in discharging its functions.

Among AYUSH systems Ayurveda is the major system of medicine, considered as the national system of medicine widely accepted all over India and abroad having the biggest network of colleges and institutions in our country. Unfortunately this importance is not considered in the constitution of the separate boards for the Ayush component systems.

While going through the constitution of different boards we can see the law makers only concentrated in fixing the different systems in a prescribed format. Each board consists of one president and two members. In BASS(Ayurveda Siddha Sowa Rigpa board) three systems are there and only three members including chairman is there. It means there will only one member for Ayurveda in the board. According to the new bill this board is empowered to take all technical decisions regarding the systems concerned. Ayurveda being the largest system in the ISM group the proposed board is too inadequate to handle the whole responsibilities of the system with this one member. Also there may be chances of non representation of Ayurveda in NCISM because any one member of the said board can be president of the board and only the president will be representing the concerned board in NCISM. But the proposed bill suggests separate boards for Unani and Yoga even though they are too small compared to Ayurveda.

Hence we strongly demand separate board for Ayurveda to get a more balanced representation for Ayurveda compared to other systems in NCISM, otherwise the number of Ayurveda members shall be two other than president that is 2:1:1 for Ayurveda, Sidha and Sow Rigpa respectively.

We also suggests that the advisory bodies of these boards (Chapter 5) shall be constituted according to the existing style of representation of CCIM that is 30% nominated members 30% university representatives and 40% elected members from registered practitioners in which the government is free to prescribe the eligibility of members in all categories. It will ensure the technical representation in the advisory body

20. Powers and Function of BASS

- (1) To determine and prescribe standards and oversee all aspects of medical education for Ayurveda, Siddha and Sowa-Rigpa.
- (2) To develop a competency based dynamic curriculum (including assessment) at undergraduate, postgraduate and super-speciality levels. The curriculum shall be developed in consultation with stakeholders such that Ayurveda, Siddha and Sowa-Rigpa medical graduates, post-graduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.
- (3) To develop a competency based dynamic curriculum (including assessment) for primary, community and family medicine in Ayurveda, Siddha and Sowa-Rigpa for providing health care required in such areas.
- (4) To prescribe guidelines for setting up Ayurveda, Siddha and SowaRigpa medical institutions for imparting courses in alignment with needs of the country while keeping in mind global norms.
- (5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Ayurveda, Siddha and Sowa-Rigpa medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting Ayurveda, Siddha and Sowa-Rigpa medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.
- (7) To facilitate development/training for the faculty in Ayurveda, Siddha and Sowa-Rigpa medical institutions.
- (8) To facilitate and implement research and international student and faculty exchange programs as they relate to undergraduate, postgraduate and super-specialist education.
- (9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Ayurveda, Siddha and Sowa-Rigpa medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (10) To make recommendations and seek directions from the Government through the Commission.

The section 22 of IMCC Act 1970 ensures the participation of all States in the formation of any regulation under this Act. Rea d as below:

22. Minimum standards of education in Indian medicine.
 (2) Copies of the draft regulations and of all subsequent amendments thereof shall be furnished by the Central Council to all State Governments and the Central Council shall, before submitting the regulations or any amendment thereof, as the case may be , to the Central Government for sanction, take into consideration the comments of any State Government received within three months from the furnishing of the copies as aforesaid.

In the NCISM the State Government participation is not mentioned. We strongly suggest to reinstate the role of State Governments in the formation of regulations

<p>21. Decisions of BASS</p> <p>(1) The Board shall meet at least once a month at such time and place as it may appoint.</p> <p>(2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.</p> <p>(3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.</p>	
<p>22. General Functioning of the Board</p> <p>(1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.</p> <p>(2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 19(4) of this Act.</p>	<p>Delegating powers to a member is not advisable. We suggest separate committees to be constituted from the Advisory committee to delegate powers.</p>
<p style="text-align: center;">CHAPTER 6</p> <p style="text-align: center;">BOARD OF YOGA & NATUROPATHY (BYN)</p> <p>23. Composition and Constitution of BYN</p> <p>(1) The Central Government shall, by notification, establish a body to be called the Board of Yoga & Naturopathy (BYN).</p> <p>(2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.</p> <p>(3) The Board shall consist of a President and two Members. The President, who shall be first among equals and the two Members, shall be appointed in the manner as prescribed in this Act.</p> <p>(4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.</p> <p>(5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.</p>	<p>When comparing to Ayurveda Yoga and Naturopathy is not having a central council or a central regulation and have very few colleges and institutions in India. But giving them a separate board and leaving Ayurveda in a combined board having a single member representing it is not justifiable.</p>
<p>24. Powers and Function of BYN</p> <p>(1) To determine and prescribe standards and oversee all aspects of medical education at all levels for Yoga and Naturopathy.</p> <p>(2) To develop a competency based dynamic curriculum (including assessment) at all levels. The curriculum should be developed in consultation with stakeholders such that Yoga and Naturopathy medical graduates, post-graduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.</p> <p>(3) To develop a competency based dynamic curriculum (including assessment) for education to promote health, well-being and prevention of diseases.</p> <p>(4) To prescribe guidelines for setting up institutions for Yoga and Naturopathy to impart courses in alignment with needs of the country while keeping in mind global norms.</p> <p>(5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Yoga and Naturopathy institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.</p> <p>(6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in</p>	

<p>institutions conducting Yoga and Naturopathy education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.</p> <p>(7) To facilitate development/training for the faculty for Yoga & Naturopathy.</p> <p>(8) To facilitate and implement research and international student and faculty exchange programs.</p> <p>(9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Yoga and Naturopathy institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.</p> <p>(10) To make recommendations and seek directions from the Government through the Commission.</p>	
<p>25. Decisions of the BYN</p> <p>(1) The Board shall meet at least once a month at such time and place as it may appoint.</p> <p>(2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.</p> <p>(3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.</p>	
<p>26. General Functioning of the Board</p> <p>(1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.</p> <p>(2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 23(4) of this Act.</p>	
<p style="text-align: center;">CHAPTER 7 BOARD OF UNANI SYSTEM (BUS)</p> <p>27. Composition and Constitution of BUS</p> <p>(1) The Central Government shall, by notification, establish a body to be called the Board of Unani Systems (BUS).</p> <p>(2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.</p> <p>(3) The Board shall consist of a President and two Members. The President, who shall be first among equals and the two Members, shall be appointed in the manner as prescribed in this Act.</p> <p>(4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.</p> <p>(5) There may be Advisory Committee(s) to assist the Board, to be constituted by the Commission, in discharging its functions.</p>	<p>When comparing to Ayurveda Unani is having lesser number of colleges and institutions in India and it is being practiced in few areas of the country. But giving them a separate board and leaving Ayurveda in a combined board having a single member representing it is not justifiable.</p>
<p>28. Powers and Function of BUS</p> <p>(1) To determine and prescribe standards and oversee all aspects of Unani medical education at all levels.</p> <p>(2) To develop a competency based dynamic curriculum (including assessment) at undergraduate, postgraduate and super-speciality levels. The curriculum for these levels should be developed in consultation with stakeholders such that Unani</p>	

<p>graduates, postgraduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.</p> <p>(3) To develop a competency based dynamic curriculum (including assessment) for primary, community and family medicine for providing health care required in such areas.</p> <p>(4) To prescribe guidelines for setting up Unani medical institutions for imparting under-graduate, postgraduate and super-specialist courses in alignment with needs of the country while keeping in mind global norms.</p> <p>(5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Unani medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.</p> <p>(6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting Unani medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.</p> <p>(7) To facilitate development/training for the faculty in Unani medical Institution under the purview of this Act.</p> <p>(8) To facilitate and implement research and international student and faculty exchange programs as they relate to Unani education.</p> <p>(9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Unani medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.</p> <p>(10) To make recommendations and seek directions from the Government through the Commission.</p>	
<p>29. Decisions of BUS</p> <p>(1) The Board shall meet at least once a month at such time and place as it may appoint.</p> <p>(2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.</p> <p>(3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.</p>	
<p>30. General Functioning of the Board</p> <p>(1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.</p> <p>(2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 27(4) of this Act.</p>	
<p style="text-align: center;">CHAPTER 8</p> <p style="text-align: center;">MEDICAL ASSESSMENT AND RATING BOARD FOR INDIAN SYSTEMS OF MEDICINE (MARBIM)</p> <p>31. Composition and Constitution of MARBIM</p>	<p>31(3) Ayurveda , being the national system of medicine ,to be given enough weight age in the constitution of MARBIM , the 8 members in the board shall be in 2:1:2:1:1:1 from Ayurveda , Yoga, Unani, Sidha and Sowa Rigpa respectively</p>

(1) The Central Government shall, by notification, establish a body to be called the Medical Assessment and Rating Board for Indian Systems of Medicine (MARBIM).

(2) Subject only to the policies and the regulations framed by the NCISM, the Board shall be autonomous in its functioning.

(3) The Board shall consist of a President and eight Members. The President, who shall be first among equals, and the eight Members shall be appointed in the manner as prescribed in this Act.

(4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.

(5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

and the President shall be from Ayurveda.

Section 13 of the IMCC Act deals with the permission of new medical college, course etc: The new NCISM bill fails to take the spirit of sections 13A,13B and 13C of the IMCC Act 1970.

13 A of the IMCC Act deals with the permission for the establishment of new medical college, new course of study, etc:

13B deals with non recognition of medical qualifications obtained from the institutions running without prior permission under 13A

13 C deals with the permission of the existing medical colleges.

The IMCC Act is very clear in these areas where in NCISM bill the clauses are vague and having loop holes in all aspects. This should be addressed.

32. Powers and Function of MARBIM

(1) To determine the process of Assessment and Rating of Educational Institutions imparting Indian Systems of Medicine as per the standards laid down by the BASS, BYN, or BUS as the case may be.

(2) To grant permission for establishment of a new medical institution in terms of section 34 of this Act.

(3) To hire such credible third party agencies or to appoint such visitors and personnel as it may consider necessary to carry out Inspections of the Educational Institutions for Indian Systems of Medicine in order to discharge its Assessment and Rating Function. It would be obligatory on such institutions to provide access to the inspecting team authorized by MARBIM for such purpose.

(4) To conduct an Assessment and Rating of all Educational Institutions for Indian Systems of Medicine, within such period of their start, as may be prescribed, and every year thereafter, and to make it available in the public domain at regular intervals. MARBIM may empanel independent ratings agencies for this purpose.

(5) To levy monetary and other such penalties on Institutions which fail to maintain the minimum essential standards mentioned in subsection (1) above. Provided that no penalty shall be levied on any institution for Indian Systems of Medicine without giving them a reasonable opportunity to explain the reasons for the failures. Provided further that in case an educational Institution for Indian Systems of Medicine Medical fails to take the necessary corrective actions even after three monetary penalties, MARBIM shall recommend to the NCISM to initiate proceedings for derecognizing the degree/ degrees awarded by the Institution as per the procedure prescribed in section 44.

(6) To make recommendations and seek directions from the Government through the Commission.

32(4)

Engaging external rating agencies is equal to opening up corruption chances to a particular agency. Only technically qualified persons can assess the colleges and hospital functioning. So we suggest to identify credible technical visitors panel under strict surveillance.

33. Decisions of the MARBIM

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.

34. Permission for establishment of a New Medical College for Indian Systems of Medicine

- (1) No person shall establish a new medical college within India for Indian Systems of Medicine except with the prior permission of the MARBIM obtained in accordance with the provisions of this section. Explanatory Memorandum: For the purpose of this section, "person" includes any University or a trust or any other body but does not include the Central Government.
- (2) Every person shall, for the purpose of obtaining permission under subsection (1), submit to the MARBIM a scheme in the manner as may be prescribed.
- (3) The Board may after considering the scheme shall pass an order within a period of 6 months from the receipt of the scheme, either approving or disapproving the scheme and any such approval shall be permission under sub-section (1). Provided that the person/ college shall be free to appeal to the Commission in case no decision is received within the 6 months' period or the scheme is disapproved. Provided further that the person/college shall be free to make a second appeal to the Government in case no decision is received within one year from the date of his submission or the scheme is disapproved.
- (4) The MARBIM or the Commission or the Government, while passing the order under sub-section (3), either approving or disapproving the scheme, shall have due regard to the following factors:
 - a. Adequacy of financial resources;
 - b. Whether adequate academic faculty necessary facilities to ensure proper functioning of college for Indian Systems of Medicine has been provided 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. Provided that the above criteria may be relaxed for those Colleges for Indian Systems of Medicine which are set up in an un-served area.

35. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 31(4) of this Act.

The permission of MARBIM must be with provisional approval of the project report of the institution. So if denied loss of individual in investing in infrastructure and manpower could be avoided. Once invested to start a college and if there are any hindrances, it leads to corruption to get it sanctioned.

University and state sanctions should be sought after this approval.

The board shall be liable to notify institutional and practitioner need gaps in state of India from time to time.

**BOARD FOR ETHICS AND INDIAN SYSTEMS OF MEDICINE
REGISTRATION (BEIMR)**

36. Composition and Constitution of BEIMR

- (1) The Central Government shall, by notification, establish a body to be called the Board for Ethics and Indian Systems of Medicine Registration (BEIMR).
- (2) Subject only to the policies and the regulations framed by the NCISM, the Board shall be autonomous in its functioning.
- (3) The Board shall consist of a President and eight Members. The President, who shall be first among equals, and the eight Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There shall be Ethics Committee(s) to be constituted by the Commission for assisting the Board in discharging its functions.

37. Powers and Function of BEIMR

- (1) Maintaining the Register for Indian Systems of Medicine (RIM)
- i. The BEIMR shall maintain a live Register of all licensed Indian Systems of Medicine practitioners to be known as the Register for Indian Systems of Medicine (RIM). The register shall contain the name, address, date of birth, Aadhaar ID of and all qualifications recognized by BASS, BYN and BUS possessed by the licensed practitioner.
- ii. The Register for Indian Systems of Medicine shall be maintained in an electronic form as per prescribed rules. RIM shall prescribe a standard data format for the maintenance of such records which will be binding on all State Councils so that homogeneity and interoperability of such database can be maintained.
- iii. The Register for Indian Systems of Medicine shall be made available in the public domain. It shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872 or any amendment thereof.
- iv. Every State Indian Systems of Medicine Medical Council shall maintain and regularly update the State Register in an electronic format. It shall supply a physical copy of the same to the BEIMR at the commencement of this Act. Thereafter, the National and the State Register should be in Electronic synchronization so that a change in one is automatically reflected in the other.
- v. Where the name of any person has been removed from a State Register on a ground other than non-possession of the requisite medical qualifications, he may appeal in the prescribed manner to the BEIMR, whose decision shall be binding on the State Council subject to the provisions of Section 53.
- vi. If any person whose name is entered in the Register for Indian Systems of Medicine obtains any title, diploma or other qualification for proficiency in sciences, public health or medicine which is a recognized Indian Systems of Medicine medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have such information entered against his name in the State and the National Register.

36(2) Ayurveda being the national system of medicine ,to be given enough weight age in the constitution of BEIMR , the 8 members in the board shall be in 2:1:2:1:1:1 from Ayurveda , Yoga, Unani, Sidha and Sowa Rigpa respectively and the President shall be from Ayurveda.

Section 28 of the IMCC Act 1970 provisional registration is required to practice Indian systems of medicine in an approved institution for the purpose of training. The NCISM doesn't mention such provisional registration. Hence section 28 of the IMCC Act shall be incorporated in the NCISM bill.

Accordingly section 30, 31 shall be incorporated in the proposed bill.

<p>(2) Regulation of Professional Conduct and Promotion of Medical Ethics</p> <p>i. To ensure compliance to the Code of Ethics through the State Councils which, in terms of the provisions of respective State Acts, shall take disciplinary action in cases of professional misconduct by practitioners of Indian Systems of Medicine.</p> <p>ii. For the purposes of this Act, the expression “professional misconduct” shall be deemed to include any act of commission or omission notified in the Fourth Schedule of this Act and leading to violation of the Code of ethical conduct as prescribed. Nothing in this section shall, however, limit or abridge the power conferred or duty cast on the respective Councils under this Act to inquire into the professional conduct of any person whose name is included in the National Register or the State Register.</p> <p>iii. The original jurisdiction for grievances relating to cases of “professional misconduct” of medical practitioners for Indian Systems of Medicine shall lie with the State Councils. Provided that, in States or Union Territories where there is no State/UT Indian Systems of Medicine Medical Council, an enactment to create such a Council shall be carried out within 3 years of the notification of this Act. Provided further that during the transition period, the BEIMR shall also receive complaints and grievances of ethical misconduct against registered practitioners of Indian Systems of Medicine, in such States and UT subject to such procedure as may be prescribed. Provided further that the State Council shall offer the practitioner concerned an opportunity to explain their conduct before imposing any prescribed penalty upon them.</p> <p>iv. BEIMR will have an appellate jurisdiction over the orders passed by the State Councils under sub-section (iii) and such an order would be binding upon the State Council subject to the provision of section 53.</p> <p>v. To develop mechanisms to have continuous interaction with State Councils to effectively promote and regulate the conduct of Indian Systems of Medicine profession.</p> <p>vi. To make recommendations and seek directions from the Government through the Commission.</p>	
<p>38. Decisions of the BEIMR</p> <p>(1) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be through the President or a Member or a combination of both.</p>	
<p>39. General Functioning of the Board</p> <p>(1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.</p> <p>(2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 36(4) of this Act.</p>	
<p>40. Rights and duties of persons included in the Register for Indian Systems of Medicine</p> <p>(1) Qualifying the National Licentiate Examination for Indian Systems of Medicine (NLEIM), referred in this Act, by a person with undergraduate degree obtained from an institution for Indian Systems of Medicine within India shall be sufficient for licence to practice and enrolment in the National Register and/or any</p>	<p>40(1) Usually graduates are completing their internship in different months according to their result announcement and training completion. Now they can get registration as and when it required. If the NLEIM is introduced they have to wait for</p>

State Register for Indian Systems of Medicine. Provided that the persons registered in the Central Register of Indian Systems of Medicine under the IMCC Act, 1970 before the commencement of this Act and prior to the coming into force of the NLEIM shall be deemed enrolled in the Register for Indian Systems of Medicine.

the next possible examination date.

In these circumstances we suggest the following.

1. No need of NLEIM for graduates studied in India. Can be introduced for foreign candidates.

2. competitive entrance examination is required for PG admission.

40(2)

We recommend NLEIM for foreign medical qualifications.

(2) A person who obtains medical qualification in Indian Systems of Medicine granted by any medical institution for Indian Systems of Medicine in any country outside India recognized as practitioner of Indian Systems of Medicine including Yoga & Naturopathy in that country after such date as may be specified, shall not be entitled to be enrolled in the Register for Indian Systems of Medicine unless he qualifies the NLEIM and such foreign medical qualification after such person qualifies the NLEIM shall be deemed to be recognized qualification of Indian Systems of Medicine for the purposes of this Act for that person.

40(3) This clause is equivalent to 17(2) and (3) and (4) of the IMCC Act 1970 but the spirit of the said act is not protected in NCISM bill.

IMCC Act clause

17(3) b gives the privileges to practice any system of medicine conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any State on a practitioner of Indian medicine enrolled on a State Register of Indian Medicine.

(3) No person other than the one enrolled in the National/State Register for Indian Systems of Medicine:

(a) Shall be allowed to practice medicine as a qualified practitioner of Indian Systems of Medicine;

(b) Shall hold office as physician or any other office (by whatever designation called) meant to be held by a physician in Government or in any other institution;

(c) shall 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) Shall 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 on any matter relating to medicine.

This is not protected in NCISM bill. We demand this clause shall be included in the new bill.

IMCC Act 1970

17(3)(c) says – the right of a person to practice Indian medicine in a State in which, on the commencement of this Act , a State Register of Indian Medicine is not maintained if, on such commencement, he has been practicing Indian medicine for not less than five years; Accordingly only those having five years of practice at the commencement of IMCC Act are allowed to continue their practice. Thereafter, no one is permitted. Thus quackery was prevented to a certain extent.

Provided that the Commission may permit a medical professional to practice Indian Systems of Medicine without qualifying the NLEIM. The Commission shall submit a list of such permitted professionals to the Central Government in the manner prescribed.

Provided further that a foreign citizen may be permitted temporary registration in India for a period and in a manner as may be prescribed by the Commission subject to such person being enrolled as a medical practitioner of Indian Systems of Medicine in accordance with the law regulating the registration of medical practitioners in that country.

(4) Any person who acts in contravention of any provision of sub-section (3) shall be punished with revocation/suspension from the Register for Indian Systems of Medicine or with fine as may be prescribed, or with both.

Many States have made legislations to give recognition to quacks but IMCC Act has effectively prevented such movements.

But in the proposed NCISM Bill 40(3) (d) is flexible in this matter. It says :- Commission may permit a medical professional to practice Indian Systems of Medicine without qualifying the NLEIM. The Commission shall submit a list of such permitted professionals to the Central Government in the manner prescribed. With this clause the Commission reserves the right to give permission to practice Indian medicine to any person as and when required. It will cause serious damage to the health care delivery system as well as particular system. The same thing is repeating in the case foreign nationals.

So we strongly request to remove this clause and include similar clause of the IMCC Act 17(3) c with effect of the date of commencement of IMCC Act 1970.

Also this act is very soft to handle the quackery. In the IMCC Act 17(4) gives strong punishment with imprisonment and fine for the act of contravention of this clause. But in the proposed NCISM bill no imprisonment is mentioned .It only aims to punish the qualified persons with the cancellation of qualification. The proposed act give more stringent measures to get registered but the commission reserves the right to exempt persons without qualification and also keep mum in punishing quacks. This is to be rectified. **Strong punishment with imprisonment and huge fine shall be introduced to persons who are not abiding the law .**

41. RECOGNITION OF INDIAN SYSTEMS OF MEDICINE QUALIFICATIONS GRANTED BY UNIVERSITIES OR MEDICAL INSTITUTIONS IN INDIA

(1) The Indian Systems of Medicine qualifications granted by any University or Medical Institution in India, included in the First Schedule and Second Schedule, shall be recognized medical qualifications for the purpose of this Act.

(2) Any University or Medical Institution in India, which grants an undergraduate or post-graduate or any other qualification on Indian Systems of Medicine not included in the First Schedule, may apply to the BASS, BYN or BUS, respectively, to have such qualification recognized. The respective Board may, after following the procedure as may be prescribed, by notification in the official Gazette, amend the First Schedule so as to include such qualification. The notification affecting the amendment may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.

(3) All medical qualifications listed in Part I and II of Schedule II of the IMCC Act, 1970 shall be incorporated automatically in Schedule I of this Act.

(4) All medical qualifications listed in Part I and II of Schedule III of the IMCC Act, 1970 shall be incorporated automatically in Schedule II of this Act.

42. RECOGNITION OF INDIAN SYSTEMS OF MEDICINE QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS OUTSIDE OF INDIA

(1) The medical qualifications for Indian Systems of Medicine granted by medical institutions outside India included in the Third Schedule shall be recognized qualifications for the purposes of this Act.

(2) The Commission may subject to such verification as it deems fit with the authority in any country outside India which by the law of such country is entrusted with the recognition of Indian Systems of Medicine qualifications provide for recognition or de-recognition of such qualification by notification in the official Gazette and amend the Third Schedule so as to include or exclude therein the Indian Systems of Medicine qualification(s). Provided that any qualification shall not be excluded unless the institution(s) concerned has been given a reasonable opportunity of being heard in the matter.

(3) Where the Commission has refused to recommend an Indian Systems of Medicine qualification that has been proposed for recognition by any Authority referred to in subsection (2), the Authority may apply to the Central Government for such recognition. The Central Government, after considering such application and after obtaining from the Commission a report regarding the reasons for its refusal, may by notification in the Official Gazette amend the Third Schedule so as to include such qualification in it. The provisions of subsection (2) shall apply to such notification.

(4) All medical qualifications listed in Schedule IV of the IMCC Act, 1970 shall be incorporated automatically in Schedule III of this Act.

43. RECOGNITION OF OTHER MEDICAL QUALIFICATIONS

<p>(1) The Central Government may by notification in the official gazette include medical qualifications granted by any other body in India under this Act which shall be recognized qualification as may be prescribed by the Central Government in this regard.</p>	
<p>44. WITHDRAWAL OF RECOGNITION</p> <p>(1) Upon a report by the MARBIM or otherwise, if it appears to the Commission that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution for Indian Systems of Medicine do not conform to the standards prescribed and that the institution has failed to take necessary corrective action to adhere to minimum standards, the Commission shall make a representation to that effect to the Central Government.</p> <p>(2) After considering such representation, the Central Government, after making such further inquiry and consultations with the Government/Authority concerned, as it may think fit, may by notification in the official Gazette, direct that an entry shall be made in the appropriate Schedule against the medical qualification for Indian Systems of Medicine declaring that it shall be a recognized medical qualification, only when granted before a specified date or that the said qualification if granted to students of a specified college or institution affiliated to any university shall be a recognized qualification only when granted before a specified date, as the case may be.</p>	
<p>45. SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS FOR INDIAN SYSTEMS OF MEDICINE</p> <p>(1) If the Commission deems it fit, it may by notification in the Official Gazette, direct that medical qualifications for Indian Systems of Medicine granted after a specified date by medical institutions for Indian Systems of Medicine in a country outside India shall be recognized qualification for the purposes of this Act. Provided that medical practice by persons possessing such qualifications shall be permitted only if such persons are enrolled as medical practitioners of Indian Systems of Medicine in accordance with the law regulating the registration of medical practitioners for the time being in force in that country; and Provided further that medical practice by persons possessing such qualifications shall be limited to the period specified in this behalf by general or special order.</p>	
<p style="text-align: center;">CHAPTER 11 MISCELLANEOUS</p> <p>46. INFORMATION TO BE FURNISHED BY THE COMMISSION AND PUBLICATION THEREOF</p> <p>(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.</p> <p>(2) The Central Government may publish in such manner as it may think fit, any report, and copy, abstract or other information furnished to it.</p>	
<p>47. REPORTING BY UNIVERSITIES AND MEDICAL INSTITUTIONS FOR INDIAN SYSTEMS OF MEDICINE</p> <p>(1) Every medical institution under this act shall at all times maintain a website and display all such information as may be required by the Commission or the Board(s).</p>	

<p>(2) The Commission or the Board(s), as the case may be, shall either directly or through other experts, at any time during the existence of the evaluation or assessment, with or without any notice, may assess the performance standards and benchmarks displayed by the medical institution on its website.</p>	
<p>48. COMPLETION OF COURSES OF STUDIES IN MEDICAL INSTITUTIONS FOR INDIAN SYSTEMS OF MEDICINE</p> <p>(1) Notwithstanding anything contained in this Act, any student of Indian Systems of Medicine in a medical institution who, immediately before the commencement of this Act was studying for a degree, diploma or certificate in any such institution shall continue and complete his course for that degree, diploma or certificate, as the case may be, and such institutions shall provide for the instruction [47] and examination for such student in accordance with syllabus and studies as existed before commencement of this Act and shall be deemed to have completed his course of study and awarded degree, diploma, as the case may be, under this Act.</p> <p>(2) Notwithstanding anything contained in this Act, the medical institution for Indian Systems of Medicine in lapse of its recognition whether by efflux of time or by its voluntary surrender or for any other reason whatsoever shall continue to maintain and provide the minimum standards approved by the Commission till such time that all the candidates are able to complete their study in such institution.</p>	
<p>49. TRANSITORY PROVISIONS</p> <p>(1) The National Commission for Indian Systems of Medicine is the successor in interest to the Central Council of Indian Medicine including its subsidiaries or owned trusts. All the assets and liabilities of the said Councils shall be deemed to have been transferred to the Commission.</p> <p>(2) Notwithstanding the repeal of the Indian Medicine Central Council Act, 1970, the educational standards, requirements and other provisions of the said Acts and the rules and regulations made thereunder shall continue to be in force and operate till new standards and/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 educational standards and requirements under the enactments under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding 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.</p> <p>(3) The Central Government may take such appropriate measures as may be necessary for smooth transition of the repealed Council to the corresponding new Commission under this Act.</p>	
<p>50. PROTECTION OF ACTION TAKEN IN GOOD FAITH</p>	
<p>(1) No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Board there under or a State Indian Systems of Medicine Medical Council or any Committee thereof, or any Officer or servant of the Government or Commission aforesaid for anything which is done or intended to be done in good faith under this Act.</p>	
<p>52. POWER TO MAKE RULES</p> <p>(1) The Central Government may, by notification in the Official Gazette, make Rules to carry out the purposes of this Act.</p>	

- (2) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters:
- i. Manner of nomination of the members of the Advisory Council for Indian Systems of Medicine to the NCISM under section 6 (6)
 - ii. Manner of appointment of Search Committee under section 10.
 - iii. Manner of constituting the Boards under section 19, 23, 27, 31 and 36.
 - iv. Procedure for removal of Chairperson and Members of the Commission under section 13.
 - v. Roles and responsibilities of the Advisory Committees, Ethics Committee(s) constituted under the provisions of this Act.
 - vi. The creation of posts, salary and allowances payable to and other terms and conditions of Chairperson /Members of the Commission, Presidents and Members of the Boards and other staff members of the Commission.
 - vii. Joint sittings referred under Section 16.
 - viii. Any other matter in respect of which provision is to be made by rules.

(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament for a total period of thirty days, after the expiry of which period the Rule shall be deemed as confirmed. If both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall, thereafter have effect only in such modified form or be of no effect, as the case maybe; however, any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

53. POWER TO GIVE DIRECTIONS

(1) Without prejudice to the foregoing provisions of this Act, the Commission and the Boards, as the case may be, shall, in the discharge of their functions and duties under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to it from time to time, and the question whether the direction given is one of policy or not shall be decided by the Central Government. Where the Central Government considers it expedient so to do, it may, by order in writing, direct the Commission to make any regulations or to amend or revoke any regulations already made by it, within such period as the Central Government may specify in this behalf. If the Commission fails or neglects to comply with such order within the specified period, the Central Government may make the regulations or amend or revoke the regulations made by the Commission, as the case may be, in such manner as the Central Government thinks fit.

(2) Notwithstanding any provision under this Act, any person or a body or an organisation, aggrieved by an order made by the Commission or BEIMR, as the case may be, may prefer an appeal to the Central Government in such form with in such period as may be prescribed. The procedure for disposing of an appeal by the government shall be such as may be prescribed and the appellant shall be given a reasonable opportunity of being heard. The decision of Central Government shall be final and binding upon all concerned.

**CHAPTER 12
GRANTS, AUDIT AND ACCOUNTS**

54. Grants

(1) 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, for being utilized for the purposes of implementing this Act.

(2) There shall be constituted a fund to be called "the National Commission for Indian Systems of Medicine Fund" and there shall be credited thereto: -

- i. All Government grants, fees and charges received by the Commission;
- ii. All sums received by the Commission from such other source as may be decided by it.

(3) The Fund shall be applied for meeting the following expenses:

- i. The salaries, allowances and other remuneration of the Chairperson and Members of the Commission, Presidents and Members of the Boards, officers and other employees of the Commission and the Boards;
- ii. Other expenses of the Commission and the Boards in connection with the discharge of their functions and for the purposes of this Act.

55. 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 AuditorGeneral 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 AuditorGeneral 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 and functioning 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, other documents and papers etc., as s/he may deem fit, 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.

56. FURNISHING OF RETURNS AND REPORTS TO THE CENTRAL GOVERNMENT

(1) The Commission shall furnish to the Central Government at such time and in such form as may be prescribed, an annual report giving a summary of their activities during the previous year.

(2) A copy of the report received by the Central Government under subsection (1) shall be laid, as soon as may be after it is received, before each House of Parliament.

57. POWER TO REMOVE DIFFICULTIES

<p>(1) If any difficulties arise in giving effect to the provisions of this Act, the Central Government may, by order, make such provisions or give such directions not inconsistent with the provisions of this Act as may appear to it be necessary or expedient for the removal of difficulty. Provided that no such power shall be exercised after the expiry of a period of two years from the commencement of this Act.</p> <p>(2) Every order made under this section shall be laid, as soon as may be after it is made, before each house of Parliament.</p>	
<p>58. REPEAL OF ACT OF 1970</p> <p>The Indian Medicine Central Council Act, 1970 is hereby repealed.</p>	

Anticipating a favourable response on the above suggestions

Thanking you
Yours faithfully



Dr. G. Vinod Kumar

President
Ayurveda Medical Association of India