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भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग

अधिसूचना

नई दिल्ली, 16 फरवरी, 2022.

सं. बी.ओ.ए./विनियम/यूजी/7–10/2021.—भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग अधिनियम, 2020 (2020 का 14) के लिए राष्ट्रीय आयोग की धारा 55 की उप–धारा (2) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, और भारतीय चिकित्सा केंद्रीय परिषद् (भारतीय चिकित्सा में शिक्षा के न्यूनतम मानक) विनियमन, 1986 के अधिक्रमण में, सिवाय ऐसे अधिक्रमण से पहले किया गया है या किए जाने का लोप किया गया है, आयोग केन्द्र सरकार की पूर्व स्वीकृति से निम्न विनियमों का निर्माण करती है, यथाः–

1. **संक्षिप्त शीर्षक और प्रारंभ**–

(1) इन विनियमों को भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग स्नातकीय आयुर्वेद शिक्षा के न्यूनतम मानक) विनियम, 2022 कहा जाएगा।.

(2) ये विनियम सरकारी राजपत्र में उनके प्रकाशन की तिथि से प्रभावी होंगे।

2. **परिभाषाएँ**–

(1) इन विनियमों में, जब तक कि संदर्भ को अन्यथा अपेक्षित न हो, –

(i) "अधिनियम" का अर्थ है भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग, अधिनियम, 2020 (2020 का 14) अभिप्रेत है।

(ii) "अनुलग्नक" का अर्थ इन विनियमों के साथ संलग्न एक अनुलग्नक हो;

(iii) "परिशिष्ट" का अर्थ इन विनियमों में संलग्न एक परिशिष्ट है।

(2) यहाँ प्रयुक्त और परिभाषित नहीं किए गए परन्तु अधिनियम में परिभाषित नहीं किए गए शब्दों और अभिव्यक्तियों के वही अर्थ होंगे जो क्रमशः उन्हें अधिनियम में सौंपे गए हैं।

3. **बैचलर ऑफ आयुर्वेदिक मेडिसीन एण्ड सर्जरी प्रोग्राम**– आयुर्वेदिक शिक्षा मे स्नातक अर्थात् बैचलर ऑफ आयुर्वेदिक मेडिसीन एण्ड सर्जरी (बी.ए.एम.एस.) स्नातकों का निर्माण करेगा, जिसमें स्वास्थ्य देखभाल सेवाओं के लिए

THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE

NOTIFICATION

New Delhi, the 16th Feburary, 2022

F. No. BOA/Regulation/UG/7-10/2021.—In exercise of the powers conferred by sub-section (2) of section 55 of the **National Commission for Indian System of Medicine Act, 2020 (14 of 2020)**, and in supersession of the Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Regulation, 1986 except as respects thing done or omitted to be done before such supersession, the Commission hereby makes the following regulations, namely:-

1 **Short title and commencement.-**(1)These regulations may be called **National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022.**

(2) They shall come into force on the date of their publication in the Official Gazette.

2 **Definitions.-** (1) In these regulations, unless the context otherwise requires,-

(i) "Act" means the National Commission for Indian System of Medicine, Act, 2020 (14 of 2020);

(ii) "Annexure" means an annexure appended to these regulations;

(iii) "Appendix" means an appendix appended to these regulations.

(2) The words and expressions used herein and not defined but defined in the Act shall have the same meanings as respectively assigned to them in the Act.

3 **Bachelor of Ayurvedic Medicine And Surgery programme.-** The Bachelor of Ayurveda education namely, the Bachelor of Ayurvedic Medicine and Surgery (B.A.M.S.) shall produce Graduates, having profound knowledge of Ashtanga Ayurveda along with the contemporary advances in the field of Ayurveda supplemented with knowledge of scientific and technological advances in modern science and technology along with extensive practical training, as an efficient physicians and surgeons for the health care services.

4 **Ashtanga Ayurveda.-** (a)Ashtanga Ayurveda means eight clinical specialties of ayurveda viz., Kayachikitsa (General/Internal Medicine), Shalya Tantra (Surgery), Shalakya Tantra (Ophthalmology, Oto-Rhino-Laryngology and Oro-Dentistry), Kaumarabhritya (Obstetrics and Paediatrics), Agada Tantra (Clinical Toxicology), Bhuta Vidya (Clinical Microbiology, Clinical Psychology and Psychiatry), Rasayana (Preventive, Promotive, Rejuvenative Medicine and Gerentology) and Vajikarana (Reproductive Medicine and Epigenetics).

(b) All the eight specialties referred to in clause (a) were developed to deal all sort of clinical problems of respective specialty i.e., in general their etiopathogenesis including clinical anatomy, physiology; causative factors in terms of physical, psychological, external (injury, microbes, natural calamities etc.), dietic factors, faulty lifestyles, genetic causes (congenital, hereditary) etc.; clinical manifestation, examination/analysis of biological fluids / secretions/ excretions; various diagnostic tools including scopy (naadiyantra), diagnostic criteria, prognostication, principles of management in terms preventive, promotive, curative, palliative and rehabilitative management including surgical; pharmaco-therapeutics as well as pharmaceutics of related drugs and formulations, relevant therapeutic procedures including physiotherapy techniques such as bandhana, vesthana etc., their methods of administration, complications and management, diet and lifestyleregimen; methods of assessment of improvement/cure, causes of recurrence etc. in relation to that particular clinical condition.

(c) The specialties referred to in clause (a) also deals with instruments/equipment that are required for administration of various therapeutic procedures/surgeries and other procedures, their methods of usage and maintenance. Hospital architecture, landscaping, air-conditioning and human resource management, qualities of nursing staff including ideal patient qualities.

(d) Student selection process for medical education, methods of study of medical science, teaching methods including training of clinical skills on models, code of conduct for students, medical practitioners as well as teachers, student assessment methods, award of degrees, oath administration, medical registration etc.

5 Eligibility criteria for admission.- (1)The eligibility to seek admission in Bachelor of Ayurveda education shall be as under,-

(a) The candidate shall have passed 10+2 or its equivalent examination from any recognised Board with Physics, Chemistry, Biology and have obtained minimum of fifty per cent. marks taken together in Physics, Chemistry and Biology in the case of general category and forty per cent. marks in the case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes:

Provided that in respect of persons with disability candidate specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the minimum qualifying marks in the said examinations shall be forty-five per cent. in the case of General category and forty per cent. in the case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

(b) No candidate shall be admitted to B.A.M.S Degree programme unless the candidate attained the age of seventeen years on or before the 31st December of the year of admission in the first year of the programme and not more than twenty-five years on the 31st December of the year of admission in the first year of the programme:

Provided that, the upper age-limit may be relaxed by five years in the case of Scheduled Castes, Scheduled Tribes, Other Backward Classes and disabled candidates.

(2) National Eligibility-cum-Entrance Test.-(i)There shall be a uniform entrance examination for all medical institutions at the under-graduate level, namely the National Eligibility-cum- Entrance Test (NEET) for admission to under-graduate programme in each academic year and shall be conducted by an authority designated by the National Commission for Indian System of Medicine.

(ii) In order to consider for admission to under-graduate programme for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the National Eligibility-cum- Entrance Test for under-graduate programme held for the said academic year:

Provided that in respect of,-

(i) candidates belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes, the minimum marks shall at 40th percentile;

(ii) candidates with specified disabilities under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) the minimum marks shall be at 45th percentile in the case of general category and 40th percentile in the case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes:

Provided further that where sufficient number of candidates in the respective category fail to secure minimum marks in the National Eligibility - cum - Entrance Test held for any academic year for admission to undergraduate programme, the National Commission for Indian System of Medicine in consultation with the Central Government may at its discretion lower the minimum marks required for admission to undergraduate programme for candidates belonging to respective category and marks so lowered by the Central Government shall be applicable for that academic year only.

(3) An All-India common merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in the National Eligibility-cum-Entrance Test and the

candidates, within the respective category shall be considered for admission to under-graduate programme from the said merit lists only.

(4) The seat matrix for admission in the Government, Government-aided Institution and Private Institution shall be fifteen per cent. for All-India Quota and eighty-five per cent. for the State and Union territory quota:

Provided that,-

(i) the All-India Quota for the purpose of admission in all the deemed university both Government and private shall be hundred per cent.;

(ii) the university and institute which are already having more than fifteen per cent. All-India Quota seats shall continue to maintain that quota;

(iii) five per cent. of the annual sanctioned intake capacity in Government and Government-aided Institution shall be filled up by candidate with specified disability in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) and based on the merit list of National Eligibility -cum-Entrance Test.

Explanation.- For the purpose of this clause, the specified disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 (49 of 2016) specified in ***Appendix "A"*** and the eligibility of candidate to pursue a programme in Indian Systems of Medicine with specified disability shall be in accordance with the guidelines specified in ***Appendix "B"*** and if the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctioned seats for the respective category.

(5) (i) The designated authority for counseling of State and Union territory quota for admissions to undergraduate programme in all Ayurveda Educational Institutions in the States and Union territories including institutions established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union Territory in accordance with the relevant rules and regulations of the concerned State or Union territory, as the case may be.

(ii) The counseling for all admission to Bachelor of Ayurvedic Medicine and Surgery Programme for hundred percent seats of all Deemed Universities both Government and Private shall be conducted by the authority designated by the Central Government in this behalf.

(6) The counselling for admission to Bachelor of Ayurvedic Medicine and Surgery Programme for seat under All-India Quota as well as for all Ayurveda Educational Institutions established by the Central Government shall be conducted by the authority designated by the Central Government in this behalf.

(7) (i) All seats irrespective of category (Central quota, State Quota or management etc.) except foreign nationals are to be admitted through counselling (Central, State or UT) only. Direct admission by any means other than above specified shall not be approved.

(ii) The institutions shall have to submit the list of students admitted in the format specified by NCISM on or before 6 pm on the cut off date for admissions specified by NCISM time to time for verification.

(iii) Universities shall approve the admission of those candidates (except foreign nationals) who have been allotted through counselling (Central, State or UT as the case may be)

(8) No candidate who has failed to obtain the minimum eligibility marks under this regulation shall be admitted to under-graduate programme in the said academic year.

(9) No authority or institution shall admit any candidate to the under-graduate programme in contravention of the criteria or procedure laid down in these regulations in respect of admission and any admission made in contravention of the said criteria or procedure shall be cancelled by the National Commission for Indian System of Medicine forthwith.

(10) The authority or institution which grants admission to any student in contravention of the criteria or procedure laid down in these regulations shall be liable accordingly, under the relevant provisions of the Act.

(11) For foreign national candidate, any other equivalent qualification approved by the Central Government may be allowed and sub-regulation (2) of regulation 5 shall not be applicable.

6 Duration of B.A.M.S. programme.- The duration of the B.A.M.S. Programme shall be five years and six months as per the following table, namely:-

Table-1

(Duration of B.A.M.S. Programme)

Sl. No.	Course of the B.A.M.S. Programme	Duration
(a)	First Professional B.A.M.S.	Eighteen Months
(b)	Second Professional B.A.M.S.	Eighteen Months
(c)	Third (Final) Professional B.A.M.S.	Eighteen Months
(d)	Compulsory Rotatory Internship	Twelve Months

7 Degree to be awarded.-The candidate shall be awarded Ayurvedacharya (Bachelor of Ayurvedic Medicine and Surgery-B.A.M.S) Degree after passing all the examinations and completion of the laid down programme of study extending over the laid down period and the compulsory rotatory internship extending over twelve months and the nomenclature of degree shall be **Ayurvedacharya (Bachelor of Ayurvedic Medicine and Surgery -B.A.M.S)**.

8 Medium of instruction.- The medium of instruction for the programme shall be Sanskrit or Hindi or any recognised regional language or English:

Provided that in case, if any institute is admitting students from different states or international students, the medium of instruction shall be English.

9 Pattern of study.- (1) The B.A.M.S. Programme shall consist of **Main Programme and Electives** and the pattern of study shall be followed in the following manner, namely:-

(A) (i) (a) After admission, the student shall be inducted to the B.A.M.S. Programme through an Induction Programme not less than fifteen working days based on the Transitional Curriculum which intends to introduce newly admitted student to Ayurveda system of medicine and to make him well aware of the B.A.M.S. Programme he is going to study for next four and a half years.

(b) During the induction programme, the student of Ayurveda shall learn basic of Sanskrit for Ayurveda and basic life support and first aid along with other subject as laid down in the syllabus.

(c) There shall be fifteen days induction programme which shall be not less than ninety hours and every day may consist of six hours.

(ii) Total working days for each professional session shall be not less than three hundred and twenty days.

(iii) (a) Total working days for the First Professional session shall be not less than three hundred and five days except for fifteen days for the induction programme.

(b) total teaching hours for First Professional session shall not be less than 1920.

(iv) Total teaching hours for Second Professional session shall be not less than 2240 and the proportion of teaching hours in Lecture to Non-lecture shall be 1:2.

(v) Total teaching hours for Third (Final) Professional session shall not be less than 2240 and during the Third (Final) Professional Session, three hours of clinical classes at Hospital during morning hours shall be conducted and the proportion of teaching hours in Lecture to Non-Lecture hour shall be 1:2.

(vi) Working hours may be increased by the University or institution as per requirement to complete the stipulated period of teaching and requisite activity.

Explanation.- For the purposes of this regulation the expression "**Lectures**" means Didactic teaching i.e., classroom teaching and the expression "**Non-lectures**" includes Practical / Clinical and Demonstrative teaching and the Demonstrative teaching includes Small group teaching / Tutorials /Seminars / Symposiums / Assignments / Role play / Pharmacy training / Laboratory training / Dissection / Field visits / Skill lab training / Integrated learning / Problem based learning / Case based learning / Early clinical exposure / Evidence based learning etc. as per the requirement of the subject and in Non-lectures, the Clinical / Practical part shall be seventy per cent. and Demonstrative teaching shall be thirty per cent.

(vii) There shall be minimum of one hour each for library and physical education per week and one hour of recreation (expression of talent and extra-curricular activities) per month has to be allotted in the regular time table of all batches.

(B) The First Professional session shall ordinarily start in the month of October and the following subjects shall be taught as per the syllabus laid down by the National Commission for Indian System of Medicine from time to time, namely:-

Table-2

(Subjects for First Professional B.A.M.S.)

Sl.No.	Subject Code	Subject	Equivalent Terms
1	AyUG-SN and AI	Samskritam evam Ayurved Ithihas	Sanskrit and History of Ayurveda
2	AyUG-PV	PadarthaVigyan	Fundamental Principles of Ayurveda and Quantum Mechanics
3	AyUG-KS	Kriya Sharira	Human Physiology
4	AyUG-RS	Rachana Sharira	Human Anatomy
5	AyUG-SA1	Samhita Adhyayan-1	Study of Ayurveda Classical Text
6	Electives (Minimum Three) subjects		

(C) The Second Professional session shall ordinarily start in the month of April after completion of First Professional examination and the following subjects shall be taught as per the syllabus laid down by the National Commission for Indian System of Medicine from time to time, namely:-

Table-3

(Subjects for Second Professional B.A.M.S.)

Sl.No.	Subject Code	Subject	Equivalent Terms
1	AyUG-DG	Dravyaguna Vigyan	Pharmacology and Materia Medica- Herbal
2	AyUG-RB	Rasashastra evam Bhaishajyakalpana	Materia Medica- Minerals & Metals and Pharmaceutical Science
3	AyUG-RN	Roga Nidan evam Vikriti Vigyan	Methods of Diagnosis, Diagnostic Procedures and Pathology
4	AyUG-AT	Agad Tantra evam Vidhi	Clinical Toxicology and Medical Jurisprudence

		Vaidyaka	
5	AyUG-SA2	Samhita Adhyayan-2	Study of Ayurveda Classical Text
6	AyUG-SW	Swasthavritta evam Yoga	Lifestyle Management, Public Health and yoga
7	Elective (Minimum Three) Subjects		

(D) The Third (Final) Professional session shall ordinarily start in the month of October after completion of Second Professional examination and the following subjects shall be taught as per the syllabus laid down by the National Commission for Indian System of Medicine from time to time, namely:-

Table-4

(Subjects for Third (Final) Professional B.A.M.S.)

Sl.No.	Subject Code	Subject	Equivalent Terms
1	AyUG-KC	Kayachikitsa including Manasa Roga, Rasayana and Vajikarana	Internal Medicine including Psychiatry, Rejuvenative Medicine, Reproductive Medicine and Epigenetics
2	AyUG-PK	Panchakarma & Upakarma	Therapeutic Procedural Management
3	AyUG-ST	Shalya Tantra	General Surgery
4	AyUG-SL	Shalakya Tantra	Ophthalmology, Oto-Rhino-Laryngology & Oro-Dentistry
5	AyUG-PS	Prasuti Tantra evam Stree Roga	Gynecology and Obstetrics
6	AyUG-KB	Kaumarabhritya	Pediatrics
7	AyUG-SA3	Samhita Adhyayan-3	Study of Ayurveda Classical Text
8	AyUG-EM	Atyaikachikitsa	Emergency Medicine
9	AyUG-RM	Research Methodology and Medical-statistics	
10	Elective (Minimum Three) Subjects		

(E) University, Institution and College shall prepare Academic Calendar of that particular batch in accordance with the template of tentative Academic Calendar provided in these regulations in ***Annexure-iii***and the same shall be circulated to students and hosted in respective websites and followed accordingly.

(F) The B.A.M.S. programme shall consist of following Departments and subjects, namely:-

Table-5

(Departments and Subjects)

Sl.No.	Department	Subjects
01	Samhita Siddhanta & Sanskrit	Samskritam
		Ayurved Ithihas
		Padartha Vigyan
		Samhita Adhyayan-1, 2, 3
02	Rachana Sharira	Rachana Sharira
03	Kriya Sharira	Kriya Sharira
04	Dravyaguna	Dravyaguna Vigyan
05	Rasashastra & Bhaishajyakalpana	Rasashastra evam Bhaishjyakalpana
06	Roga Nidan & Vikriti Vigyan	Roga Nidan evam Vikriti Vigyan
07	Agada Tantra	Agada Tantra evam Vidhi Vaidyaka
08	Swasthavritta &Yoga	Swasthavritta evam Yoga
		Research Methodology & Medical Statistics

09	Kayachikitsa	Kayachikitsa including Manasa Roga, Rasayana evam Vajikarana
		Atyaikachikitsa
10	Panchakarma	Panchakarma evam Upakarma
11	Shalya Tantra	Shalya Tantra
12	Shalakya Tantra	Shalakya Tantra
13	Prasuti Tantra & Stree Roga	Prasuti Tantra evam Stree Roga
14	Kaumarabhritya	Kaumarabhritya

(G) **Electives.-**(i) Electives are introduced in B.A.M.S. curriculum to provide opportunity to student of Ayurveda to get introduced, exposed and oriented to various allied subjects that are required to understand and build inter-disciplinary approach.

(ii) The electives shall be conducted as online programme.

(iii) Each elective subject shall be of forty-five hours duration and divided in five modules and each module shall have nine hours i.e., five hours of teaching, two hours of guided learning, one hour each for expert interaction/reflection and assessment and in total, each elective will have twenty-five hours of teaching, ten hours of guided learning, five hours of expert interaction/reflection and five hours of assessment (five assessments of one hour each).

Explanation.- For the purpose of this regulation, Teaching means video lectures, Power point presentations, audio lectures, video clippings, audio clippings, technical images, study material etc.

(iv) The study hours for electives are over and above the prescribed teaching hours of B.A.M.S. under these regulations.

(H) **Clinical training.-** (i)Clinical training of the student shall start from the First Professional session onwards and subject related clinical training shall be provided in the attached hospital by the concerned faculty and department in non-lecture hours as per the requirement of the subject as under-

(a) During first professional session, clinical training shall be provided by department of Samhita & Siddhanta and Kriya Sharira through the specialty Outpatient Department (OPD) and Inpatient Department (IPD) where in teachers of the above departments are consultants and screening OPD; wherein students involve in Prakriti and Saara assessment, practicing of naadi, recording of dosha vriddhi kshaya lakshanas, measurement of height, weight, calculation of Body Mass Index (BMI) etc. activities.

(ii) (a) Clinical training for the Second Professional session shall be as per clause A (iv) of sub-regulation (1) of regulation 9 and clinical attendance shall be maintained by the concerned faculty and department.

(b) Clinical training for the Second Professional session shall be provided in accordance with the requirement of subjects as under-

(A) i. Department of Roganidana will provide clinical training through specialty clinics and IPD wherein teachers of Roganidana department are consultants.

ii. Department of Agada Tantra through Visha Chikitsa OPD and IPD.

iii. Department of Swasthavritta through swastha rakshna OPD and IPD.

(B) In addition, the second professional B.A.M.S. students shall be posted to medicine dispensary to get familiar with prescription patterns, medicine names, forms, dosage, Aushada sevanakaala, anupana, sahapana, method of mixing or compounding of medicines etc. Similarly, in IPD nutritional assessment, pathya preparation unit or diet center to get familiarize with various pathya or therapeutic diet preparations.

(iii) The clinical training(OPD and IPD/Operation Theatre/Labour room/Pancha Karma therapy room) during the third (Final) Professional session as mentioned under clause A (v) of

sub-regulation (1) of regulation 9 shall be on rotation basis as per the non-lecture/clinical batches and in accordance with the clinical/non-lecture teaching hours stipulated for the following subjects, namely:-

(a) Kayachikitsa: OPD, IPD and specialty clinics functioning under the department if any;

(b) Panchakarma: OPD, IPD, Panchakarma therapy rooms including preparation room and any other related specialty units or clinics if any;

(c) ShalyaTantra: OPD, IPD, operation theater (major and minor), any specialty units like sports medicine, marmachikitsa, bhagnachikitsa etc.;

(d) ShalakyaTantra: Eye, ENT, dental clinic, kriyakalpa and any other related specialty clinics if any;

(e) Streeroga evam Prasuti: OPD, IPD, labour room, procedural room (yoni dhavana, yoni dhupana, yoni pichu, uttarabasti etc.), garbha samskara, and other related specialty clinics if any;

(f) Kaumarabhitya: OPD, IPD, pediatric panchakarma rooms and other related specialty clinics if any; and

(g) Samhita & Siddhanta: Specialty clinics/units like madhumeha, hridroga, medoroga, sthoulya, asthi & sandhi etc.

(v) Teaching staff belonging to the departments other than Kayachikitsa, panchakarma, Shalya Tantra, Shalakya Tantra, Streeroga Evam Prasuti Tantra, Kaumarabhritya, Agada Tantra (Visha Chikitsa) and Swasthavritta & Yoga can involve in clinical activities in the attached teaching hospital and can provide clinical training to students through Specialty clinics/units. Such specialty clinics shall function under any one of the above departments viz. Kayachikitsa, Panchakarma, Shalya Tantra, Shalakya Tantra, Streeroga Evam Prasuti Tantra, Kaumarabhritya, Agada Tantra (Visha Chikitsa) and Swasthavritta & Yoga. The specialty clinics may be established by teachers having expertise either by Post-graduate dissertation, PhD thesis or by training or exposure. There shall not be any OPD by names Rachana, Kriya, Basic Principles, Dravyaguna, Rasashastra and Roga Nidana.

10 Methodology for supplementing modern advances, scientific and technological development in Indian System of Medicine (SMASTD-ISM).-

(1) To accomplish the requirement under subsection (h) of section 2 of National Commission for Indian System of Medicine Act 2020 regarding, supplementation of modern advances, scientific and technological developments in Indian System of Medicine (SMASTD-ISM), all the fourteen departments as mentioned in clause (F) of sub-regulation (1) of regulation 9, shall be treated as fourteen verticals in addition there shall be two more verticals one each for education and research and each vertical shall be supplemented, enriched and updated with relevant and appropriate advances and developments in the area of diagnostic tools, conceptual advancements and emerging areas as under-

(i) Innovations or advances or new developments in Basic Sciences like biology, chemistry, physics, mathematics, microbiology, bioinformatics, molecular biology etc.;

(ii) Diagnostic Advancements;

(iii) Therapeutic Technology;

(iv) Surgical Technique or Technology;

(v) Pharmaceutical Technology including quality and standardization of drugs, drug development etc.;

(vi) Teaching, Training Methods and Technology;

(vii) Research Methods, Parameters, Equipment and Scales etc.

(viii) Technological advancements, Automation, Software, Artificial Intelligence, Digitalization, Documentation etc.;

(ix) Biomedical Advancements;

(x) Medical equipments;

(xi) any other innovations, advances, technologies and developments that are useful for understanding, validating, teaching, investigations, diagnosis, treatment, prognosis, documentation, standardization and conduction of research in Ayurveda.

(2) There shall be multidisciplinary core committee constituted by National Commission for Indian System of Medicine for the purpose of supplementation of modern advances, scientific and technological developments in Indian System of Medicine, that identify the advances and developments that are suitable and appropriate to include in any one or multiple verticals.

(3) There shall be an expert committee for each verticalconstituted by Board of Ayurveda, to define and suggest the method of adaptation and incorporation of the said advances and developments and also specify the inclusion of the same at under-graduate or post-graduate level and the expert committee shall develop detailed methodology for usage, standard operating procedure and interpretation as required.

(4) Any teaching staff, practitioner, researchers, students and innovators etc. may send their suggestions through a portal specified by National Commission for Indian System of Medicine regarding supplementation of modern advances, scientific and technological developments in Indian System of Medicine and such suggestions shall be placed before core committee for consideration.

(5) The modern advances shall be incorporated with due interpretation of the said advances based on the principles of Ayurveda supported by the studies and after five years of inclusion of such advances in syllabus, they shall be considered as part of Ayurveda and will be defined/described in Ayurvedic terminology.

(6) Once core committee approves the recommendations of the expert committee, National Commission for Indian System of Medicine shall direct the Board of Ayurveda, to include the same in curriculum of under-graduate or post-graduate as specified by expert committee and the commission shall issue guidelines or if required conduct orientation of teachers for incorporation of the recommended modern advancement or scientific and technological development.

(7) The proportion of modern advances with that of Ayurveda teaching content-shall not exceed 40 per cent.

(8) Composition of the Committees for SMASTD-ISM.- There shall be a Core Committee and an Expert Committee for each vertical and the composition of such committees shall be as under-

(a) Composition of SMASTD-ISM Core Committee (Ayurveda):

The SMASTD-ISM shall be eleven-member committee comprises of,-

(i) President, Board of Ayurveda – Chairman;

(ii) two experts from Ayurveda (one expert from Samhita & Siddhanta) – members;

(iii) one expert (either retired or in service) each from CSIR, CCRAS, ICMR, DBT, Technocrat, Biomedical Engineering – member;

(iv) one Educational Technologist – member;

(v) member of Board of Ayurveda - Member Secretary.

Provided that the core committee can co-opt any expert as per the specific needs with due permission of the Chairman, National Commission for Indian System of Medicine.

Terms of Reference.- (i) The term of the committee shall be three years from the date of its constitution.

(ii) The committee shall meet at least twice in a year.

(iii) The committee shall identify any modern advances, scientific and technical developments as listed above that are relevant and applicable to Ayurveda either to,-

(A) understand, validate, or for conduction of research activities in Ayurveda;

(B) useful for diagnosis or prognostication of a specific clinical condition and treatment;

(C) useful for teaching and training;

(D) useful for health care services through Ayurveda.

(iv) The committee shall ensure the applicability of the identified modern advancement or scientific and technical development to basic principles of Ayurveda with the help of the two expert members of Ayurveda.

(vi) To identify and recommend suitable experts for the Expert Committee to develop methodology for identification of modern advance or development.

(vi) To suggest the application of the advances or developments in terms of its usage in specific vertical or to incorporate in under-graduate or post-graduate syllabus etc. as the case may be.

(vii)As the modern science and technology is ever changing, the core committee shall identify the outdated part of the modern science and technology and suggest National Commission for Indian System of Medicine to replace it with the appropriate modern advances.

(b) Composition of Expert Committee (Ayurveda).-

The Expert Committee shall be constituted by Board of Ayurveda comprises of five members as under-

(i) Subject Expert as decided by Board of Ayurveda – Chairman;

(ii) two experts from relevant Ayurveda subjects – members;

(iii) one expert from relevant modern subject – member;

(iv) one expert from teaching technology – member.

Provided that the Expert Committee can co-opt concerned expert in accordance to the selected area with the permission of President, Board of Ayurveda.

Terms of Reference.- (i) The term of the committee shall be three years from the date of its constitution.

(ii) The committee shall meet as many times as per the direction of the President Board of Ayurveda (BOA).

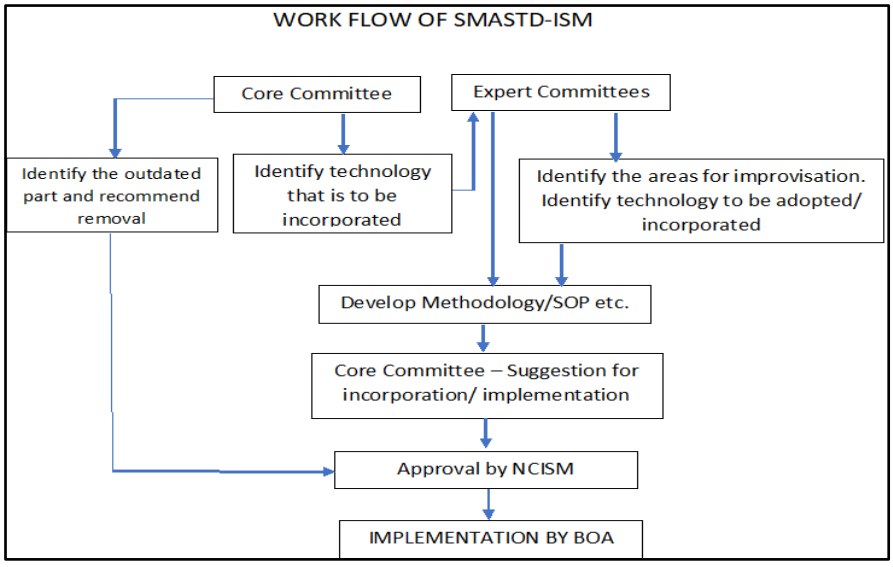
(iii) The committee shall work on the suggestion from the core committee and decide how to incorporate it in the syllabus, its mode of teaching (i.e., lecture/non-lecture) and the assessment with the help of educational technologist.

(iv) The committee shall first understand the application of modern advances that are identified to incorporate and its relevance to the basic principles of Ayurveda.

(v) The committee shall also identify the need of advance technology in Ayurveda particular to that vertical and identify the suitable technology and recommends its usage along with standard operating procedure or methodology.

(vi) The committee shall suggest core committee regarding the modern advances and technology to be included at under-graduate or post-graduate level.

(vii) The work flow of the SMASTD-ISM shall be as under -



11 Examination.- (a) (i)The First Professional examination shall ordinarily be held and completed by the end of First professional session;

(ii) the student who failed in one or two subjects of First Professional shall be allowed to keep terms of the Second Professional session and to appear in Second Professional examination;

(iii) the student who failed in more than two subjects shall not be allowed to keep term in Second Professional session and the subsequent supplementary examination of First Professional shall be held at every six months.

(b) (i) The Second Professional examination shall ordinarily be held and completed by the end of Second Professional session;

(ii) the student who failed in one or two subjects of Second Professional shall be allowed to keep the term of the Third (Final) Professional session;

(iii) the student who failed in more than two subjects shall not be allowed to keep term in Third (Final) Professional session and the subsequent supplementary examinations of Second Professional shall be held every six months.

(c) (i) The Third (Final) Professional examination shall ordinarily be held and completed by the end of Third (Final) Professional session.

(ii) Before appearing for Third (Final) Professional examination the students shall have to pass all the subjects of first and second professional and shall qualify nine electives.

(iii) The subsequent supplementary examination of Third (Final) professional will be held at every six months.

(d) There shall be no separate class for odd batch student (those students who could not keep the term) and the student has to attend the class along with regular batch or with junior batch as applicable.

(e) To become eligible for joining the Compulsory Rotatory Internship programme, all three professional examinations shall be passed and qualified in nine electives within a period of maximum ten years from the date of admission.

(f) The theory examination shall have twenty per cent. marks for Multiple Choice Questions (MCQ), forty per cent. marks for Short Answer Questions (SAQ) and forty per cent. marks for Long Explanatory Answer Questions (LAQ) and these questions shall cover the entire syllabus of the subject.

(g) The minimum marks required for passing the examination shall be fifty per cent. intheorycomponent and fifty percent in practicalcomponent (that include practical, clinical, viva-voce, internal assessment and electives wherever applicable) separately in each subject.

(h) **Evaluation of Electives.-** Electives shall be evaluated in terms of attendance and assessment and on the basis of evaluation, the student shall be awarded credits as well as grades as under-

(i) one credit shall be awarded for attending minimum five hours of a modular programme and a student can earn maximum five credits for each elective;

(ii) Assessment shall be conducted at the end of each module and average of five modular assessments shall be considered for grading i.e., up to 25 per cent. Bronze; 26-50 per cent. Silver; 51-75 per cent. Gold; 76 per cent. and above Platinum.

(iii) The structure of elective shall be as per the following table, namely:-

Table - 6

(Structure of Elective)

<table>
<tr><td colspan="6">Each Elective: Five Modules of Nine Hours Each (5*9=45)</td></tr>
<tr><td rowspan="2">Sl.No.</td><td rowspan="2">Component</td><td colspan="2">Duration (Hours)</td><td>Credits</td><td>Grades</td></tr>
<tr><td>Module</td><td>Elective</td><td rowspan="5">One Credit for attending minimum of five hours of each modular programme. Maximum five credits</td><td rowspan="5">Grade is awarded on the basis of average of all five modular assessments.
Bronze: <25 per cent.
Silver: 26-50 per cent.
Gold: 51-75 per cent.
Platinum: 76 per cent. & above.</td></tr>
<tr><td>1</td><td>Teaching</td><td>5</td><td>25</td></tr>
<tr><td>2</td><td>Guided Learning</td><td>2</td><td>10</td></tr>
<tr><td>3</td><td>Expert Interaction/ Reflection</td><td>1</td><td>5</td></tr>
<tr><td>4</td><td>Assessment</td><td>1</td><td>5</td></tr>
</table>

(iv) (a) Student shall have to qualify (obtaining any grade) minimum of three elective subjects for each professional session.

(b) List of elective subjects shall be made available under three sets (A, B and C) for each professional session i.e., sets FA, FB and FC for first professional B.A.M.S.; sets SA, SB and SC for second professional B.A.M.S.; sets TA, TB and TC for third professional B.A.M.S.

(c) Student may opt any one elective as per their choice from each set specified for respective professional B.A.M.S.

(d) Weightage of two marks for each credit and maximum of ten marks shall be awarded for each elective.

(e) These elective marks shall be added to the viva-voce marks of respective subjects as specified in these regulations.

(f) Apart from three mandatory electives for each profession, students have freedom to choose and qualify as many numbers of additional electives as per their interest.

(g) Marks weightage shall be only for three electives per professional session i.e., one elective subject from each set of respective professional session.

(h) A separate online certificate shall be generated for each elective mentioning credits earned and grades obtained.

(v) The examination branch of the institution shall compile the marks of electives obtained by students as specified above and submit to university through the Head of the Institution so that the university shall add the same in viva-voce of respective subjects as shown in ***Tables 11, 13 & 15.***

(i) (i) A candidate obtaining sixty-five per cent. and above marks shall be awarded first class in the subject and seventy–five percent and above marks shall be awarded distinction in the subject.

(ii) The award of class and distinction shall not be applicable for supplementary examinations.

(j) (i) Each student shall be required to maintain minimum seventy-five percent attendance in each subject in theory (i.e., lecture hours) practicaland clinicals (i.e., non-lecture hours) separately for appearing in examination.

(iii) Where the institute maintains physical attendance register, it shall be recorded in cumulative numbering method as per ***Annexure-iv***and at end of the course/term/ part of the course, after obtaining each student signature the same is to be certified by respective Head of the Department and approved by Head of the Institute.

(iv) The approved attendance shall be forwarded to university.

(k) If a student fails to appear in regular examination for cognitive reasons, he may appear in supplementary examination as regular student and his non-appearance in regular examination shall not be treated as an attempt.

(l) Notwithstanding anything contained in these regulations,-

(i) Clause 11(e) shall be applicable to the student who admitted under Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Regulations, 1986, except electives and as per section 3 of SCHEDULE I (as amended vide notification no. 24-14/2016 (U.G. Regulation) Regulations, 2016) with 4 professionals.

(ii) Student who got admitted under Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Regulations, 1986, the maximum number of chances and maximum period of years to pass respective professional examination as laid down under the clauses 6(1)(c), 2(¢), 3(c), 4(d), and 4(e) of SCHEDULEI (as amended vide notification no. 24-14/2016 (U.G. Regulation) Regulations, 2016) shall not be applicable.

12 Assessment.-Assessment of students shall be in the form of Formative and Summative Assessments as under-

(a) **Formative Assessment.-** Students shall be assessed periodically to assess their performance in the class, determine the understanding of programme material and their learning outcome in the following manner, namely:-

(i) Periodical Assessment shall be carried out at the end of teaching of a topic or module or a particular portion of syllabus and the evaluation methods as per the following table may be adopted as suits to the content, namely:

Table-7

Sl. No.	Evaluation Method
1.	Practical / Clinical Performance
2.	Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions)

3.	Open Book Test (Problem Based)
4.	Summary Writing (Research Papers/ Samhitas)
5.	Class Presentations; Work Book Maintenance
6.	Problem Based Assignment
7.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion (CBD)
8.	Extra-curricular Activities, (Social Work, Public Awareness, Surveillance Activities, Sports or Other Activities which may be decided by the department).
9.	Small Project;

(Evaluation methods for periodical assessment)

(ii) (a) internal evaluation shall be conducted by the College and Institute at the end of six months (First Term Test) for thirty per cent. of the syllabus and at twelve months (Second Term Test) for forty per cent. new part of the syllabus.

(b) The remaining thirty per cent. of syllabus shall be completed in the last six months (Third Term) before university examination;

(iii) there shall be minimum three periodical assessments for each subject before First Term Test (ordinarily at 6th month of respective professional B.A.M.S.) minimum of three periodical assessment before Second Term Test (ordinarily at 12th month of respective professional B.A.M.S.) and minimum of three periodical assessments before final university examinations (Summative Assessment) of respective professional B.A.M.S.

(iv) the scheme and calculation of assessment shall be as per the following tables, namely:-

Table-8

[Scheme of Assessment (Formative and Summative)]

Sl.No.	Professional Course	Duration of Professional Course		
		First Term (1-6 Months)	Second Term (7-12 Months)	Third Term (13-18 Months)
1	First Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE
2	Second Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE
3	Third Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE

PA: Periodical Assessment; TT: Term Test; UE: University Examinations

Table - 9

(Example for Internal Assessment for the subject having 30 marks)

Term	Periodical Assessment					Term Test	Term Assessment	
	A	B	C	D	E	F	G	H
	1 (15)	2 (15)	3 (15)	Average (A+B+C/3)	Converted to 30 (D/45*30)	Term Test (30)	Sub Total	Term Assessment
FIRST							E+F	E+F/2

SECOND							E+F	E+F/2
THIRD						NIL	E	E
Final IA	Average of Three Term Assessment Marks as Shown in 'H' Column							

Maximum Marks in Parentheses

(c) **Summative Assessment.-**(i) Final university examinations conducted at the end of each professional B.A.M.S. shall be the Summative Assessment.

(ii) There shall be double valuation system and shall be no provision for revaluation.

(iii) There shall be two examiner (one internal and one external) for university practical/clinical/viva voca examinations.

(iv) While declaring the results of Summative Assessment, Internal Assessment component and Elective marks shall be considered as per the distribution of marks pattern provided in ***Tables 11, 13 & 15.***

13 The Profession wise Subjects, Number of Papers, Teaching Hours and Marks Distribution shall be as per the following tables, namely:-

Table-10

(Teaching Hours for First Professional B.A.M.S. Subjects)

First Professional B.A.M.S. Working days=320, Teaching hours=1920 Induction Programme=15 Working days (90 hours) Remaining days/Hours=320-15=305 Days/1830 Hours			
Subject Code	**Number of teaching hours**		
	Lectures	**Non-Lectures**	**Total**
AyUG-SN & AI	100	200	300
AyUG-PV	90	140	230
AyUG-KS	150	250	400
AyUG-RS	180	320	500
AyUG-SA1	140	260	400
Total	**660**	**1170**	**1830**

Table-11

(Number of Papers and Marks Distribution for First Professional B.A.M.S. Subjects)

Sl.No.	**Subject Code**	**Papers**	**Theory**	**Practical or Clinical Assessment**					**Grand Total**
				Practical/ Clinical	**Viva**	**Electives**	**IA**	**Sub Total**	
1.	AyUG-SN & AI	2	200	-	75*	10 (Set-FA)	15	100	300
2.	AyUG-PV	2	200	100	60	10 (Set-FB)	30	200	400
3.	AyUG-KS	2	200	100	70	-	30	200	400
4.	AyUG-RS	2	200	100	70	-	30	200	400

5.	AyUG-SA1	1	100	-	75	10 (Set-FC)	15	100	200
								Grand Total	**1700**

*Viva voce examination shall be for Sanskrit and not for Ayurved Ithihasa

(Set-FA, FB, FC – sets of Electives for First Professional B.A.M.S.)

Table -12

(Teaching Hours for Second Professional B.A.M.S. Subjects)

Sl.No.	Subject Code	Number of teaching hours		
		Lectures	Non-Lectures	Total
1.	AyUG-DG	150	250	400
2.	AyUG-RB	150	300	450
3.	AyUG-RN	150	300	450
4.	AyUG-AT	100	200	300
5.	AyUG-SA2	100	140	240
6.	AyUG-SW	150	250	400
	Total	**800**	**1440**	**2240**

Table-13

(Number of Papers and Marks Distribution for Second Professional B.A.M.S. Subjects)

Sl. No.	Subject Code	Papers	Theory	Practical or Clinical Assessment					
				Practical or Clinical	Viva	Elective	IA	Sub Total	Grand Total
1.	AyUG-DG	**2**	**200**	**100**	**70**	**-**	**30**	**200**	**400**
2.	AyUG-RB	**2**	**200**	**100**	**70**	**-**	**30**	**200**	**400**
3.	AyUG-RN	**2**	**200**	**100**	**70**	**-**	**30**	**200**	**400**
4.	AyUG-AT	**1**	**100**	**100**	**60**	**10 (Set-SA)**	**30**	**200**	**300**
5.	AyUG-SA2	**1**	**100**	**-**	**75**	**10 (Set-SB)**	**15**	**100**	**200**
6.	AyUG-SW	**2**	**200**	**100**	**60**	**10 (Set-SC)**	**30**	**200**	**400**
							Grand Total		**2100**

(Set-SA, SB, SC – sets of Electives for Second Professional B.A.M.S.)

Table-14

(Teaching Hours for Third Professional B.A.M.S. Subjects)

Third Professional B.A.M.S. *Working days=320, Teaching hours=2240*				
Sl.No.	**Subject Code**	**Number of teaching hours**		
		Lectures	**Non-Lectures**	**Total**
1	AyUG-KC	150	300	450
2	AyUG-PK	100	200	300
3	AyUG-ST	125	250	375
4	AyUG-SL	100	200	300

5	AyUG-PS	100	175	275
6	AyUG-KB	100	175	275
7	AyUG-SA3	50	100	150
8	AyUG-RM	25	50	75
9	AyUG-EM	--	40	40
Total		**750**	**1490**	**2240**

Table- 15

(Number of Papers and Marks Distribution for Third Professional B.A.M.S. Subjects)

Sl.No.	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
				Practical or Clinical	Viva	Electives	IA	Sub Total	
1	AyUG-KC	3	300	100	70	-	30	200	500
2	AyUG-PK	1	100	100	70	-	30	200	300
3	AyUG-ST	2	200	100	70	-	30	200	400
4	AyUG-SL	2	200	100	70	-	30	200	400
5	AyUG-PS	2	200	100	60	10 (Set-TA)	30	200	400
6	AyUG-KB	1	100	100	60	10 (Set-TB)	30	200	300
7	AyUG-SA3	1	100	-	75	10 (Set-TC)	15	100	200
8	AyUG-RM	1	50	-	-	-	-	-	50
								Grand Total	**2550**

(Set-TA, TB, TC – sets of Electives for Third Professional B.A.M.S.)

14 Migration of student during the study.-(1) The students may be allowed to take the migration to continue their study to another college after passing the First Professional examination, but failed student's transfer and mid-term migration shall not be allowed.

(2) For migration, the students shall have to obtain the mutual consent of both colleges and universities and it shall be against the vacant seat.

15 Compulsory Rotatory Internship.- (a) (i)The duration of Compulsory Rotatory Internship including Internship Orientation Programme shall be one year and ordinarily commence on **first working day of April for regular batch students and first working day of October for supplementary batch students.**

(ii)The student shall be eligible to join the Compulsory Internship programme after passing all the subjects from First to Third (Final) Professional examination including nine electives and after getting Provisional Degree Certificate from respective universities and Provisional Registration Certificates from respective State Board or Council for Compulsory Rotatory Internship.

(d) Stipend: During internship, to the interns belonging to Central Government, State Government and Union territory institution, the stipend shall be paid at par with other medical systems under respective government and there shall not be any discrepancy between medical systems.

(e) Migration during Internship.- (i) Migration of internship shall be with the consent of both the colleges and university; in the case where migration is between the colleges of two different universities.

(ii) If migration is only between colleges of the same university, the consent of both the colleges shall be required.

(iii) Migration shall be accepted by the university on the production of the character certificate issued by the institute or college and the application forwarded by the college and university with a 'No Objection Certificate' as the case may be.

(f) Orientation Programme.- (i) The interns shall mandatorily attend an orientation programme regarding internship and it shall be the responsibility of the teaching institution to conduct the orientation before the commencement of the internship.

(ii) The orientation shall be conducted with an intention to make the intern to acquire the requisite knowledge about the Rules and Regulations of the Medical Practice and Profession, Medical Ethics, Medico-Legal Aspects, Medical Records, Medical Insurance, Medical Certification, Communication Skills, Conduct and Etiquette, National and State Health Care Programme.

(iii) The orientation workshop shall be organised at the beginning of internship and a e-logbook shall be maintained by each intern, in which the intern shall enter date-wise details of activities undertaken by him during orientation.

(iv) The period of orientation shall be seven days.

(v) The manual for conducting the orientation as prescribed from time to time by the National Commission for Indian System of Medicine shall be followed.

(e) Activities during Internship.- (i) The daily working hours of intern shall be not less than eight hours; the intern shall maintain a e-logbook containing all the activities undertaken by intern during internship.

(ii) Normally one-year internship shall be as under-

(A) Option I.-Divided into clinical training of six months in the Ayurveda hospital attached to the college and six months in Primary Health Centre or Community Health Centre or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Ayurveda Medicine or NABH (National Accreditation Board for Hospitals) accredited private hospital of Ayurveda. Only OPD based clinics having NABH accreditation shall not be eligible for internship.

(B) Option II.- All twelve months in Ayurveda hospital attached to the college.

(iii) The clinical training of six or twelve months, as case may be, in the Ayurveda hospital attached to the college or in non-teaching hospitals laid down by the National Commission for Indian System of Medicine shall be conducted as per the following table, namely:-

Table-16

(Distribution of Internship duration at Ayurveda Teaching Hospital, attached to the college)

Sl. No.	Departments	Option I	Option II
1	Kayachikitsa OPD including Manas Roga, Rasyan and Vajikarana, Swasthavritta and Yoga,AtyayikChkitisa, related specialties and respective IPD	1.5 months	3 months
2	ShalyaOPD including OT, related specialtiesand respective IPD	1 month	2 months
3	Shalakya OPD, related specialties including OT, Kriayakalpa and respective IPD	3 weeks	1.5 months
4	StrirogevamPrasutiOPD related specialties including OT and respective IPD	3 weeks	1.5 months
5	Kaumarbhritya OPD related specialties including NICU, pediatric Panchakarma and respective IPD	0.5 month	1 month

6	Panchakarma OPD related specialties, Panchakarma therapy rooms and respective IPD	1 month	2 months
7	Visha Chikitsa OPD any other specialties, respective IPD, screening OPD, Pathya unit etc. (as per choice of internee)	0.5 month	1 month
8	Primary Health Centre or Community Health Centre or Rural Hospital or District Hospital or Civil Hospital etc.	6 months	-

(iv) (a) The interns shall be posted in any of the following centers where, National Health Programme are being implemented and these postings shall be to get oriented and acquaint the knowledge of implementation of National Health Programme in regard to,-

(A) Primary Health Centre;

(B) community Health Centre or Civil Hospital or District Hospital;

(C) any recognised or approved hospital of Modern Medicine;

(D) any recognised or approved Ayurvedic Hospital or Dispensary;

(E) in a clinical unit of Central Council for Research in Ayurvedic Sciences;

(b) all the above institutes mentioned in clauses (A) to (E) shall have to be recognised by the concerned University or Government designated authority for taking such a training.

(v) The intern shall undertake the following activities in respective department in the hospital attached to the college, namely:-

(A) **Kayachikitsa.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) all routine works such as case taking, investigations, diagnosis and management of common diseases by Ayurvedic medicine;

(ii) routine clinical pathological work such as hemoglobin estimation, complete haemogram, urine analysis, microscopic examination of blood parasites, sputum examination, stool examination, Mutra evam Mala pariksha by Ayurvedic method, interpretation of laboratory data and clinical findings and arriving at a diagnosis and all pathological and radiological investigational useful for monitoring the deterioration of different disease conditions;

(iii) training in routine ward procedures and supervision of patients in respect of their diet, habits and verification of medicine schedule.

(B) **Panchakarma.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) Panchakarma &Upakarma procedures and techniques regarding Purva Karma, Pradhan Karma and Pashchat Karma;

(ii) management of procedural complications, counselling of patients for procedures, maintenance of therapy rooms etc.

(C) **Shalya Tantra.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) clinical examination, Diagnosis and Management of common surgical disorders according to Ayurvedic principles;

(ii) management of certain surgical emergencies such as fractures and dislocations, acute abdomen;

(iii) practical training of aseptic and antiseptics techniques, sterilisation;

(iv) intern shall be involved in pre-operative and post-operative managements;

(v) practical use of local anesthetic techniques and use of anesthetic drugs;

(vi) radiological procedures, clinical interpretation of X-ray, Intra Venous Pyelogram, Barium meal, Sonography and Electro Cardio Gram;

(vii) surgical procedures and routine ward techniques such as-

(a) suturing of fresh injuries;

(b) dressing of wounds, burns, ulcers and similar ailments;

(c) incision and drainage of abscesses;

(d) excision of cysts;

(e) venesection;

(f) application of Ksharasutra in ano-rectal diseases; and

(g) rakthamokshana, Agnikarma, Ksharakarma

(D) **ShalakyaTantra.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) diagnosis and management of common surgical disorders according to Ayurvedic principles;

(ii) intern shall be involved in Pre-operative and Post-operative managements;

(iii) surgical procedures in Ear, Nose, Throat, Dental problems, Ophthalmic problems;

(iv) examinations of Eye, Ear, Nose, Throat and Refractive Error with the supportive instruments in Out-Patient Department; and

(v) all kriyakalpas, Nasya, Raktamokshan, Karnapuran, Shirodhara, Putpak, Kawal, Gandush at Out-Patient and In patient Department level.

(E) **Prasuti Tantra & Stree Roga.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) antenatal and post-natal problems and their remedies, antenatal and post-natal care;

(ii) management of normal and abnormal labours; and

(iii) minor and major obstetric surgical procedures including Yoni Purna, Yoni Pichu, Uttarbasti etc.

(iv) all routine works such as case taking, investigations, diagnosis and management of common striroga by Ayurvedic medicine;

(v) screening of common carcinomatous conditions in women.

(F) **Kaumarbhritya:** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) Care of new born along with immunization programme including Svarnaprashana:

(ii) Important pediatric problems and their Ayurvedic management;

(iii) panchakarma in children.

(G) **Swasthavritta and Yoga.-** The intern shall be practically trained to acquaint with and to make him competent to deal with following, namely:-

(i) programme of prevention and control of locally prevalent endemic diseases including nutritional disorders, immunisation, management of infectious diseases, etc.;

(ii) family welfare planning programme;

(iii) aahar and Vihar Parikalpana including dinacharya, sadvritta (Life style and diet counseling daily seasonal routines); and

(iv) practice of Ashtang Yoga.

(H) **Atyayikchkitisa (Emergency or Casualty Management).-** The intern shall be practically trained to acquaint with and to make him competent to deal with all emergency conditions and participate actively in casualty section of the hospital in identification of casualty and trauma cases and their first aid treatment and also procedure for referring such cases to the identified hospitals.

(vi) Theintern shall complete online programme on public health as laid down by the National Commission for Indian System of Medicine (NCISM), in addition to their regular duties.

(vii) The internship training in Primary Health Centre or Community Center or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of modern medicine or Ayurvedic Hospital or Dispensary.- During the six months internship training in Primary Health Centre or Rural Hospital or Community Health Centre or District Hospital or any recognised or approved hospital of Modern Medicine or Ayurvedic Hospital or Dispensary, the interns shall-

(A) get acquainted with routine of the Primary Health Centre and maintenance of their records;

(B) get acquainted with the diseases more prevalent in rural and remote areas and their management;

(C) involve in teaching of health care methods to rural population and also various immunization programme;

(D) get acquainted with the routine working of the medical or non-medical staff of Primary Health Centre and be always in contact with the staff in this period;

(E) get familiarised with the work of maintaining the relevant register like daily patient register, family planning register, surgical register, etc. and take active participation in different Government health schemes or programme;

(F) participate actively in different National Health Programme implemented by the State Government.

(viii) **Electronic Logbook.-** (a) It shall be compulsory for an intern to maintain the record of procedures done/assisted/observed by him on day-to-day basis in a specified e-logbook and the intern shall maintain a record of work, which is to be verified and certified by the Medical Officer or Head of the Unit or Department under whom he works.

(b) Failure to produce e-logbook, complete in all respects duly certified by the concerned authority to the Dean/Principal/Director at the end of Internship Training Programme, may result in cancellation of his performance in any or all disciplines of Internship Training Programme.

(c) The institution shall retain soft copy of the completed and certified e-logbook and is to be made available for verification.

(ix) **Evaluation of Internship.-** (A) The evaluation system shall assess the skills of a candidate while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures will enable the candidates to conduct the same in his actual practice.

(B) The evaluation shall be carried out by respective Head of Department at the end of each posting and the reports shall be submitted to Head of the institute in Form-1 under ***Annexure-i***

(C) On completion of one year of compulsory rotatory internship including online course on Public Health, the Head of the Institute evaluate all the assessment reports in the prescribed Form-1 under ***Annexure-i*****,** provided by various Head of the Department at the end of respective posting and if found satisfactory, the intern shall be issued Internship Completion Certificate in Form-2 under ***Annexure-ii*** within seven working days.

(D) If a candidate's performance is declared as unsatisfactory upon obtaining below fifteen marks as per Form-2 under ***Annexure-ii*** or less than fifty per cent. of marks, in an assessment in any of the departments he shall be required to repeat the posting in the respective department for a period of thirty per cent. of the total number of days, laid down for that department in Internship Training and posting.

(E) Candidate shall have the right to register his grievance in any aspects of conduct of evaluation and award of marks, separately to the concerned Head of the Department and Head of the Institution,

within three days from the date of completion of his evaluation, and on receipt of such grievance, the Head of the Institution in consultation with the Head of the concerned department shall redress and dispose of the grievance in an amicable manner within seven working days.

(x) Leave for interns.- (A) During compulsory rotatory internship of one year, twelve leaves are permitted and any kind of absence beyond twelve days shall be extended accordingly.

(B) Intern cannot take more than six days including prefix or suffix of any kind of holidays leave at a time.

(xi) Completion of internship: If any delay in the commencement of internship or abnormal break during internship due to unavoidable conditions, in such cases internship period shall be completed within maximum period of three years from the date of passing the qualifying examination of Third (Final) Professional B.A.M.S including First and Second Professional subjects and nine electives, specified as eligibility for internship:

Provided that in such cases, the student shall get prior permission from the head of the institution in written with all supporting documents and it shall be the responsibility of the head of the institution to scrutiny the documents, and assess the genuine nature of the request before issuing permission letter and while joining internship, the student shall submit the request letter along with supporting documents, and all necessary documents as mentioned in the sub-regulation (a) and undergo the internship orientation programme as mentioned in the sub-regulation (d).

16 Tuition Fee.-Tuition fee as laid down and fixed by respective governing or fee fixation committees as applicable shall be charged for four and half years only and no tuition fee shall be charged for extended duration of study in case of failing in examinations or by any other reasons and there shall not be any fee for internship doing in the same institute.

17 Qualifications and experience for teaching staff.- (a) Essential qualification.- (i)a Bachelor Degree in Ayurveda from a university or its equivalent as recognised by the Central Council of Indian Medicine or National Commission for Indian System of Medicine under the Act;

(ii) a Post-graduate qualification in Ayurveda in the concerned subject or specialty from a university recognised by Central Council of Indian Medicine or National Commission for Indian System of Medicine under the Act;

(iii) a valid registration with the concerned State Board or Council where he is employed or a valid Central or National Registration Certificate issued by Central Council of Indian Medicine or National Commission for Indian System of Medicine;

"This is not applicable for teachers of non-medical qualifications,"

(iv) Qualification for teacher of Sanskrit shall be a post-graduate degree in Sanskrit recognised by the University Grants Commission and a candidate with Bachelor of Ayurvedic Medicine and Surgery qualification at under graduate level and M.A. (Regular) in Sanskrit shall be given priority.

(v) The teachers having Bachelor Degree in Ayurveda medicine and having post-graduation in relevant modern science disciplines as referred to clause (h) of section 2 of Act, and as mentioned in section 10 of these regulations and having University Grants Commission/Council of Scientific and Industrial Research/Indian Council of Medical Research National Eligibility Test qualification shall be eligible to appoint without qualifying the National Teachers Eligibility Test.

(vi) Teacher with the following qualifications obtained from a recognised university or institution may be appointed in respective departments as per following table, namely: -

Table-17

(Qualifications and Departments for Appointment)

Sl.No.	Qualification	Department
1	B.A.M.S. and MSc Anatomy	Rachana Sharira
2	B.A.M.S. and MSc Physiology	Kriya Sharira

3	B.A.M.S. and MPH	Swasthavritta & Yoga
4	B.A.M.S. and MSc Ayurbiology	Samhita & Siddhanta

Teachers with above qualifications shall not be more than one in specified departments.

(b) Experience.- (i) For post of Professor.-

(A) Ten years of teaching experience as regular teacher in the concerned subject or five years teaching experience as Associate Professor (Reader) on regular basis in the concerned subject; or

(B) Ten years research experience as fulltime researcher (after possessing Post-graduate qualification in the concerned subject) in Research Councils of Central Government or State Government or Union territory or University or National Institution or National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited Research Laboratory or ten years of experience in regular service (after possessing Post-graduate qualification in the concerned subject) in Central Government Health Services or State Government Health services, Ministry of Ayush or ten years of experience (after possessing Post-graduate qualification in the concerned subject) as Assistant Registrar or Registrar in Central Council of Indian Medicinehaving qualified National Teachers Eligibility Test from the date it is operational and with any one of the following three criteria, namely:- (i) Minimum of five research articles published in index journals (UGC-CARE, PubMed, Web of Science, Science Citation Index, SCOPUS); or

(ii) Minimum of three research articles published in index journals (UGC-CARE, PubMed, Web of Science, Science Citation Index, SCOPUS) and one Published book or Manual relevant to Ayurveda; or

(iii) Investigator for any major research project (duration of the project three years and above as per the sanctioned letter); and

(iv) Having post-graduate qualification in concerned subject except in the subjects or specialty of Shalya, Shalakya and Stree Rog evam Prasuti tantra:

provided that the in-service candidate shall have completed his post-graduation in concerned subject before the completion of forty-five years of his age.

(ii) For post of Associate Professor.-

(A) Five years of teaching experience as regular teacher in the concerned subject; or

(B) Five years of research experience as fulltime researcher (after possessing Post-graduate qualification in the concerned subject) in Research Councils of Central Government or State Government or Union territory or University or National Institutions or National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited Research Laboratories or five years of experience in regular service (after possessing Post-graduate qualification in the concerned subject) in Central Government Health Services or State Government Health services, Ministry of Ayush or five years of experience (after possessing Post-graduate qualification in the concerned subject) as Assistant Registrar or Registrar in Central Council of Indian Medicine having qualified National Teachers Eligibility Test from the date it is operational and with any one of the following three criteria, namely:- (i) minimum of three research articles published in indexed journals (UGC-CARE, PubMed, Web of Science, Science Citation Index, Scopus); or

(ii) Minimum of one research article published in indexed journals (UGC-CARE, PubMed, Web of Science, Science Citation Index, Scopus) and one Published book or Manual relevant to Ayurveda; or

(iii) Investigator for any major research project (duration of the project three years and above as per the sanctioned letter) or minor research project (duration of the project less than three years as per the sanctioned letter); and

(iv) Having post-graduate qualification in concerned subject except in the subjects or specialty of Shalya, Shalakya and Stree Rog evam Prasuti tantra:

Provided that the in-service candidate shall have completed his post-graduation in concerned subject before the completion of forty-five years of his age.

(iii) For post of Assistant Professor.- No teaching experience shall be required but, the age shall not exceed forty-five years at the time of first appointment.

(iv) Qualification for teacher of Research Methodology and Medical Statistics shall be a post-graduate degree in Medical Statistics or Biostatistics or Epidemiology or other relevant discipline of Research Methodology or Medical Statistics:

Provided that the post-graduates of Ayurveda, who have studied Research Methodology or Medical Statistics as one of the subjects in their post-graduation, and the post-graduates of Ayurveda, who have successfully completed the online course in Research Methodology or Medical Statistics conducted by the National Institute of Epidemiology of Indian Council of Medical Research shall also be eligible to teach the subject of Research Methodology and Medical Statistics and shall be given preference at the time of appointment and the teacher of Research Methodology and Medical Statistics can be appointed on part time basis and shall work under the department of Swasthavritta and Yoga and such part time teachers shall not be provided teachers code.

(v) Qualification for Yoga instructor (full time) shall be minimum a graduate degree in Yoga and shall work under department of Swasthvritta and Yoga. Post graduate in Swasthavritta shall also be eligible for the same. There shall not be teacher code for the post of instructor.

(vi) Teachers appointed with qualifications of MSc Anatomy, MSc Physiology, MPH and MSc Ayurbiology including Sanskrit teacher as Assistant Professors or Lecturers will be eligible for the post of Reader or Associate Professor after seven years of experience and twelve years of teaching experience for the post of Professor and such teachers shall not be eligible for the post of Head of the Department as well as Head of the Institution.

(vii) The research experience of Doctor of Philosophy (PhD).- The actual research duration i.e., the date of joining to the date of submission of thesis and not more than three years shall be considered as teaching experience and PhD seat allotment letter, Proof of joining to full-time PhD programme and proof of submission of thesis to the university shall be considered as evidence in this regard.

(viii) Temporary appointment or temporary promotion of teacher shall not be considered for eligibility.

(ix) In case of deputation of Medical Officer as teacher, it shall be with qualifications, designations and experience as specified in this regulation and the deputation shall not be less than three years and any emergency withdrawal shall be after proper replacement or alternate arrangement.

(x) The teachers got appointed in allied subjects, if desires to return to parent department, they may return within three years from the date of notification of this regulation and in such case, the allied subject experience of National Commission for Indian System of Medicine approved teachers shall be considered as regular experience in parent department and the National Commission for Indian System of Medicine approved teachers who remained in allied subjects shall be considered as regular teacher of respective department and eligible for promotion as regular teacher as specified in this regulation.

(c) Qualification and experience for Post of Head of the Institution.- The qualification and experience for the post of Head of the Institution (Principal or Dean or Director) shall be the same qualification and experience as specified for the post of Professor with minimum three years of administrative experience (Vice Principal or Head of the Department or Deputy Medical Superintendent or Medical Superintendent etc.)

(d) Salary.- (a) For the teacher of Government or Government aided institution or Government Deemed University**.-** The Salary and allowances including Non Practicing Allowance as applicable shall be paid to the teacher at par with the norms laid down by the Central Government or University Grants Commission or the State Government or Union territory as the case may be and there shall not be any discrepancy of salary structure between medical systems.

(b) For the teacher of self-financing college including Central Private deemed University or State Private deemed university**.-** (i) The minimum basic pay shall be as per the following table, namely:-

Table-18

(Minimum Monthly Salary)

Sl.No.	Post	Pay scale
1.	Assistant Professor	Pay Level-10, Pay Matrix Rs. 56,100-1,77,500 (as per 7th CPC)
2.	Associate Professor	Pay Level-12, Pay Matrix Rs. 78,800-2,09,200 (as per 7th CPC)
3.	Professor	Pay Level-13, Pay Matrix Rs. 1,23,100-2,15,900 (as per 7th CPC)
4.	Head of the Institution	Pay Level-13A, Pay Matrix Rs. 1,31,100-2,16,600 (as per 7th CPC)

(ii) (a) This shall be the minimum prescribed salary and shall not be restrictive for higher salary structure.

(b) Monthly salary shall be paid along with applicable allowances as per respective employers policy and annual increment with respect to the year of experience to the concerned cadre or post.

(c) The institute which is already paying higher salary structure shall continue with the same.

(d) Corresponding Pay structure as applicable shall be adopted as and when Central Pay Commission (CPC) revises pay scales.

(c) The Salary shall be credited to the salary account through bank transfer and necessary facilities to the teacher such as, Provident Fund or Employees' State Insurance, etc. shall be provided by the college and Income Tax deduction certificate such as form 16 shall be issued by the college to the teacher as per the norms.

(d) The college shall issue appointment and promotion order in which the details such as salary, notice period for resignation, minimum attendance to be maintained by the teacher shall be clearly mentioned.

(e) Age of superannuation of teacher.-The age of superannuation of teachers shall be as per the order of the Central Government or State Government or Union territory and the retired teachers, fulfilling the eligibility norms of teachers may be re-employed up to the age of sixty-five years as fulltime teacher.

(f) Unique teacher's code.-(i) A unique teacher's code for all eligible teachers, shall be allotted by the National Commission for Indian System of Medicine after their appointment in the college through an Online Teachers Management System on application within seven working days from the date of joining and the Promotion or Relieving or Transfer of Department of all such teachers shall be facilitated and monitored through the Online Teachers Management System (OTMS).

(ii) Institute and Teacher shall update profile in the Online Teachers Management System (OTMS) from time to time with respect to promotion, department transfer, relieving etc.

(g) The Commission shall have the power to withdraw the teacher's code on ethical and disciplinary grounds.

(h) The Commission shall have the power to withdraw or withheld the teacher's code if the teacher discontinues the teaching profession or not joined any institution for any reason and he may rejoin the teaching profession with the same teacher's code after completing the procedure as specified by National Commission for Indian System of Medicine from time to time.

(i) **Attendance of teacher.-** The teacher shall abide by the guidelines and mandates as laid down by the National Commission for Indian System of Medicine from time to time and shall have at least 75 per cent. of attendance during the working days of every calendar year.

(j) **Development and Training of Faculty Member.-** Once in every three years teachers shall undergo Medical Education Technology (MET) or Quality Improvement Programme (QIP) conducted by National Commission for Indian System of Medicine or designated authority

18 Appointment of examiner In Ayurveda.-No person other than regular or retired teacher with minimum five years of teaching experience in the concerned subject shall be considered eligible for examinership and the maximum age limit of Examiner shall be sixty-five years.

Note:

(a) The post-graduate degree holder in the old nomenclature, namely, Ayurveda Vachaspati-Ayurveda Sidhant, Ayurveda Vachaspati- Ayurved Samhita, Ayurveda Vachaspati- Kriya Sharir (Dosha-Dhatu-Mala Vigyana) and Ayurveda Vachaspati-Bhaishajya Kalpana as mentioned in Post-graduate Education Regulations, 2005, may be appointed in the concerned department like, holder of Dosha Dhatu Malavigyana in the department of Kriya Sharira, holder of Samhita or Siddhant in the department of Samhita and Basic Principles of Ayurveda, holder of Bhaishajya Kalpana in the department of Rasa Shastra evamBhaishajya Kalpana and similarly, the post-graduate degree holder in the old nomenclature, namely, Ayurveda Dhanvantri - Shalya - Samanya, Ayurveda Dhanvantri – Kshar Karma evamAnushastra Karma, Ayurveda Dhanvantri – Shalakya – Netra Roga, Ayurveda Dhanvantri – Shalakya – Shiro- Nasa Karna evam Kantha Roga, Ayurveda Dhanvantri – Shalakya – DantaevamMukhaRoga, Ayurveda Vachaspati-Sangyaharan, Ayurveda Vachaspati- ChhayaevamVikiran Vigyan, Ayurveda Dhanvantri – Asthi Sandhi and MarmagatRoga and Ayurveda Vachaspati- SwasthaVritta and Yoga as mentioned in Post-graduate Education Regulations, 2012, may be appointed in the concerned department like, holder of Shalya - Samanya in the department of Shalya, holder of Kshar Karma evamAnushastra Karma in the department of Shalya, holder of Shalakya – Netra Roga in the department of Shalakya, holder of Shalakya – Shiro- Nasa Karna evam Kantha Roga in the department of Shalakya, holder of Shalakya – DantaevamMukhaRoga in the department of Shalakya, holder of Sangyaharan in the department of Shalya, holder of ChhayaevamVikiran Vigyan in the department of RogNidan, holder of Asthi Sandhi and MarmagatRoga in the department of Shalya and holder of Swasthavritta and Yoga in the department of Swasthavritta.

(b) The post-graduate degree holder of newly developed specialty, namely, Ayurveda Vachaspati-Yoga as mentioned in Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016 may be appointed in the department of Swasthavritta and Yoga. Post-graduate holders of Rasayana & Vajikarana and Manasaroga may be appointed in Kayachikitsa.

RAGHURAMA BHATTA U., Secy. I/c.

[ADVT.-III/4/Exty./647/2021-22]

Appendix "A"

[See regulation 5 (4)]

SCHEDULE relating to "SPECIFIED DISABILITY" referred to in clause (zc) of section 2 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), provides as under:-

1. Physical disability-

(A) Loco motor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-

(a) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from-

(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity,

(ii) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity,

(iii) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly,

(b) "Cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.

(c) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less,

(d) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health muscular. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue,

(e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

(B) Visual impairment-

(a) "blindness" means a condition where a person has any of the following conditions, after best correction-

(i) Total absence of sight, or

(ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or

(iii) Limitation of the field of vision subtending an angle of less than 10 degree.

(b) "Low-vision" means a condition where a person has any of the following conditions, namely:-

(i) Visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or

(ii) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

(C) Hearing impairment-

(a) "Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "Hard of hearing" means person having 60 DB hearing loss in speech frequencies in both ear,

(D) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, ;learning, problem solving) and in a dative behaviour which covers a range of every day, social and practical skills, including-

(a) "Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.

(b) "Autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour- "means illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviours, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,

4. Disability caused due to-

(a) Chronic neurological conditions, such as-

(i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord aredamaged, leading to demyelisation and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.

(ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder-

(i) "Haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of bold so that a minor would may result in fatal bleeding,

(ii) "Thalassemia" means a group of inherited disorders characterized by reduced or absent amounts of haemoglobin.

(iii) "Sickle cell disease" means a haemolytic disorder characterised by chronic anaemia, painful events, and various complication due to associated tissue and organ damage, "Haemolytic" refers to the destruction of cell membrane of red blood cells resulting in the release of haemoglobin,

5. Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. Any other category as may be notified by the Central Government from time to time.

Appendix "B"

[See regulation 5 (4)]

Guidelines regarding admission of students, with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in B.A.M.S.

1. The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017, published in the Gazette of India, Extraordinary, Part II, Section3, Sub-section (i), vide number G.S.R. 591 (E), dated the 15the June, 2017.
2. The extent of "specified disability" in a person shall be assessed in accordance with the "guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights o Persons with Disabilities Act, 2016 (49 of 2016)", published in the Gazette of India, Extraordinary, Part II, section 3, Sub-section (ii), vide number S.O. 76 (E), dated the 4th January, 2018.
3. The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
4. The term 'Persons with Disabilities' (PwD) is to be used instead of the term 'Physically Handicapped' (PH

TABLE

Sl. No.	Disability Category	Type of Disabilities	Specified Disability	Disability Range		
				(5)		
(1)	(2)	(3)	(4)	Eligible for B.A.M.S. Programme, Not Eligible for	Eligible for B.A.M.S. Programme, Eligible for PwD Quota	Not Eligible for Programme,

				PwD Quota		
1.	Physical Disability	(A) Locomotor Disability, including Specified Disabilities (a to f).	(a) Leprosy cured person* (b) Cerebral Palsy** (c) Dwarfism (d) Muscular Dystrophy (e) Acid attack victims (f) Other*** such as Amputation, Poliomyelitis, etc.	Less than 40% disability	40-80% disability Persons with more than 80% disability may also be allowed on case to case basis and their function a incompetency will the aid of assistive devices, if it is being used, to see if its is brought below 80% and whether they ppssess sufficient motor ability as required to pursue and complete the programme satisfactorily.	More than 80%
			* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at. ** Attention should be paid to impairment of vision, hearing, cognitive function etc. and corresponding recommendations be looked at. *** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for B.A.M.S. programme.			
		(B) Visual Impairment (*)	(a) Blindness (b) Low vision	Less than 40% disability (i.e. Category '0 (10%)' I (20%)' & II (30%)		Equal to or More than 40% Disability (i.e. Category III and above)
		(C) Hearing Impairment @	(a) Deaf (b) Hard of hearing	Less than 40% Disability		Equal to or more than 40% Disability
			(*) Persons with Visual impairment/ visual disability of more than 40% may be made eligible to pursue Graduate B.A.M.S. Education and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier etc. @ Persons with hearing disability of more than 40% may e made eligible to pursue Graduate B.A.M.S. Education and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices. In addition to this, the individual should have a speech discrimination score of more than 60%.			
		(D) Speech & language	Organic/neurological causes	Less than 40%		Equal to or more than

		disability		Disability		40% Disability
		It is proposed that for admission to B.A.M.S. programme the Speech Intelligibility Affected (SIA) score shall not exceed 3 (Which will correspond to less than 40%) to be eligible to pursue the B.A.M.S. programme. The individuals beyond this score will not be eligible for admission to the B.A.M.S. programme. Persons with an Aphasia Quotient (AQ) upto 40% may be eligible to pursue B.A.M.S. programme but beyond that they will neither be eligible to pursue the B.A.M.S. programme nor will they have any reservation.				

2.	Intellectual disability		(a) Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)#	# currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.		
				Less than 40% Disability	Equal to or more than 40% disability But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/infrastructural changes by the Expert Panel.	
			(b) Autism spectrum disorders	Absence or Mild Disability, Asperser syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for B.A.M.S. programme by an expert panel	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quot a may be considered in future after developing better methods of disability assessment.	Equal to or more than 60% disability or presence of cognitive/intellectual disability and or if the person is deemed unfit for pursuing B.A.M.S. programme by an expert panel.
3.	Mental Behaviour		Mental illness	Absence or mild Disability: less than 40% (under IDEAS)	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 40% disability or if the person is deemed unfit to perform hi/her duties. Standards may be drafted for the definite of "fitness to practice medicine" as are used by several institutions of countries other than India.

4.	Disability caused due to	(a) Chronic Neurological Conditions	(i) Multiple Sclerosis	Less than 40% Disability	40%80% disability	More than 80%
			(ii) Parkinsonism			
		(b) Blood Disorders	(i) Haemophilia	Less than 40% Disability	40%80% disability	More than 80%
			(ii) Thalassemia			
			(iii) ickle cell disease			
5.	Multiple disabilities including deaf blindness		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely , visual, Hearing, Speech & Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability. Combining formula as notified by the related Gazette Notification issued by the Govt. of India a+b (90-a) 90 (where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) Is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual		

Note: For selection under PwD category, candidates will be required to produce Disability Certificate before their schedule date of counselling from one of the disability assessment boards as designated by concerned Authority of Government of India.

Annexure-i

FORM 1

[See regulation 15(e)(ix) (B)(C)(D)]

(NAME OF THE COLLEGE AND ADDRESS)

AYURVEDACHARYA

(BACHELOR OF AYURVEDIC MEDICINE AND SURGERY – B.A.M.S) PROGRAMME

DEPARTMENT OF----------

CERTIFICATE OF ATTENDANCE & ASSESSMENT OF INTERNSHIP

Name of the Intern

Attendance during internship

Period of training From----------To----------

(a) No. of Working Days :

(b) No. of Days Attended :

(c) No. of Days Leave availed :

(d) No. of Days Absent :

Assessment of Internship

Sr. No.	Category	Marks Obtained
1.	General	Maximum 10
a.	Responsibility and Punctuality	(_____) out of 2
b.	Behaviour with sub-ordinates, Colleagues and superiors	(_____) out of 2
c.	Documentation ability	(_____) out of 2
d.	Character and conduct	(_____) out of 2
e.	Aptitude of research	(_____) out of 2
2.	Clinical	Maximum 20
a.	Proficiency in Fundamentals of subject	(_____) out of 4
b.	Bedside manners & Rapport with patient	(_____) out of 4
c.	Clinical Acumen and Competency as acquired	(_____) out of 4
i.	By Performing Procedures	
ii.	By Assisting in Procedures	(_____) out of 4
iii.	By Observing Procedures	(_____) out of 4
Total Score obtained		**(_____) out of 30**

Performance Grade of marks

Poor <8, Below average 9-14, Average 15-21, Good 22-25, Excellent 26 and above

Note: An intern obtained unsatisfactory score (below 15) shall be required to repeat one third of the total period of posting in the concerned department.

Date:

Place:

Signature of the Intern Signature of the Head of the Department

Office Seal

Annexure-ii

FORM 2

[See regulation 15(e) (ix) (C) (D)]

(NAME OF THE COLLEGE AND ADDRESS)

AYURVEDACHARYA

(BACHELOR OF AYURVEDIC MEDICINE AND SURGERY – B.A.M.S) PROGRAMME

CERTIFICATE OF COMPLETION

OF THE COMPULSORY ROTARY INTERNSHIP

This is to certify that (name of the intern) Intern of (NAME OF THE COLLEGE AND ADDRESS), has completed his/her Compulsory Rotatory Internship at the (NAME OF COLLEGE AND ADDRESS/PLACE OF POSTING), for the duration of one year from ____to_____in the following departments,

Sl. No.	Name of the department	Period of training from (dd/mm/yyyy)	Period of training to (dd/mm/yyyy)

During the internship period the conduct of the student is_____

Date:

Place:

Signature of the Principal/Dean/Director
Office Seal

Annexure-iii

A. TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

FIRST PROFESSIONAL B.A.M.S.

(18 MONTHS)

Sl.No.	DATE/PERIOD	ACADEMIC ACTIVITY
1.	First Working Day of October	Course Commencement
2.	15 working Days	Induction Programme & Transitional Curriculum
3.	Fourth Week of March	First Internal Assessment
4.	Three weeks in May	Summer Vacation
5.	Fourth Week of September	Second Internal Assessment
6.	First & Second week of February	Preparatory holidays
7.	Third Week of February onwards	University Examination
8.	***First Working Day of April***	***Commencement of Second Prof. B.A.M.S.***
	NOTE.- 1. Universities/Institutions/Colleges shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. 2. Institutions/Colleges established in Extreme Weather Conditions may adjust the vacation as required by maintaining the stipulated hours of teaching. However, the structure of academic calendar shall not be altered.	

B. TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

SECOND PROFESSIONAL B.A.M.S.

(18 MONTHS)

Sl.No.	DATE/PERIOD	ACADEMIC ACTIVITY
1.	First Working Day of April	Course Commencement
2.	Fourth Week of September	First Internal Assessment
3.	Fourth Week of March	Second Internal Assessment
4.	Three weeks in May	Summer Vacation
5.	First & Second week of August	Preparatory Holidays
6.	Third Week of August onwards	University Examination
7.	***First Working Day of October***	***Commencement of Third Prof. B.A.M.S.***
	NOTE.- 1. Universities/Institutions/Colleges shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. 2. Institutions/Colleges established in Extreme Weather Conditions may adjust the vacation as required by maintaining the stipulated hours of teaching. However, the structure of academic calendar shall not be altered.	

C. TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

THIRD PROFESSIONAL B.A.M.S.

(18 MONTHS)

Sl. No.	DATE/PERIOD	ACADEMIC ACTIVITY
1.	First Working Day of October	Course Commencement
2.	Fourth Week of March	First Internal Assessment
3.	Three weeks in May	Summer Vacation
4.	Fourth Week of September	Second Internal Assessment
5.	First & Second week of February	Preparatory holidays
6.	Third Week of February onwards	University Examination
7.	***First Working Day of April***	***Commencement of Internship***
	NOTE.- 1. Universities/Institutions/Colleges shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. 2. Institutions/Colleges established in Extreme Weather Conditions may adjust the vacation as required by maintaining the stipulated hours of teaching. However, the structure of academic calendar shall not be altered.	

Annexure-iv

GUIDELINES FOR ATTENDANCE MAINTENANCE

(THEORY/PRACTICAL/CLINICAL/NON-LECTURE HOURS)

Institutes, Colleges offering education in various courses in Indian System of Medicine are recommended to maintain online attendance system. However, in case physical registers are being maintained for recording attendance of various teaching/training activities, the following guidelines are to be followed:

(1) Attendance is to be marked in cumulative numbering fashion.

(a) In case presence is to be marked as 1, 2, 3, 4, 5, 6……so on;

(b) In case of absence, it must be marked as 'A' ;

(c) Example: P PPP A P P AA P P P…. may be marked as (1, 2, 3, 4, A, 5, 6, A, A, 7, 8, 9…).

(2) Avoid strictly marking 'P' for presence.

(3) Separate register for Theory and practical/clinical/non-lecture activities are to be maintained.

(4) At the end of term or course or part of syllabus, the last number to be taken as total attendance.

(5) The total attendance after students signature to be certified by respective HOD followed by approval by Principal.

(6) In case of multiple terms, at the end of course all term attendance is to be summarised and percentage is to be calculated separately for theory and practical including clinicals & non-lecture hours.

[Note : *If any discrepancy in found between Hindi and English version, the English version will be treated as final.]

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