



भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
आयुषमंत्रालय, भारत सरकार
कार्यालय: 61-65, संस्थानिक क्षेत्र, जनकपुरी, डीब्लॉक नई दिल्ली-110058
National Commission for Indian System of Medicine
Ministry of AYUSH, Govt. of India
Office: 61-65, Institutional Area, Janakpuri, D-Block New Delhi-110058


दूरभाष / Phone
सभापति / Chairman: 28525156
सचिव / Secretary: 28525847
कार्यालय / Office: 28525464
पंजीयन / Registration: 28522519
फैक्स / Fax: 28520878
www.ncismindia.org
secretary@ncismindia.org

क्रमांक/ Ref. No. BOA/2-I/2023

दिनांक/Dated: 22.05.2023

PUBLIC NOTICE


Public opinion has been invited on the draft regulation 'National Commission for Indian System of Medicine (Minimum Essential Standards for Postgraduate Institutions and Minimum Standards for Post Graduate Education in Ayurveda) Regulations-2023'. The opinions may reach NCISM office through E-mail ID president.boa@ncismindia.org within 30 days from the date of this announcement (i.e. 20.06.2023).


B. L. Mehra
Secretary I/c
(NCISM)
सचिव

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
नई दिल्ली-110058

Copy to:-

- 1 The Chairman, National Commission for Indian System of Medicine, New Delhi-110058.
- 2 The Secretary, Govt. of India, Ministry of AYUSH, GPO Complex, INA, New Delhi-110023.
- 3 All Board Presidents of NCISM
- 4 All Commission Members of NCISM
- 5 Guard file.


B. L. Mehra
Secretary I/c
(NCISM)

THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE

NOTIFICATION

New Delhi, thedate....month...year

F.No.-In exercise of the powers conferred by sub-section (2) of section 55 and standards determined by Board of Ayurveda under subsections (c), (d), (e) & (f) of section 26 of National Commission for Indian System of Medicine Act, 2020 (14 of 2020), National Commission for Indian System of Medicine hereby makes the following regulations.-

1 Short title and Commencement.-(1) These regulations may be called '**National Commission for Indian System of Medicine (Minimum Essential Standards for Postgraduate Institutions and Minimum Standards for Post Graduate Education in Ayurveda) Regulations-2023**'.

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

2 Definitions.-(1) In this regulation, unless the context otherwise requires-

- (i) "Post-Graduation" means all degrees granted/awarded after completion of 5 and ½ years of graduation. Post-graduate education includes MD, MS, PhD and Super Specialty programs like DM, Fellowships after MD/MS etc.
- (ii) "Post Graduate Degree" means degrees 'Ayurveda Vachaspati (MD Ayurveda) and Ayurveda Dhanvantari (MS Ayurveda)' granted/awarded to the programs after graduation.
- (iii) "Super Speciality" means the degrees 'Vishishta Chikitsa (DM Ayurveda)' granted/awarded to the programs after post-graduation
- (iv) "Fellowships" means the degrees 'Daksha Chikitsa (Fellowship Ayurveda)' granted/awarded for the programs after post-graduation.
- (v) "Attached Teaching Hospital" means an Ayurveda Hospital that offers standard healthcare services, attached to an Ayurveda Medical Institution for the purpose of teaching and training to the students of Ayurveda.
- (vi) "Functionality of the Hospital" means an attached teaching hospital which shall be ready to treat/attend any type of patients at any point of time with its man power and infrastructure and fulfilling all the Minimum Essential Standards (MES) as specified in this regulation; that offers clinical training to medical students and

provides medical services including consultation, diagnosis (clinical & investigational), treatment (surgical, procedural & medical), preventive health care, medical advice, counselling, nursing care, medicine dispensing, public outreach activities with proper documentation and hospital management system and whose related expenses are reflected in official bank account of the hospital.

- (vii) “Functionality of the Institute” means an Ayurveda institution fulfilling all the Minimum Essential Standards as specified by NCISM that offers teaching and training to students of Ayurveda as per the course curriculum and syllabus specified by NCISM by establishing educational ecosystem and shall be ready to impart education over and above the Minimum Essential Standards specified by NCISM.
- (viii) Educational Ecosystem means an ecosystem where in all the stake holders of the institution, all the departments and other units of the institution function in coordination and collaboration with each other to provide comprehensive education to students in an academic environment.
- (ix) Applicant means an authority representing a society or trust or university or any other body but does not include the Central Government.
- (x) Society means a body registered under the Societies Act, 1860 as amended from time to time or any other relevant Acts.
- (xi) Trust means a body registered under the Indian Trust Act, 1882 as amended from time to time or any other relevant Acts.
- (xii) Company means a body established under Section 8 of the Companies Act, 2013 as amended from time to time or any other relevant Acts.
- (xiii) “Annexure” means an annexure appended to this regulation.
- (xiv) “Appendix” means an appendix appended to this regulation.
- (xv) “Minimum Standards” means the mandatory minimum requirements in terms of infrastructure, human resources, and functionality as well as a level of quality that is thought to be acceptable as a minimum and below which is unacceptable.
- (xvi) “Assessment of an Institution” means the act of making judgement about minimum standards (as specified in this regulation) of an institution running postgraduate courses, along with the attached teaching hospital. It shall be for grant of permission or denial to the postgraduate courses run by the institutions or to take such measures mentioned in 28(1)(f) of NCISM Act 2020, through the

procedure specified by Medical Assessment and Rating Board for Indian System of Medicine (MARBISM).

- (xvii) Letter of Intent (LOI) means preliminary approval along with conditions and timelines issued by MARBISM to the applicant, for starting of new Post Graduate Programs or Super Speciality Programs or for increase intake capacity in existing programs.
- (xviii) Letter of Recognition (LOR) means recognition granted to an institution by MARBISM to conduct the courses or programs that are approved by NCISM.
- (xix) Letter of Permission (LOP) means approval granted to the applicant by MARBISM, for starting of Post Graduate Programs recognised by NCISM or for increase in intake capacity in existing programs and to admit the students as per the sanctioned intake capacity.
- (xx) 'Renewal of Permission means' permission renewal issued by MARBISM to an institution during successive academic years after LOP for admitting students for that particular academic year as per the sanctioned intake capacity specified in the letter of renewal of permission.
- (xxi) 'Sanctioned Intake Capacity' means number of seats sanctioned by MARBISM to a post graduate program for admission of students for that particular academic year.
- (xxii) 'Fully Established Institute' means the institute with either extended permission or yearly permission during successive year after second renewal of permission.
- (xxiii) 'Teacher Days' means number of days, a full-time regular teacher attended/performed duty in twelve months period, in the college and its teaching hospital wherein he/she has been appointed.
- (xxiv) 'Rating of PG Department means a score or measurement of how good a Post Graduate department is. Rating of fully established Post Graduate department through a rating process carried out by MARBISM or any designated rating agency based on the parameters laid down by Board of Ayurveda in this regulation. Rating shall be on the basis of infrastructural standards and functionality over and above the minimum standards specified in these regulations.
- (xxv) 'Extended Permission' means permission extended to Recognised established institution including stand-alone postgraduate institutions, during succeeding

years after second renewal of permission for admitting students as per the sanctioned intake capacity unless specified by MARBISM.

(xxvi) 'Yearly Permission' means an institution including stand-alone postgraduate institutions, to admit the students every year only after obtaining permission for admission from MARBISM and admit the students as per the sanctioned intake capacity specified by MARBISM for that particular year.

(xxvii) 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 The minimum standards that are essential for post graduate education shall be as described in this regulation under the below mentioned chapters:

- a. Chapter-I: Minimum Essential Standards for Post Graduate Institute and Department
- b. Chapter-II: Minimum Standards of Education of Post Graduate Degree Program
- c. Chapter-III: Starting of Post Graduate Programs & Increase in intake capacity in existing PG Programs
- d. Chapter-IV: Minimum Essential Standards for Institution/Department offering Super Speciality Programs and Minimum Standards of Education for Super Specialty Programs.
- e. Chapter-V: Minimum Essential Standards and Minimum Standards of Education for Fellowship Programs

Chapter-I

Minimum Essential Standards for Post Graduate Institute and Department

- 4 The goal of postgraduate education in ayurveda shall be to produce competent and efficient specialists in respective specialities who can be specialists in respective specialities, teachers and researchers with profound knowledge and skills.
- 5 The following shall be the post-graduate degree programs that shall be conducted through respective departments as shown in table number-1

Table No-1		
Sr.No.	Post Graduate Degree Program	Department Conducting PG Program
<i>Ayurveda Vachaspati (MD Ayurveda):</i>		
01	Ayurveda Samhita evum Siddhanta (Compendium and Basic Principles)	Samhita Siddhanta evum Sanskrit
02	Ayurveda-Biology	
03	Rachana Sharira (Anatomy)	Rachana Sharira

04	Kriya Sharira (Physiology)	Kriya Sharira
05	Dravyaguna Vigyana (Materia Medica and Clinical Pharmacology)	Dravyaguna Vigyana
06	Rasashastra evum Bhaishajya Kalpana (Pharmaceutics and Clinical Pharmacy)	Rasashastra evum Bhaishajya Kalpana
07	Roga Nidana evum Vikriti Vigyana (Pathology and Clinical Diagnosis)	Roga Nidana evum Vikriti Vigyana
08	Agad Tantra evum Vidhi Vaidyaka (Clinical Toxicology and Medical Jurisprudence)	Agada Tantra evum Vidhi Vaidyaka
09	Swasthavritta evum Yoga (Lifestyle Management, Public Health and yoga)	Swasthavritta evum Yoga
10	Kaumarabhritya (Pediatrics)	Kaumarabhritya
11	Kayachikitsa (Internal Medicine)	Internal Medicine
12	Panchakarma evum Upakarma (Therapeutic Procedural Management)	Panchakarma evum Upakarma
Ayurveda Dhanvantari (MS Ayurveda):		
01	Prasuti Tantra evum Stree Roga (Obstetrics and Gynecology)	Prasuti Tantra evum Stree Roga
02	Shalya Tantra (Surgery)	Shalya Tantra
03	Shalakya – Netra (ophthalmology)	Shalakya Tantra
04	Shalakya – Karna, Naasaa evum Kantha (Oto-Rhino-Laryngology)	

- (1) Annual Intake Capacity for all post graduate degree programs (MD/MS Ayurveda) shall be maximum of Twelve (12) seats per year subject to availability of student guide ratio i.e. 3:1 for Professor; 2:1 for Associate Professor/Reader and 1:1 for Assistant Professor/Lecturer.
- (2) There shall not be MD Manasaroga, MD Rasayana & Vajikarana post graduate programs and post-graduate diploma programs from the date of notification of this regulation. Already admitted students in these programs shall continue and complete the course as per the provisions of previous regulations.
- (3) The institutes conducting post-graduate program in MD Manasaroga and/or MD Rasayana & Vajikarana can choose any one of the below mentioned options:
 - (i) Upgrade the post-graduation program to super speciality program as specified in this regulation within two years. Upgradation shall be after due permission from MARBISM. Till the upgradation i.e., the admissions for the immediate forthcoming academic sessions, the admissions shall be made under Kayachikitsa as per the sanctioned intake and subject to availability of student guide ratio (1:3 for professor; 1:2 for associate professor/reader and 1:1 for assistant professor/lecturer)
 - (ii) Merge into Kayachikitsa i.e. the sanctioned intake capacity of manasaroga and/or rasayana & vajikarana may be merged to Kayachikitsa.

For example, if an institution is conducting post-graduation in Kayachikitsa, Manasaroga and Rasayana & Vajikarana with intake capacity of 6 seats each and if the institute would like opt for second option i.e., merging into Kayachikitsa, in such case from the upcoming academic session onwards the intake capacity of Kayachikitsa will be 18 (Kayachikitsa-6 setas+Manasaroga-6 seats+ Rasayana and Vajikarana-6 seats) subject to availability of student guide ratio (1:3 for professor; 1:2 for associate professor/reader and 1;1 for assistant professor/lecturer).

(4) Conversion of Postgraduate Diploma seats into Postgraduate degree seats:

(i) The seats in existing PG Diploma programmes may be converted to MD/MS programs of parent department in the ratio of 1:2 (1 PG degree seat for every 2 PG Diploma seats).

6 Post-graduate programs may be conducted either in undergraduate institutes or as stand-alone post-graduate institutes, accordingly the minimum essential standards are specified under two parts:

(1) Part-I: Minimum Essential Standards of PG departments in an undergraduate college

(2) Part-II: Minimum Essential Standards of Stand-alone PG Institutions

Part-I

Minimum Essential Standards of PG Departments in an Undergraduate College

7 The minimum requirements for each post graduate department and respective post graduate degree program shall be as follows:

(1) Additional Teaching Staff:

(i) Each post-graduate department shall have a minimum of one higher faculty (Professor/Associate Professor/Reader) and one Assistant Professor/Lecturer in addition to the teaching staff specified for the respective UG department.

(ii) In case of multiple PG programs are being conducted in the same department, two additional teaching staff (one Professor/Associate Professor/Reader and one Assistant Professor) for each PG program shall be made available. The available eligible PG teachers are to be specified for each PG program so that same teachers shall teach and guide the scholars of that particular department. Interchange of staff between PG programs shall not be allowed

- (iii) Additional Seating Arrangement: adequate additional seating arrangement shall be made available for each PG department (specifications of seating arrangement shall be as specified in MSE-2022)
- (iv) Seminar Halls: there shall be one seminar hall of 30 seating capacity for each PG department and one common seminar hall with 20% additional seating capacity to the total strength of PG scholars (total of all three batches). PG seminar halls shall be with suitable seating arrangement and equipped with appropriate audio-visual facilities. There shall be sufficient lockers for all PG scholars in the department.
- (v) Additional Facilities in Central Library:
 - (a) Additional seating arrangements as per the PG intake capacity shall be provided in central library (specifications of seating arrangement shall be as specified in MSE-2022).
 - (b) A minimum of 200 additional books for each PG department shall be made available. These additional books shall be specific to the PG department. There shall be at least 10% of yearly addition of books.
 - (c) In addition to the journals specified in MSE-2022, a minimum of four journals specific to the PG subject shall be made available for each PG department.
- (vi) Departmental Library: in addition to the departmental library specified for UG department in MSE-2022, additional seating arrangement as well as a minimum of 100 additional books are to be made available for each PG department.
- (vii) Digital Library: additional computer systems in the ratio of 1:5 i.e., one for five students shall be provided. Software/programs such as Grammarly, plagiarism check, statistical programs, citation/bibliography maker/generator etc. shall be made available.
- (viii) Department wise Required Specific Standards: in addition to the minimum essential standards specified for respective departments in MSE-2022, the below mentioned infrastructural facilities shall be made available.
 - (a) Department of Research Methodology & Biostatistics shall be established in every post-graduate institute.
 - (b) Post Graduate Department of Samhita, Siddhanta evum Sanskrit:
 - i. For post-graduation in Samhita and Siddhanta – Language lab for Sanskrit and other languages shall be made available.
 - ii. For post graduate program in Ayurveda Biology – ayurgenomics facility, molecular biology laboratory shall be available

- (c) Post graduate department of Rachana Sharira: 3D virtual dissection table and e-dissection software shall be made available.
- (d) Post graduate department of Kriya Sharira: digital spirometry, personality assessment scales, auto measuring tool for height, weight & BMI calculator.
- (e) Post graduate department of Dravyaguna Vigyana: phytochemistry laboratory
- (f) Post graduate department of Rasashastra evum Bhaishajyakalpana: petrological microscope, digital muffle furnace, advance QC lab shall be available.
- (g) Post graduate department of Roga Nidana evum Vikriti Vigyana: advance diagnostic facilities
- (h) Post graduate department of Agada Tantra: poison detection facility; exclusive OPD for PG and additional IPD beds in the ratio of 1:4 (four beds for one student)
- (i) Post graduate department of Swasthavritta: exclusive OPD for PG with average of 50 subjects attending OPD per day. Exclusive departmental vehicle for field visits, Nutrition lab with advance facilities, Panchakarma facilities to administer ritu sodhana and rejuvenation procedures to healthy individuals & physiotherapy facility
- (j) Post graduate department of Kaumarabhritya: exclusive OPD for PG; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Average bed occupancy shall be 80% in Kaumarabhritya IPD.
- (k) Post graduate department of Kayachikitsa: exclusive OPD for PG teachers and PG scholars; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Average bed occupancy shall be 80% in kayachikitsa IPD.
- (l) Post graduate department of Panchakarma & Upakarma: exclusive OPD for PG teachers and PG scholars; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Average bed occupancy of 80% in Panchakarma IPD. Physiotherapy facility
- (m) Post graduate department of Prasuti Tantra evum Stree Roga: exclusive PG OPD one each for streeroga and prasuti. exclusive operation theatre for prasuti and stree roga; procedural room to carry out prasuti and streeroga related

procedures like yonidhvana, yoni pichu, uttarbasti etc., additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Average bed occupancy of 80% in Prasuti Tantra and Stree Roga IPD.; a minimum of 45 deliveries per month.

- (n) Post graduate department of Shalya Tantra: exclusive OPD for PG teachers and PG scholars; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Average bed occupancy of 80% in Shalya Tantra IPD.
- (o) Post graduate department of Shalakya:

- i. For post graduate program Shalakya-Netra: exclusive ophthalmic OPD having equipped with advance diagnostic facilities for PG teachers and PG scholars; exclusive ophthalmic OT with operating microscope; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available. Separate IPD, separate kriyakalpa-netra facility.
- ii. For post graduate program Shalakya-Karna, Naasaa evum Kantha exclusive OPD having equipped with advance diagnostic facilities for PG teachers and PG scholars; exclusive OT ENT surgeries; additional IPD beds in the ratio of 1:4 (four beds per student); seating arrangement in the ward; accommodation for night duty PGs shall be made available.

Note: The teaching staff shall be formed in to units of Netra & KNK. Each unit having a minimum of Professor or Associate Professor/Reader and Assistant Professor/Lecturer. The head of the department shall also be in any one unit but he/she shall be the administrative head of both the units. The faculty of netra shall consult in netra OPD and guide PG students of netra, in the same way KNK also.

- iii. Average bed occupancy of 80% in shalakya IPD. Shalakya IPD shall be subdivided into shalakya-netra ward and shalakya-KNK ward
- (p) There shall be Central Research Laboratory with facilities advance research facilities for carrying out various research experiments by PG scholars.
- (q) A separate Quality control laboratory or central research laboratory cum quality control laboratory shall be made available in case of post-graduation in Dravyaguna and Rasashastra & Bhaishajyakalpana is being conducted.

- (r) Approved animal house and animal experimentation laboratory shall be made available in case of post-graduation in Dravyaguna, Rasashastra & Bhaishajyakalpana, Agada Tantra and Samhita & Siddhanta.

Part-II
Minimum Essential Standards of Stand-alone PG Institutions

8 Minimum Essential Standards of a Stand-alone Post-Graduate Institutions shall be as described under the below mentioned zones:

- (1) Administration Zone
- (2) Academic Zone
- (3) Clinical Zone
- (4) Experimentation Zone

(1) Administration Zone: the following shall be the sub-units and specifications of administration zone

Table No-2
Sub-Units of Administration Zone and the Specifications

Sr. No.	UNIT	Minimum Required Area (Sq.Mt.)
1	Head of the PG Institution (Director/ Dean/ Principal) Office including anteroom & attached toilet	50
2	PA to head of the institution	10
4	Pantry	05
5	Visitors lounge for visitors to head of the institute	10
7	College Office (seating arrangement to superintendent, clerks, accountants, record room & visitors lounge for office visitors)	50
12	Central store	30
Total		155

(2) Academic Zone: this zone accommodates post-graduate departments and their associated units, PG seminar halls, central library, digital library, reading room, facilities for extracurricular activities and student amenities.

- (i) Teachers shall be accommodated in respective departments with adequate space and privacy in separate room or cubicle for each teacher. Minimum area shall be 15, 13 and 10 sq.mt. for Professor, Associate Professor and Assistant Professor respectively. Open seating arrangement for multiple teachers in common hall/ department shall not be permitted. Every teacher shall be provided with computer, printer & internet facility.
- (ii) The departments and their associated units shall have proper ventilation and lighting, properly constructed with good interiors. Internal partitions are good enough to prevent cross disturbance and with good ambience. The minimum constructed area required for each PG department and their units are as shown in table number-2 Each PG department

shall accommodate teaching staff (seating arrangement as specified in ...a) and non-teaching staff, Departmental library, departmental computer, printer, internet & E-display facility for display of video, images, charts, information etc.

Table No-3		
Department wise Requirement of Minimum Constructed Area (Sq.Mt.)		
Sr. No.	Specification	Minimum Required Area (Sq.Mt.)
1.	Department of Research Methodology & Medical Statistics	50
2.	Samhita Siddhanta & Sanskrit:	75
3.	Rachana Sharir Department including Dissection Hall, hand wash facility, Museum, embalming room, cadaver storage tank/freezer	150
	Dissection Hall: there shall be adequate ventilation and exhaust facility, virtual dissection / e-dissection facility in dissection hall.	
	The department of Rachana Sharira and its associated units are preferably be located on top floor or at the end of the college building.	
4.	Kriya Sharir Department including Physiology/Kriya Laboratory: Laboratory (with optional facility for bio-chemistry testing): Laboratory tables with Chemical racks, wash basin with water taps, gas burners and gas connection; facility for ECG Recording and other human related practical	150
5.	Dravyaguna Department	150
	Museum: Herbarium-cum Dravyaguna museum and Pharmacognosy and Pharmacology labs dry specimens, wet specimens'; e-resources of medicinal plants	
	Herb Garden: Well developed herb garden having a minimum of 200 species of medicinal plants that are commonly being used shall be available. Plants shall be labelled with QR codes.	2500
6.	Rasashastra & Bhaishajyakalpana Department	75
	a. Quality Control (QC) laboratory: adequate facilities including 'Mohs Hardness Scale' (for testing hardness of minerals/metals) to conduct quality control tests as listed in syllabus shall be made available.	200
	i. Museum: Display of raw drugs, minerals, metals etc. masha, yantra etc. shall be available.	
7.	Roganidana & Vikriti Vigyana Department	150
	i. Independent Pathology laboratory for the department (apart from clinical/pathology laboratory of hospital) with adequate facilities to conduct roganidana related practical ii. Museum: pathological specimens, typical X-rays etc.	
8.	Agada Tantra Department	150
	Poison testing Facility: adequate facility for testing various poisons including food adulterants etc. shall be available. i. Museum: weapons, snakes, poisonous animals etc.	
9.	Swasthavritta & Yoga Department	150
	Nutrition Laboratory	
10.	Kayachikitsa Department	75
11.	Panchakarma Department	75
12.	Shalya Tantra Department	75
13.	Shalakya Tantra-Netra Department	75

14.	Shalakya Tantra-KNK Department	75
15.	Prasuti & Streeroga Department	75
16.	Kaumara bhritya Department	75
Note- Working tables of all the laboratories should be of hard stone or stainless steel and there should be arrangement of proper shelves and running water taps in wash basins.		

- (iii) Facility for Co & Extra Curricular Activities: (a) Adequate facilities shall be provided by the institute for conduction of co & extracurricular activities. These may include:
- Physical Educational Facility
 - Recreational Facility
 - The college shall provide opportunity for the formation of various student clubs such as adventures club, science club, environment club, Sanskrit club, photography club, animal lovers club etc.
- (iv) Student Amenities: (a) Facilities like transportation, Bank/ATM, Canteen etc. are to be made available. Adequate number of toilets at appropriate and easily accessible places separately for male and female students are to be provided. Sanitary napkin dispenser and incinerator shall be provided in female toilets.
- Common Rooms for Girls' with accommodation capacity of minimum 20% of sanctioned intake capacity having adequate furniture and attached toilets shall be made available.
- (v) **Examination/Multipurpose/Yoga Hall:** A large hall of having area of 2.0sq.met., per PG scholar (20% additional to the total PG scholars of three years), with appropriate seating arrangement shall be made available. This hall shall be used for conduction of meetings, seminars, conferences, examinations, yoga training etc. It shall be provided with audio-visual facility, CCTV and toilet facility.
- (vi) Minimum Required Teaching Staff: There shall be minimum one professor, one Associate professor/Reader and one Assistant Professor/Lecturer for each PG department. For the department of Research Methodology and Medical Statistics one teacher of Samhita Siddhanta and one Biostatician shall be appointed.
- 9. Clinical Zone: Minimum Essential Standards (MES) for an Attached Teaching Hospital**
- (1) Hospital in General:
- The attached teaching hospital shall be easily accessible to patients and there shall be provision for free vehicular movement including ambulance.
 - All entries and exits of the hospital should be clearly demarcated and displayed appropriately.
 - There shall be proper and adequate parking facilities.
 - Entire hospital including all entrances and exits shall be barrier free access environment for easy movement to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons.
 - All the corridors of the hospital should have a minimum width of eight feet and to ensure easy movement and turning of stretcher.

- (vi) Irrespective of availability of staircase/escalators/lifts, ramp connecting all floors is mandatory. The ramp also must be at least **eight feet width with properly curved turning points to facilitate** free movement of stretcher.
- (vii) All internal entrances shall be wide enough to facilitate free movement of wheel chairs and stretcher.
- (viii) All the doors of toilets and bath rooms are to be openable to outside, to rescue the patients in case of emergencies.
- (ix) There shall be centralised announcement system connected to entire hospital, for emergency announcements and alerts.
- (x) Entire hospital shall have been connected telephonically and each and every unit shall have **intercom facility**.
- (xi) Entire hospital shall have fire safety and fire extinguishing system.
- (xii) Disaster prevention as well as disaster management measures should be in place.
- (xiii) Drinking water (hot & cold) facility; adequate number of toilets separately for male and female (separately for patients, hospital staff, medical students & Interns, doctors & consultants) shall be made available at appropriate places of hospital.
- (xiv) Entire hospital should have clear **signage**, in at least two languages including one in local language and with appropriate pictorial display.
- (xv) Trained security shall be deployed at appropriate places for the hours as required. **Patients' rights and responsibilities as well as legal aspects of attacking on medical professionals on duty shall be displayed at prominent places.**

(2) Reception & Registration Zone:

- (i) Reception & Enquiry Counter: Reception and enquiry facility shall be available at prominent place at entrance of the hospital. The receptionist must be preferably multi-linguistic, well versed with all the services of the hospital, days and timings of availability of services, speciality wise consultants and their days of OPD etc. The receptionist shall attend enquiries of both physical and telephonic. The counter is connected with computer with updated information of hospital services and telephone connection with call transfer facility to any intercom of the hospital. This counter shall also provide accommodation to PROs (public Relation Officer) if any.
- (ii) Registration & Billing Counter: This counter provides Central OPD registration for new patients/clients/subjects; renewal of registration of existing patients/clients/subjects; Central IPD registration and admission; billing and payments. There shall be **computerised central registration system that facilitates NCISM to monitor real time data**. In case if NCISM recommends any Hospital Management System, it is mandatory to migrate to the recommended software. The HMS (Hospital Management Software) **is to be aligned with the NAMASTE** portal developed by CCRAS. Sufficient registration counters along with adequate waiting facility shall be made available.
- (iii) Medical Record Room: All the medical records belonging to OPD & IPD patients are to be maintained by hospital. The hospitals not fully computerised shall maintain all medical records in physical form and there shall be a medical record technician to maintain medical records. In case

of fully computerised hospitals, maintenance of physical records is not required and a small medical record room is sufficient to store important documents. **Department of swasthavrittashall analyse the hospital data yearly from epidemiological point of view.**

- (iv) Entrance Lobby & Circulation Area: Adequate circulation area for free movement of medical, paramedical, supportive staff, patients, attendants etc. coming in and going out of hospital shall be made available. Adequate seating facility shall be available at entrance lobby. Provision for keeping wheelchairs and stretchers is to be provided.

Table No-4		
Minimum Area Required For Various Units of Reception & Registration Zone		
Sr.No	Description of Unit	Minimum Required Area in Sq.mt.
Reception & Registration Zone (Including entrance lobby & circulation area)		130
01	Reception & Enquiry Counter/with PROs	3/6
02	Registration & Billing Counter	8
03	Medical Record Room (in case of established HMS)	10
	Medical Record Room (without HMS) including accommodation for Medical Record Technician	25

(3) Out Patient (OP) Zone:

- (i) OP Zone: This zone shall be comprising of screening OPD, departmental OPDs and their associated units if any, speciality OPDs, online consultation facility, office of OPD zone in-charge, waiting area, area for breast feeding, drinking water facility, toilets etc.
- (ii) OPD Consultation Room: An ideal OPD consultation room unless specified shall have adequate space and furniture, preferably two chambers of interconnected, one for preliminary consultation by Interns and other for consultation by consultants; equipped with examination table with step, X-ray view box, wash basin, mirror, common diagnostic kit (stethoscope, torch light, measuring tape, skin marking pencil, knee hammer, tongue depressor, thermometer preferably non-contact digital thermometer, sphygmomanometer) and others as specified by respective departmental/speciality OPDs.

Table No.-5		
Minimum Area Required For Various Units Of OP Zone		
Sr. No	Description of OPD/Facility	Minimum Required Area in Sq.mt.
OUT PATIENT ZONE		
01	Screening OPD	15
	Number of screening counters (number of counters may be increased depending on patient footfall)	2
02	AtyayikaChikitsa (Emergency/Casualty)	25
	Observation beds	2
03	Swasthya Rakshana	20

	Number of Counselling Cubicles	1
04	Kayachikitsa	20
05	Panchakarma	20
06	Shalya Chikitsa	20
	Procedural Room/Minor OT (OPD)	20
	Para Surgical Procedural Room	20
07	ShalakyaChikitsa (Netra)	25
08	ShalkyaChikitsa (Karna, Naasa&Mukha)	25
09	Prasuti&Streeroga (in case of 2 OPDs, one each for Prasuti&Streeroga)	20
	Procedural Rooms	20
10	Kaumarabhritya	20
11	VishaChikitsa	20
12	*Speciality Clinics (for each speciality OPD)	Not less than 25
13	Online Consultation Facility	20
14	OPD in-charge office	15
15	Waiting area, drinking water facility, breast feeding area, toilets, area for wheel chair & stretcher, area for keeping housekeeping materials etc.	150
16	Drug Stores & Dispensary	35

*Speciality clinics are over and above the minimum requirement and hence will not accounted under minimum area required.

- (iii) **Screening OPD:** All the newly registered patients (except patients of emergency), shall be screened as per the institutional screening criteria and directed to respective OPD for consultation.
- The screening system facilitates patient consultation by right specialist and avoids unnecessary confusion, delay or wrong consultations.
 - Screening shall be carried out by trained person in case of colleges under establishment and in case of fully established colleges by interns.
 - Screening criteria shall be developed by each institution in accordance to the arrangement and availability of specialities, and implemented after proper training/orientation.
 - During screening of patients, chief complaint, height weight, naadi recording by Naadi recording equipment and any other basic parameters if required shall be recorded at screening OPD.
 - Sufficient number of screening counters in accordance with the patient flow are to be made available. For each counter, computer linked with hospital management software, height weight measurement equipment etc. are to be provided.
 - Patients/ clients/subjects are to be directed to respective OPD by quoting the room number so that patients go to that OPD easily. There shall be token system for OPD consultation.
 - The screening OPD provides opportunity for first and second professional BAMS students for early clinical exposure. Hence adequate seating arrangement shall be provided.
 - The Screening OPD shall function independently under the administrative control of RMO/Deputy Medical Superintendent or the designated authority.

- (iv) Atyaika Chikitsa (Emergency/Causality): This OPD shall function under the department of Kaya Chikitsa. Services of other departments may be utilised as required. MBBS doctor may be appointed as per the applicable staterules. The emergency OPD shall function 24X7 and there shall not be any holiday for emergency OPD. There shall be observation beds as specified in this regulation table no-7 However, these observational beds shall not be counted as IP beds.
- (v) Swasthya Rakshana (Preventive Care/Lifestyle Management): This OPD shall function under the department of Swasthavritta.
- (a) It caters the needs of healthy people in terms of preventive and promotive health care. Ayurveda based Swasthya Card through which Prakriti/Saara based lifestyle modification, customised dinacharya; advice of seasonal shodhana, occupational health issues; diet, exercise, yoga etc. are to be promoted.
- (b) This OPD will not entertain any patients for prescribing medication. Patients belonging to any other department may get referred/consult this OPD for lifestyle modification or for yoga advice or for preventive measures.
- (c) This OPD also administer ayurveda prophylaxis in case of seasonal/epidemic outbreaks.
- (d) This OPD shall also have cubicles for counselling purpose.
- (vi) Kayachikitsa (Internal Medicine): This OPD shall function under the department of Kayachikitsa. All patients with complaints in general and as per the institutional screening criteria will consult this OPD.
- (vii) Panchakarma/Kriya Saadhana (Therapeutic Procedural Management): this OPD shall function under the department of Panchakarma. A patient may go directly for consultation and treatment to this department. The consultants of other OPDs may refer patients for panchakarma procedures to this department. In case of referral, it is expected from panchakarma consultants to work in coordination with the consultant who referred the case to panchakarma department.
- Explanation:** Panchakarma consultants may not have expertise in each and every speciality and at the same time other speciality consultants may not be experts in administering all panchakarma procedures. Hence, with the best interest of patients, coordination between both consultants is must. Consultants other than panchakarma may only recommend the procedure and medicaments, however, panchakarma consultants are the authority in deciding suitability/fitness for procedure (yogyaayogya etc.) and mode of administration of procedures.
- (viii) Shalya Chikitsa (Surgical Management): This OPD shall function under the department of Shalya Tantra. This OPD shall have attached minor procedural room for clinical examination, changing of ksharasutra and to carry out OPD level minor surgical procedures and a separate room and facility for para surgical procedures.
- (ix) ShalakyaChikitsa – Netra (Ophthalmology): This OPD shall function under the department of Shalakya Tantra. All patients having complaints related to eye irrespective of age and sex and as per institutional screening criteria consult this OPD.

- (x) Shalakyachikitsa – Karna, Naasa, & Kantha (Otorhinolaryngology): This OPD shall function under the department of Shalakyatantra. All patients with complaints related to ear, nose oral cavity and throat and as per the institutional screening criteria consult this OPD.
- (xi) A separate section attached to shalakyachikitsa OPD with adequate facilities including preparation room to offer Kriyakalpa procedures to OPD patients shall be made available.
- (xii) Prasuti & Streeroga (Obstetrics & Gynaecology): there shall be two OPDs one each for prasuti and streeroga. shall function under the department of Prasuti&Streeroga. There shall be attached examination room and toilet facility for each OPD. All patients of antenatal, natal, post-natal, gynaecological problems and as per institutional screening criteria consult these OPDs.
- (xiii) Kaumarabhritya (Pediatrics): this OPD shall function under the department of kaumarabhritya. Paediatric patients (up to the age of 16 years) with all general complaints and as per institutional screening criteria will consult this OPD. There shall be adequate facility for immunization and swarnaprashan.
- (xiv) Visha Chikitsa (Poison & Bite Management): this OPD shall function under the department of Agadatantra. Patients with bite, sting etc. and their complications, dushivisha, garavisha, drug induced toxicity etc. and as per the institutional screening criteria consult this OPD.
- (xv) Speciality Clinics/OPDs:
 - (a) Any faculty member belonging to the departments of SamhitaSiddhanta, Rachana, Kriya, Dravyaguna, Rasashastra&Bhaishajyakalpana, Roganidana, if interested in offering clinical services, such faculty members may be given speciality OPD as per their expertise gained through special training or attending speciality hospitals etc. Speciality OPD shall be in the name of the disease or a therapeutic (medical/surgical) procedure.
 - (b) Any faculty member from the departments kayachikitsa, panchakarma, shalyachikitsa, shalakyachikitsa, prsuti&streeroga, kaumarabhritya, if interested and possess expertise or exposure may also start speciality OPD.
 - (c) For administrative convenience, these speciality OPDs shall be operational under any one of the following departments: kayachikitsa, panchakarma, shalyachikitsa, shalakyachikitsa, prsuti&streeroga, kaumarabhritya in accordance to clinical relevance and the respective head of the department shall be the administrative head for that speciality OPD.

Note: Each institute shall have to develop screening criteria in accordance with the regular OPDs as well as speciality clinics established by that particular institute.

- (xvi) Online Consultation Facility: E-consultation will be the futuristic mode of consultation. Institute shall have to provide online consultation facility through teleconsultation platforms. This OPD shall be under the administrative control of OPD in-charge. Availability of specialist consultants along with timings for teleconsultation shall be displayed on teleconsultation platforms and institutional website.
- (xvii) Ideal OPD Structure: Ideally each OPD shall have two inter-connected compartments with entry/exit points for both the compartments. One compartment for history taking, recording of vital data and examination by PGs and the other for specialist consultation. Both the compartments shall

have adequate furniture for seating of medical staff, examination tables, wash basins etc., and also diagnostic tools such as sphygmomanometer, stethoscope, knee hammer, thermometer, measuring tape, torch light, tongue depressor, weighing scale, computers installed with HMS (hospital management system).

Explanation: This system provides enough opportunity for PGs to take detailed history, experiencing clinical examination etc. This system also minimises the waiting time of patient and also increases patient satisfaction as there is scope for detailed history and examination.

(xviii) Drug Stores & Dispensary:

- (a) Designated faculty member of RSBK department or exclusively appointed person (BAMS/B pharma ayurveda/ m pharma ayurveda) shall be the in-charge of drug stores & dispensary. The drug store & dispensary shall have been computerised.
- (b) There shall be hospital formulary duly approved by Drug Procurement/Purchase Committee. The Drug Procurement/Purchase Committee comprising of Heads of all clinical departments shall meet at least once in three months and refresh the formulary as required.
- (c) Medicines are to be procured from GMP certified pharmacies only. Medicines prepared for demonstration purpose or by students as part of practical shall not be dispensed to patients (as such medicines are not prepared under GMP and not subjected to Quality control standards).
- (d) Qualified/Trained pharmacists shall dispense the medicines. There shall be adequate arrangement for weighing and mixing of powders. Proper record of removal of expiry medicines shall be maintained.
- (e) Adequate seating arrangement for drug store in-charge, and PGs of RSBK for practical exposure.

(4) Diagnostic Zone:

- (i) A post graduate in Roganidana & Vikritivigyana shall be the in-charge of this zone and is the authorised signatory of diagnostic test reports.
- (ii) This zone shall be comprising of clinical laboratory, imaging section, other diagnostics like ECG, any other instrument useful in primary and secondary health care; store, waiting area with adequate seating arrangements, toilets, counter for issue of reports, payments etc. office for diagnostic zone in-charge. There shall be biomedical waste management system as per standards.
 - (a) Clinical Laboratory: well equipped with separate sections for pathology, haematology, biochemistry, immunology, microbiology etc. There shall be separate section for sample collection, processing.
 - (b) Imaging Section: imaging section shall contain X-ray (preferably digital), ultra-sonography and Doppler. In case of digital X-ray no need of dark room. Radiology section shall be as per the standards laid down by BARC. Imaging section shall contain dress changing room. Seating arrangement for radiology staff shall be made available.
 - (c) There shall be proper display of mandatory information like PNDT Act etc.
 - (d) Other Diagnostics: Separate section for other diagnostics like ECG etc. is to be provided.

Table No.-6		
Minimum area required for various units under diagnostic zone		
Sr.No.	UNIT	Minimum required area (Sq.mt.)
DIAGNOSTIC ZONE		60
1.	Clinical Laboratory	10
2.	Imaging Section	15
3.	Other Diagnostics	05
4.	Waiting area & toilets	10
5.	Diagnostic Zone In-charge office	20

(5) In Patient (IP) Zone:

- (i) There shall be department wise wards having inpatient beds not less than the specified number of beds by NCISM (table no-7) for respective departments. There shall be clear demarcation between male and female wards.
- (ii) Separate toilets for male and female patients and their attendants are to be provided. Hot & cold water for drinking as well as in toilets are to be provided in all IP wards.
- (iii) There shall be designated area with suitable furniture for visitors of IP patients.
- (iv) There shall be cloth washing and drying facility or laundry facility for IP patients.
- (v) Each ward shall have nursing counter/station, medicine storage, seating arrangement for interns, designated places for trolleys, biomedical waste management, area for clean and dirty utility; accommodation for night duty nursing staff, interns on night duty and night duty doctor/consultant.
- (vi) Emergency nurse call bell arrangement at appropriate places of general ward and at every bed of semi-special, special, deluxe etc. wards.
- (vii) Each ward shall have attached procedural room and kitchen to perform ward procedures.
- (viii) For administrative purpose the departmental IP wards may be grouped/maintained as detailed below:
 - (a) **Medical IP Section:** IP wards of Kayachikitsa, Panchakarma, Kaumarabhritya, and Vishachikitsa may be grouped under medical IP section.
 - (b) **Surgical IP Section:** IP beds belonging to departments of Shalya, Shalakyia and Prasuti & Streeroga may be grouped under surgical wards. Clear demarcation between septic beds and aseptic beds; obstetric beds and gynae beds is to be provided to avoid cross infection.

Explanation:

- a) Each departmental IPD may require specialised arrangement for administering ward procedures. Hence, to facilitate such arrangement all IPD beds of that department shall be at one place.
- b) At the same time, hospitals may have to maintain general, semi-special, special, deluxe etc. type of IPD accommodation to suit to different category of patients/subjects. It is in practice that, many hospitals have common IP wards like General ward, Semi-Special ward, Special Ward, Deluxe ward etc. wherein consultants of any department may admit their patients in any ward as per the preference of patients. In such case administering the specialised ward procedures will be difficult. If, all category of beds (i.e., general, semi-special, special, deluxe etc.) are available for each department at one place, in such case the specialised ward procedures are administered conveniently and efficiently.

- c) As the allocated IP beds for each department is very small in number, it is difficult to provide all category of IP accommodation like general, semi-special, special etc. for each department.
- d) To overcome the issue and in order to provide all allocated beds of that particular department at one place and to make available all category of beds to each department, IP wards are grouped depending on the nature of therapies i.e., the departments offering medical management (Kayachikitsa, Panchakarma, Kaumarabhritya&VishaChikitsa) are grouped under Medical IP Section and the departments offering surgical management (Shalya, Shalakya, Prasuti&Streeroga) are grouped under Surgical IP section.
- e) This type of grouping of departmental wards may help in aggregation of IP beds to sufficient number so that, all the allocated beds of that particular department will be at one place and at the same time all category of beds are also available for each department. Further, the attached ward procedural room helps in providing specialised ward procedures as per the need of that particular department.
- f) This also minimises the duplication of equipment and human resource and facilitates the departments to offer speciality wise services to patients conveniently, efficiently, effectively and economically.

Table No.-7			
Department wise distribution of IPD Beds			
Sr.No.	IP Department	% of beds allotted	Number of beds
MEDICAL IP SECTION			
01	Kayachikitsa Ward (including IP beds of atyayikachikitsa)	20	10
02	Panchakarma Ward	25	12
03	Kaumarabhritya Ward	10	05
04	VishaChikitsa Ward	05	03
<i>SUB TOTAL</i>		60	30
SURGICAL IP SECTION			
01	Shalya Ward	20	10
02	Shalakya Ward	10	05
03	Prasuti&Streeroga Ward	10	05
<i>SUB TOTAL</i>		40	20
GRAND TOTAL		100	50

- (i) Additional Beds: in case of post-graduate course is being conducted in any of the departments as shown in table-7 additional IPD beds shall be made available to meet the student bed ratio i.e., 1:4 in that particular department.
- (ii) Kayachikitsa ward: shall be under the department of kayachikitsa. The consultants of kayachikitsa and the related speciality clinics/OPDs if any, are authorised to admit the patients in this ward. The head of the department of kayachikitsa shall be the administrative head of the kayachikitsa ward.
- (a) Emergency Ward & ICU level- I shall have 2 to 6 beds fully air-conditioner, easy to access for emergency patients there shall be oxygen outlets, vacuum outlet, compressed air outlets at each ICU bed sufficient electrical points with suitable capacity shall be available at every ICU bed.
- (b) There shall be nursing counter with necessary facilities inside ICU.

- (iii) Panchakarma ward: shall be under the department of panchakarma. The consultants of panchakarma and the related speciality clinics/OPDs if any, are authorised to admit the patients in this ward. The head of the department of panchakarma shall be the administrative head of the panchkarma ward.
- (iv) VishaChikitsaWard: shall be under the department of Agadatantra. The consultants of Agadatantra and the speciality clinics/OPDs if any under Agadatantra are authorised to admit the patients in this ward. The head of the department of Agadatantra shall be the administrative head of this ward
- (v) The consultants of swasthavritta and the speciality clinics/OPDs if any under Swasthavritta will administer ritusodhana or other rejuvenation/health promotional therapies in collaboration with Panchakarma department hence no separate beds are allocated.
- (vi) Shalya ward: shall be under the department of Shalya Tantra. The consultants of Shalya Tantra and the related speciality clinics/OPDs if any, are authorised to admit the patients in this ward. The head of the department of Shalya Tantra shall be the administrative head of the Shalya ward.
- (vii) Shalakyaward: shall be under the department of Shalaky Tantra. The consultants of Shalaky Tantra and the speciality clinics/OPDs if any, under Shalaky Tantra are authorised to admit the patients in this ward. The head of the department of Shalaky Tantra shall be the administrative head of the Shalaky ward.
- (viii) Prasuti&Streerogaward: shall be under the department of Prasuti&Streeroga. The consultants of Prasuti&Streeroga and the speciality clinics/OPDs if any, under Prasuti&Streeroga are authorised to admit the patients in this ward. The head of the department of Prasuti&Streeroga shall be the administrative head of the Prasuti&Streeroga ward. Shalya ward. However, new born babies are to be taken care by Kaumarabhritya consultants.
- (ix) Kaumarabhrityaward: shall be under the department of Kaumarabhritya. The consultants of Kaumarabhritya and the speciality clinics/OPDs if any, under Kaumarabhritya are authorised to admit the patients in this ward. The head of the department of Kaumarabhritya shall be the administrative head of the Kaumarabhrityaward.
- (x) Clinical Classrooms: ICT enabled (smart board/ multimedia projectors/ LCD projectors or other advance audio-visual systems, desktop/laptop & internet connection) clinical classrooms attached to IP wards, with accommodation capacity suitable to accommodate at least 30 people shall be made available for conduction of clinical classes/bedside clinics/clinical case presentations/clinical discussions. Each clinical classroom should have examination table, X-ray view box, common diagnostic tools (stethoscope, BP apparatus, thermometer, torch light, tongue depressor, measuring tape, skin marking pencil, knee hammer etc.). Clinical classroom shall have interactive CCTV connected to operation theatre for live demonstration of surgical procedures.

Table No-8		
MINIMUM AREA REQUIRED FOR VARIOUS WARDS OF IN-PATIENT ZONE		
Sr.No.	Section	Minimum required area in Sq.Mt.
MEDICAL IP SECTION:		
1.	Area required for IP beds	@6.0sq.mt/bed
2.	Emergency Ward and ICU (02 to 06 beds)	50 – 200
3.	Nursing Counter & Store	one counter for every 30 beds
4.	Seating for PGs	20
5.	Room for night duty nurse (one for every 30 beds)	20
6.	Room for night duty PGs (male & female separately)	50 (25 x 2)
7.	Room for night duty doctor	25
8.	ward procedural room	20
9.	Clinical Classrooms	45
10.	Circulation area & Corridors	20
11.	Toilets (male & female separately), Drinking water facility (hot & cold), Place for trolleys, biomedical waste management, Clean and dirty utility, Housekeeping materials, etc.	300
SUB TOTAL		
SURGICAL IP SECTION:		
12.	Area required for IP beds	@6.0sq.mt./bed
13.	Nursing Counter & Store	one counter for every 20 beds
14.	Seating for PGs	15
15.	Room for night duty nurse (one for every 20 beds)	20
16.	Room for night duty PGs (male female separately)	50 (25 x 2)
17.	Room for night duty doctor	25
18.	ward procedural room	20
19.	Clinical Classrooms	45
20.	Circulation area & Corridors	20
21.	Toilets (male & female separately), Drinking water facility (hot & cold), Place for trolleys, biomedical waste management, Clean and dirty utility, Housekeeping materials, etc.	300
SUB TOTAL		
GRAND TOTAL		

(6) Procedural Management Zone – (i) The Procedural Management Zone shall be comprising of Panchakarma Therapy Section, Operation Theatre Section, Anushastra Karma Section, Labour Room, PSR Procedural Room, Kriyakalpa Section and any other therapy sections.

(ii) **Panchakarma Therapy Section:** This section is comprising of Reception, waiting, consultation, preparation room, store, therapy rooms, therapists room separate for males & females, adequate provision for waste management. This section is common facility for both OPD & IPD. This section shall be under Panchakarma department and under the administrative control of head of the department of Panchakarma or designated faculty of panchakarma department or exclusively appointed panchakarma specialist.

(a) The reception counter shall preferably be computerised with hospital management system, the receptionist shall be well versed with panchakarma terminologies, the counter is to be provided with the schedule of therapies of that particular day, appointments if any, details of the panchakarma therapists of that particular day, details of panchakarma consultants on duty etc. information.

(b) There shall be adequate waiting area with proper seating arrangement. Drinking water facility (hot & cold) to be made available.

(c) Consultation Room with adequate seating for Panchakarma consultant and interns equipped with examination table and common diagnostic tools (sphygmomanometer (non-mercury), contactless clinical thermometer, stethoscope, measuring tape, weighing scale, knee hammer, torch light etc.). Every patient/client/subject must undergo consultation to ensure fitness before and after undergoing panchakarma procedures.

(d) Panchakarma bhashajagara/medicine preparation room with adequate storage (including refrigerator) and area for medicine preparation and required equipment for medicine preparation is to be made available. There shall be arrangement for supply of fresh drugs. There shall be cooking and heating facility, water filter for clean water, exhaust/electric chimney are to be available. There shall be issue counter to issue medications for administration so that frequent movement of people into preparation room may be avoided.

(e) There shall be specified area for clean and dirty utility; separate washing area with hot water supply for cleaning of used items. Designated place and mechanism for biomedical waste management.

(f) The panchakarma therapy rooms shall have adequate space & privacy for dress change and attached toilets. Adequate privacy shall be provided to patients undergoing panchakarma therapy. Every therapy room is to be fully equipped, so that all panchakarma procedures may be administered in every therapy room.

Explanation: Specifying and labelling therapy room as virechanakaksha, vamanakaksha, snehanakaksha, swedanakaksha etc., restrict the administration of multiple procedures and the patient has to shift from one therapy room to other for each procedure and after panchakarma procedures to wash rooms. This type of arrangement is time consuming, inconvenient and affects privacy of patients. For example, if a patient has to undergo abhyanga and sweda then the patient need to undergo abhyangainsnehanakakshaandsweda in swedanakaksha and then to wash room for bath.

For the purpose of snehapaana and to counsel the patients, multiple cubicles (as specified in this regulation) with suitable furniture shall be provided.

(g) Rakthamokshana procedure shall be conducted in anushastra karma unit under aseptic conditions.

Explanation: Rakthamokshana is one of the panchakarma procedure and is also part of anushastra karma. However, it is better performed in anushastra karma section under aseptic conditions. Hence, duplication may be avoided by panchakarma department and in such case, there shall be established policy and mechanism for using the facility by both the departments in coordination. In case if panchakarma department want to retain the facility it should be established separately with appropriate aseptic measures.

(h) The panchakarma therapists must have been trained thoroughly and shall undergo periodical health check-up to rule out any contagious diseases to avoid cross infection. There shall be room for therapists with personal lockers or dedicated compartment of pigeon whole almirah, adequate seating arrangement and attached toilets separately for male and female therapists.

(i) Panchakarma store with adequate space and arrangement of storage of various consumables, medicines and equipment shall be provided.

(j) Emergency medicine kit shall also be made available at prominent place and the drugs are to be periodically replaced to avoid expiry of medicines.

Table No.-9		
Minimum Area Required for Procedural Management Zone		
Sr.No.	Unit	Minimum Required Area in Sq.Mt.
PANCHAKARMA THERAPY SECTION:		
1.	Reception & Waiting	15
2.	Consultation Room	25
3.	Preparation Room, Store, waste management	40
4.	Therapy Rooms – Male (@30Sq.Mt)	90
5.	Therapy Rooms – Female (@30Sq.Mt)	90
6.	Cubicle (@5 sq.mt.)	20
7.	therapists room separate for males & female	20
8.	Sub total	300
Surgical Therapy Section		
1.	Minor OT	50
2.	Major General OT	150
3.	Anushastra Karma	50
4.	Labour Room	50
5.	PSR Procedural Room	30
6.	Kriyakalpa Section	30
7.	Physiotherapy Section	100
8.	Yoga Section	50

(iii) **Operation Theatre Section:** This section shall be comprising of Minor OT for ano-rectal and other minor procedures and Major General OT for all major surgeries. This is common facility for all

surgical departments hence, a suitable mechanism is to be established for the usage of facility by user departments.

- (a) Minor OT: Adequate space and equipment
- (b) Major General OT: This OT area shall contain waiting room for patients, Pre-Anaesthetic/Preparation room, Operation theatre, post-operative recovery room, Soiled Linen room, Instrument room, Nurses rooms, Surgeon's and anaesthetist's room (separate for male and female), Assistant's room, store room, washing room for Surgeons and Assistants; and Students washing up and dressing up room, Scrub room.
- (c) Uttarbasti: Though uttarabsti-intravesicle (male & female) is part of panchakarma and uttarabsti-intrauterine is part of prsuti&streeroga department, the procedures shall be performed in OT under aseptic conditions. In case if panchakarma department want to retain, then the panchakarma department shall have to develop separate unit with required facilities to conduct the procedure under aseptic conditions.
- (d) Ideally ksharasutra preparation falls under the department of Rasashastra&Bhaishajyakalpana. If, department of Shalya Tantra want to retain the preparation of ksharasutra, then there shall be separate room for its preparation. However, preparation of ksharasutra in OT is to be strictly avoided.
- (iv) Anushastra Karma Section: This section shall be under the administrative control of head of the department of shalya or as designated by hospital authority. This facility is common for both OPD & IPD, hence, it is to be set up at appropriate place. There shall be adequate space and equipment to administer various anushastra karma procedures.
 - (a) Rakthamokshana is one of anushastra karma and also part of panchakarma. However, it is better performed in anushastra karma section under aseptic conditions. Hence, if not established separately by panchakarma department, there shall be established policy and mechanism for using the facility by both the departments in coordination.
- (v) Labour Room: under the department of Prasuti&Streeroga. There shall be waiting room for patients, preparation room, labour room, post-partum recovery room and new born care corner.
- (vi) PSR (PrasutiStreeRoga) Procedural Room: under the department of Prasuti&Streeroga. This is the common facility for both OPD & IPD. The head of the department of Prasuti&Streeroga shall be the administrative head of this unit. Adequate space and facility to perform the procedures like uttarbasti, yoni pichu, yoni dhavana, yoni purana, yoni dhupana etc. is to be made available at appropriate place.
- (vii) Kriyakalpa Section: Reception, waiting, preparation room, store, therapy sections/rooms/cubicles, therapists' room, waste management provision. This is common facility for both OPD & IPD. This section shall function under the administrative control of head of the department of shalakyia or any designated faculty member of shalakyia. There shall be a pantry for preparation of medicines, and hygienically maintained cubicles/compartments for conducting procedures. The therapists shall have been trained properly and undergo periodical health check-up for any contagious diseases. There shall be proper biomedical waste management system. Specialised procedures related to eye and

ENT are to be performed in kriyakalpa section. Other common procedures are to be performed in panchakarma therapy section.

- (viii) Physiotherapy Section: under the department of panchakarma. This is common facility for both OPD & IPD. Physiotherapist shall be the administrative head of this unit. There shall be adequate space (individual therapy cubicles/sections are recommended) and equipment for administering physiotherapies as listed in BAMS syllabus specified by NCISM.
- (ix) Yoga Section: under the department of swasthavritta. Yoga teacher shall be the in-charge and the head of the department of Swasthavritta shall be the administrative head of this unit. Adequate space, with proper ventilation, equipped with audio visual aids and enough yoga mats are to be made available. This offers yoga demonstration & training to healthy individuals as well as for patients. The consultants of Swasthavritta shall prescribe therapeutic yogic procedures and the yoga teacher will demonstrate the prescribed yoga, pranayama, kriya etc. as the case may be.
- (7) Administrative Zone:
- (i) This zone accommodates office of Medical Director, Medical Superintendent, PA to Medical Superintendent; Deputy Medical Superintendent; Matron, Assistant Matron; RMOs; Office Superintendent, accountant and other office staff. Waiting lounge for visitors. Attached toilets for head of the institute and toilets separately for male and female for other administrative staff. Pantry with adequate facilities shall be made available.
- (ii) Doctors lounge: with adequate seating and resting furniture, attached toilets along with recreational facility like TV, newspapers, magazines etc. and refreshment facility like coffee vending machine etc. shall be made available. Adequate privacy to female consultants shall be available.
- (iii) Interns room: A separate room for interns with adequate number of storages of personal belongings, adequate furniture and attached toilets, recreational facility such as TV, newspaper, magazines etc., shall be provided.
- (iv) Staff Room: A separate room with adequate seating facilities and individual lockers/pigeon almirah compartment for hospital staff. The room shall be having attached toilets.
- (v) Meeting hall: A meeting hall with well-equipped audio-visual facilities, online and offline conferencing systems, to accommodate at least 30 members to participate in meeting for conduction of hospital related meetings and to conduct periodical clinical meetings of consultants of hospital shall be made available.
- (vi) Store: A store with adequate and appropriate storage facility. The store maintains hospital related items. The store must have been computerised.

Table No.-10		
Minimum Required Area for Various units under Administrative Zone		
Sr. No.	Unit	Minimum Required Area in Sq.Mt.
1.	Medical Director	35
2.	Medical Superintendent	35
3.	PA to Medical Superintendent	10
4.	Deputy Medical	20

	Superintendent	
5.	Matron	20
6.	Assistant Matron	15
7.	Office Superintendent	15
8.	Accountant and other office staff	30
9.	Waiting lounge for visitors	15
10.	RMOs	30
11.	Toilets	20
12.	Pantry	05
13.	Doctors lounge	30
14.	Interns room	50
15.	Staff Room	50
16.	Meeting hall	50
17.	Store	40

(8) Services Zone:

(i) Pathya-Diet including instant medicine preparation Section:

- (a) Head of the department of RSBK or designated faculty member of RSBK shall be the in-charge of pathya-diet section.
- (b) There shall be trained cooks and multi-tasking workers. The section shall contain adequate space and necessary arrangement for storage (including cold storage), washing, cooking, packing, despatch, dining area (optional), seating arrangement and toilets for pathya-diet in-charge, interns and other staff.
- (c) Indent for Pathya-diet including instant medicines like swarasa, Kashaya, ksheerapaka etc. is to be raised by respective wards on suggestion/prescription by respective consultants and to be submitted to pathya section.
- (d) The indent shall contain: name of pathya-diet/instant medicine, quantity, time of supply, special instructions if any such as serve warm, less spicy, with trikatu etc. details. There shall be a directory or electronic display of SOPs of preparations available for ready reference. There shall be arrangements for supply of raw materials for swarasa, kalka, Kashaya with fresh herbs etc. the cooks and other working staff must undergo periodical health check-up including nosocomial swab culture test.

(ii) **Canteen:** If the college and hospital are in same campus in such case common canteen or in case if the hospital is in separate campus, then separate canteen in hospital premises is to be made available. The canteen shall have adequate seating capacity, separate sections for consultants including teaching staff, interns and medical students, patients and their attendants.

(iii) **Mortuary:** Colleges may have mortuary with cold storage or may have MoU with the medical establishments having mortuary facility.

(iv) **Ambulance:** colleges may have their own ambulance service for 24x7 or may have MoU with ambulance services.

(v) **Biomedical Waste Management:** There shall be adequate system of biomedical waste management i.e., starting from waste generating source to till transportation/disposal as per NABH should be

available. The institute can have own biomedical waste disposal system or may have MoU with the authorised biomedical waste management agencies.

- (vi) Laundry: Laundering of hospital linen shall satisfy two basic considerations, namely, cleanliness and disinfection. The hospital could be provided with necessary facilities for drying, pressing; storage of soiled and cleaned linens. The physical facilities for housing the laundry equipment shall be provided in the campus. However, services can be outsourced with overall supervision of Hospital Administrator.
- (vii) Housekeeping: Housekeeping services for college, hospital and other units of the institutional campus shall be provided with adequate house-keeping staff. The house keeping staff may be on contract basis or outsourced through the registered outsourcing agencies.
- (viii) Central Sterilisation Services: There shall be an independent Central Sterilization unit capable of taking the total working load of operation theatres, laboratories. It shall have adequate equipment with separate ends for loading and unloading, sterile racks, and trays for instruments.
- (ix) Security services: Security services for campus, college, hospital and other units of the institution shall be provided with trained security personnel in adequate number. Security posts shall be provided at main entrance of the institute (2 posts, in case of two campuses both campus shall be provided with 2 posts each), all entrances and exits of the college and hospital, entrance of teaching pharmacy, entrances of the hostels, library entrance and other areas as per the institutional requirement. The security services may be outsourced through registered security agencies.
- (x) Maintenance Cell: If the college and hospital are in one campus then common maintenance cell shall be sufficient, if not in the same campus, then a separate maintenance cell is required for hospital. This cell shall take care of maintenance works related to civil, electrical, plumbing, carpentry, mechanical, sanitary, water supply, waste management, drainage, air-conditioning, refrigeration equipment etc. There shall be adequate space, equipment for maintenance and qualified manpower either appointed or outsourced.
- (xi) Medical Gases: Fixed cylinders for pipe gas supply as well as portable cylinders are shall be appropriately placed. All the gas pipelines shall be periodically maintained with proper record. There shall be proper refilling/replacement system to ensure safety and uninterrupted supply.
- (xii) Photography & Videography Section: Photography and audio-visual recording facility to document typical/atypical clinical presentations and clinical success stories shall be made available for academic and research purpose. This section shall be equipped with green backdrop, suitable lighting system, camera, video camera, audio recording system along with audio-video editing facility.

(9) Human Resource:

- (i) Medical Director: All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/ Principal/Director who shall not be concurrently Head of Department but can be a component of teaching faculty in the concerned respective department.
- (ii) Medical Superintendent: Medical Superintendent shall be a post-graduate in any of the following departments viz. Kayachikitsa, Panchakarma, Shalya Tantra, Shalakyata Tantra, Prasuti Tantra & Streeroga, Kaumarabhritya, Manasaroga and Rasayana & Vajikarana with minimum of 10 years

of professional experience in which at least three years of administrative experience as HoD or Deputy Medical Superintendent or vice Principal; or BAMS graduate with MBA Hospital Administration with 10 years of experience as Deputy Medical Superintendent in ayurveda hospitals or Hospital Administrator/HR (Human Resource Manager) in NABH accredited Multi-speciality Hospital. Medical Superintendent shall not be concurrently the teaching staff of any department. Medical Superintendent appointed or deputed from health services shall report and discharge duties under Medical Director.

Explanation: Clinical training is the crucial component of medical education and the teaching hospitals have to play pivotal role in imparting clinical training to medical students. To provide effective clinical training coordination and cooperation between clinical departments of college and hospital is essential. Hence, in order to bring coordination and cooperation between college and hospital Medical Director shall be the overall controlling authority of the teaching hospital and Medical Superintendent shall discharge the duties under the supervision of Medical Director.

- (iii) Deputy Medical Superintendent: Post-graduate in Kayachikitsa/Panchakarma/ Shalya Tantra/ Shalakyata Tantra/ Prasuti Tantra & Streeroga/ Kaumarabhritya/ Manasaroga/ Rasayana & Vajikarana or BAMS with MBA in Hospital Administration shall be appointed as Deputy Medical Superintendent. Deputy Medical Superintendent shall not be concurrently the teaching staff of any department. Deputy Medical Superintendent appointed or deputed from health services shall report to Medical Director.
- (iv) Administrator: MBA in Human Resource Management/Operations management/ Health Care Management shall be appointed as administrator. The administrator shall discharge duties under the supervision of Medical Superintendent.
- (v) **Physiotherapist:** A candidate having qualification of BPT/MPT (Bachelor of Physiotherapy/Master of Physiotherapy) shall be appointed as physiotherapist.
- (vi) Matron: BSc Nursing with 10 yrs of experience or General Nursing with 12 yrs of experience registered with nursing council; or Ayurveda Nursing of duration not less than 3 years awarded by a recognised university or an ayurveda teaching hospital with 10 years of experience in ayurveda hospital shall be appointed as matron.
- (vii) Assistant Matron: BSc Nursing with 5 yrs of experience or General Nursing with 8 yrs of experience registered with nursing council; or Ayurveda Nursing of duration not less than 3 years awarded by a recognised university or an ayurveda teaching hospital with 5 years of experience in ayurveda hospital shall be appointed as assistant matron.
- (viii) Nursing Staff: BSc Nursing or General Nursing registered with nursing council; or a person having degree/diploma in Ayurveda Nursing of duration not less than three years awarded by recognised university or an ayurveda teaching hospital shall be appointed as nursing staff.

Table No.-11 Human Resource Requirement for a Teaching Hospital		
Sr.No.	Designation/ Category of Employee	Number of posts required
Administrative Zone		

1.	Medical Director	01
2.	Head of the hospital (Medical Superintendent, Director or other designation as applicable)	01
3.	Deputy Medical Superintendent	01
4.	Administrator	01
5.	Consultants	Respective Post-Graduates
6.	Resident Medical Officers (RMOs) including Emergency Medical Office (EMO)	02
7.	Matron / Nursing Superintendent	01
8.	Assistant Matron (for 2 shifts)	2 (1+1)
9.	Office Superintendent	01
10.	Clerks cum accountants	01
11.	Store keeper	01
12.	MODERN MEDICAL STAFF (presence not mandatory for inspection/visitation)	
13.	Anaesthesiologist	Part Time
14.	Pathologist	Part Time
15.	Radiologist	Part Time
Reception & Registration		
1.	Receptionist cum telephone operator (2 shifts) (Graduation with computer knowledge & Communication skills)	2 (1 per shift)
2.	Registration & Billing clerks (Graduation with computer knowledge)	01
3.	Medica Record Technician (qualified/Trained) (Not required in case of fully computerised hospitals)	01
OPD Zone:		
1.	RMO	01
2.	Nursing Staff (one each for Casualty, Shalya & Prasuti & Streeroga)	03
Dispensary		
1.	Pharmacist (Qualified Ayurveda Pharmacist or 12 th Standard with Training)	02
Diagnostic Zone		
1.	Lab Technician (DMLT)	02
2.	Lab Attendant (Minimum 10 th Standard)	01
3.	X-ray Technician (qualified)	01
4.	Dark room assistant (in case of non-digital x-ray)	01
5.	Nursing staff for USG & ECG	01
IP Zone		
1.	Medical IP Section	
2.	Nursing Staff (one for 12 beds)	03
3.	Ayah (one for 20 beds)	04
4.	*Resident Medical Officer (2 shifts) – BAMS	2(1+1)
5.	Surgical IP Section	
6.	Nursing Staff (one for 10 beds)	03
7.	Ayah (one for 20 beds)	02
8.	*Resident Surgical Officer (2 shifts) – BAMS	2(1+1)
Procedural Management Zone		
1.	Panchakarma:	
2.	Nursing staff	01
3.	Cook for Preparation Room	01

4.	Therapists (male & Female)	4 (2+2)
5.	*House officer/clinical registrar/senior resident-BAMS	01
6.	Clerk cum receptionist	01
7.	Operation Theatre:	
8.	Nursing staff	01
9.	OT attendants	02
10.	Labour Room:	
11.	Nursing staff	01
12.	Ayah	01
13.	Kriyakalpa:	
14.	Kriyakalpa Therapists	01
15.	Physiotherapy:	
16.	Physiotherapist (BPT)	01
17.	Attendant/ayah	01
18.	Yoga Demonstrator of swastha Department	01
	Services Zone	
19.	Pathya Cooks	02
20.	Total No. of	61
*Post Graduate Scholars may be appointed as Resident Medical Officer/ Resident Surgical Officer/ House officer/ Clinical Registrar/ Senior resident provided they have been paid stipend or salary as per the respective state stipend policy or salary structure as the case may be.		
PROs, MTS, housekeeping, maintenance staff, security, ambulance services may be appointed or outsourced as required.		

Chapter-II

Minimum Standards of Education of Post Graduate Degree Program

10. Components of post graduate education: the post graduate education includes
- (i) Professional Attitudes including communication skills
 - (ii) Theoretical knowledge (Classical understanding and contemporary scientific updates)
 - (iii) Practical/Clinical competencies
 - (iv) Research Skills (planning, conduction, analysis, reporting and communication)
11. Area of Specialization: Post-graduate programs are aimed to produce specialists with the focussed and specific competencies of the respective PG program as detailed below:
- (i) Ayurveda Samhita evum Siddhanta (Compendium and Basic Principles):
 - (a) Ability to read and understand the samhitas
 - (b) Ability to apply tantrayukthies appropriately
 - (c) Ability to understand commentaries and apply appropriately
 - (d) Ability to understand and apply the fundamental principles described in samhitas

- (e) Ability to establish principles described in samhitas on the contemporary scientific lines
 - (f) The post-graduate in Samhita evum Siddhanta shall be the specialist in ‘Critical Appraise of Samhita’
- (ii) Ayurveda Biology:
- (a) Ability to understand and apply knowledge of Ayur-genomics
 - (b) Ability to perform pharmacology experiments
- (iii) Rachana Sharira (Anatomy):
- (a) Understanding of structure of Human body
 - (b) Ability to dissect the human body systematically
 - (c) Ability to understand sapta dhatu in terms of tissues of human body
 - (d) Ability to locate marma in human body
 - (e) Ability to demonstrate surgical anatomy
 - (f) Ability for embalming and preparation of organs and sections of specimens for anatomy museum
 - (g) Ability for plastination of organs
 - (h) Ability to understand and demonstrate advance anatomy aids like 3D anatomy table and other e-dissection software
 - (i) The post-graduate in Rachana Sharira shall be the specialist of ‘Sharira’
- (iv) Kriya Sharira (Physiology):
- (a) Ability to understand and demonstrate physiological functions of human body
 - (b) Ability to assess and demonstrate prakrit, saara, dosha vriddhi, kshaya etc.
 - (c) Ability to conduct and demonstrate physiology tests and experiments
 - (d) The post-graduate in Kriya Sharira shall be the specialist of ‘Kriya Sharira’
- (v) Dravyaguna Vigyana (Materia Medica and Clinical Pharmacology):
- (a) Ability to understand and demonstrate rasapanchaka & prabhava
 - (b) Ability to identify dravya (medicinal plants)
 - (c) Ability to conduct and demonstrate pharmacognosy experiments
 - (d) Ability to apply grahya and arahya lakshana including quality control
 - (e) Ability to clear controversy and suggest substitute drugs
 - (f) Ability to identify and authenticate medicinal plants
 - (g) Ability to define Ayurveda pharmacological properties for new drugs
 - (h) Ability to conduct and demonstrate pharmacological experiments including animal studies

- (i) Knowledge of tissue culture, bio-informatics, network pharmacology, stem cell experiments etc. emerging areas
- (j) The post-graduate in Drvyaguna Vigyana shall be the specialist of 'Identification and Biological Actions of Herbs'
- (vi) Rasashastra evum Bhaishajy Kalpana (Pharmaceutics and Clinical Pharmacy):
 - (a) Ability to prepare classical as well as novel dosage forms
 - (b) Ability to identify mineral drugs and apply grahya and agrahya lakshana
 - (c) Ability of administering the drug as per psology, aushadasevana kaala and kaala maryada (Clinical Pharmacy)
 - (d) Ability to conduct Quality Control tests of raw & finished goods
 - (e) Ability for Drug Development
 - (f) The post-graduate in Rasashastra & Bhaishajyakalpana shall be the specialist of 'Pharmaceutics & Pharmaceuticals'
- (vii) Roga Nidana evum Vikriti Vigyana (Pathology and Clinical Diagnosis):
 - (a) Ability for Panchalakshana nidana
 - (b) Ability to understand Pathophysiology of clinical conditions in Ayurveda perspective as well as contemporary medical science
 - (c) Ability for diagnosis – Clinical & Investigational
 - (d) The post-graduate in Roganidana shall be the specialist of 'Pathophysiology & Diagnostics'
- (viii) Agad Tantra evum Vidhi Vaidyaka (Clinical Toxicology and Medical Jurisprudence):
 - (a) Ability to diagnose poisonous conditions and manageemnt
 - (b) Ability to deal with Medical Jurisprudence
 - (c) The post-graduate in Agada Tantra shall be the specialist of 'Visha Chikitsa & Medical Jurisprudence'
- (ix) Swasthavritta evum Yoga (Lifestyle Management, Public Health and yoga):
 - (a) Abiity for Lifestyle Management (Dinacharya, Ritucharya) as per ayurveda
 - (b) Ability to administer Yoga for healthy and diseased
 - (c) Ability for Dietetic practices
 - (d) Ability for Public Health measures
 - (e) The post-graduate in Swasthavritta shall be the specialist of 'Lifestyle Management & Public health'
- (x) Kaumarabhritya (Paediatrics):

- (a) Ability to manage clinical conditions in general in children up to the age of 16 years
 - (b) Implementation of immunization schedule
 - (c) Ability to administer Panchakarma procedures in children up to the age of 16 years
 - (d) He/she shall be the specialist of ‘Management of Balrog (Paediatrics)’
- (xi) Kayachikitsa (Internal Medicine):
- (a) Ability to diagnose clinically, interpret and correlate diagnostic investigational reports and arrive to diagnosis
 - (b) Ability to manage clinical conditions in general
 - (c) The post-graduate in Kayachikitsa shall be the specialist of ‘Kayachikitsa (Internal medicine)’
- (xii) Panchakarma evum Upakarma (Therapeutic Procedural Management):
- (a) Ability to administer of Panchakarma Procedures
 - (b) Ability to manage complications of Panchakarma procedures
 - (c) Ability to maintain Panchakarma theatre
 - (d) Ability to manage human resource of panchakarma
 - (e) The post-graduate in Panchakarma shall be the specialist of ‘Panchakarma Procedures’
- (xiii) Prasuti Tantra evum Stree Roga (Obstetrics and Gynecology):
- (a) Ability for antenatal care and conduction of deliveries
 - (b) Ability to perform surgeries and other therapeutic procedures related to the speciality
 - (c) Ability to Manage gynaecological conditions
 - (d) Ability to conduct diagnostic tests related to the speciality
 - (e) Ability to undertake conception and contraception measures
 - (f) The post-graduate in Prasuti evum Streeroga shall be the specialist of ‘Prasuti &Streeroga’
- (xiv) Shalya Tantra (Surgery):
- (a) Ability to Perform surgeries in general
 - (b) Ability to Manage surgical complications
 - (c) Ability to perform anushashtra karma/parasurgical procedures
 - (d) The post-graduate in Shalya Tantra shall be the specialist of ‘Shalya Chikitsa’
- (xv) Shalakya – Netra (ophthalmology):

- (e) Ability to diagnose and manage clinical conditions related to eye
- (f) Ability to operate advance diagnostic tools related to ophthalmology
- (g) Ability to perform routine and advance diagnostic procedures related to ophthalmology and interpret the results
- (h) Ability to perform various therapeutic procedures related to eye
- (i) He/she shall be the specialist of ‘Netra roga chikitsa’
- (xvi) Shalakya – Karna, Naasaa, evumKantha Roga (Oto-Rhino-Laryngology):
- (a) Ability to diagnose and manage clinical conditions related to karna, naasa and kantha (KNK).
- (b) Ability to operate advance diagnostic tools related to KNK
- (c) Ability to perform routine and advance diagnostic procedures related to KNK and interpret the results
- (d) Ability to perform various therapeutic procedures related to KNK
- (e) He/she shall be the specialist of ‘Karna, Naasaevum kantha roga Chikitsa’

Table-12		
Sr.No.	Nomenclature of Post Graduate Degree Program	Nomenclature of the Post Graduate Specialist
<i>Ayurveda Vachaspati (MD Ayurveda):</i>		
01	Ayurveda Samhita evum Siddhanta (Compendium and Basic Principles)	Samhitacharya
02	Ayurveda-Biology	Ayurveda-Biologist
03	Rachana Sharira (Anatomy)	Sharira Rachana Tajna
04	Kriya Sharira (Physiology)	Sharira Kriya Tajna
05	Dravyaguna Vigyana (Materia Medica and Clinical Pharmacology)	Dravyagunacharya
06	Rasashastra evum Bhaishajy Kalpana (Pharmaceutics and Clinical Pharmacy)	Rasashastracharya
07	Roga Nidana evum Vikriti Vigyana (Pathology and Clinical Diagnosis)	Nidanacharya
08	Agad Tantra evum Vidhi Vaidyaka (Clinical Toxicology and Medical Jurisprudence)	Visha Vaidya
09	Swasthavritta evum Yoga (Lifestyle Management, Public Health and yoga)	Swasthacharya
10	Kaumarabhritya (Pediatrics)	Kaumara Chikitsaka
11	Kayachikitsa (Internal Medicine)	Kayachikitsaka
12	Panchakarma evum Upakarma (Therapeutic Procedural Management)	Panchakarma Tajna
<i>Ayurveda Dhanvantari (MS Ayurveda):</i>		
01	Prasuti Tantra evum Stree Roga (Obstetrics and Gynecology)	Prasuti evum Stree Roga Tajna
02	Shalya Tantra (Surgery)	Shalyatantrajna
03	Shalakya – Netra (ophthalmology)	Shalakya – Netra Roga Tajna
04	Shalakya – Karna, Naasaaevum Kantha (Oto-Rhino-	Shalakya – Karna, Naasa evum

Laryngology)	kantha Roga Tajna
--------------	-------------------

(xvii) **Mode of admission in to post graduate degree (MD/MS Ayurveda)**

programs.-(i) A person possessing the degree of Ayurvedacharya (Bachelor of Ayurveda Medicine and Surgery) from a recognised University or Board or medical institution specified in the Second Schedule of erstwhile **CCIM Act 1970 or Section 35 & 36 of NCISM Act 2020 shall** be eligible for admission in the post-graduate degree (MD/MS) programs.

- (a) There shall be a uniform entrance examination to all medical institutions at the post-graduate level namely, the All India AYUSH Post Graduate Entrance Test (AIAPGET) for admission to post-graduate degree (MD/MS) programs in each academic year and shall be conducted by an authority designated by NCISM: Provided that the said All India AYUSH Post Graduate Entrance Test (AIAPGET) shall not be applicable for foreign national candidates.
- (b) In order to be eligible for admission to post-graduate degree (MD/MS) programs for an academic year, it shall be necessary for a candidate to obtain **minimum of marks at 50th percentile** in the ‘All India AYUSH Post Graduate Entrance Test (AIAPGET)’ 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 be at 40th percentile;
 - ii. Candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the minimum marks shall be at 45th percentile for the General Category and 40th percentile for the Scheduled Castes, Scheduled Tribes and Other Backward Classes.
 - iii. Provided further that, where sufficient number of candidates in the respective category fail to secure minimum marks in the AIAPGET held for any academic year for admission in to post-graduate programs, 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 in to post-graduate programs for candidates belonging to respective category and marks so lowered shall be applicable for that academic year only.
 - iv. 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,-

- a) the All-India Quota for the purpose of admission in all the deemed university both Government and private shall be hundred per cent.;
- b) the university and institute which are already having more than fifteen per cent. All-India Quota seats shall continue to maintain that quota;
- c) 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 AIAPGET.

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.

- v. The designated authority for counselling of State and Union territory quota for admissions to Post-graduate programs 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.
- vi. The counselling for all admission to post-graduate Programs for hundred percent of seats of all Deemed Universities both Government and Private (established by central act) shall be conducted by the authority designated by the Central Government in this behalf.
- vii. The counselling for admission to post-graduate Programs for seats 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.
- viii. All seats irrespective of category (Central quota, State Quota or management etc.) except foreign nationals shall be admitted through

counselling (Central, State or UT) only. Direct admission by any means other than above specified shall not be approved.

- ix. The institutions shall 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.
- x. No candidate who has failed to obtain the minimum eligibility marks specified in this regulation shall be admitted to post-graduate programme in the said academic year.
- xi. No authority or institution shall admit any candidate to the post-graduate programme in contravention of the criteria or procedure laid down in these regulations in respect to admissions and any admission made in contravention of the said criteria or procedure shall be invalid and the same shall be cancelled by the National Commission for Indian System of Medicine forthwith.
- xii. 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 to face consequences as per the relevant provisions of the Act& the regulations thereunder.

12. Duration of course and attendance-

- (i) The student shall have to undergo study for a period of three years (36 months) including examination/assessment process.
- (ii) The student shall have to attend minimum eighty per cent. of total academic activities such as lectures, practical/clinical, seminars, journal clubs, clinical case presentations, group discussions etc. as scheduled by the department/institution to become eligible for appearing in the university examination.
- (iii) The student shall have to attend the hospital and other duties as assigned during the course of study.
- (iv) The maximum duration for completion of the course shall not exceed six years from the date of commencement of the academic course as per the academic calendar issued by NCISM for that particular batch.
- (v) Leave policy of the respective state/university shall be applicable for post-graduate scholars.

- (vi) Web based centralized biometric/iris identification/face identification attendance system as specified by NCISM shall be required for the attendance of post-graduate students.

13. **Method of training.-**

- (i) In the first year of the PG course, the students shall have to acquire
 - (a) knowledge and application Research Methodology
 - (b) understanding and application of medical statistics
 - (c) Applied knowledge and skills in respective specialty
- (ii) During second and third year the students shall have to undergo intensive training in understanding and application of classical knowledge along with contemporary scientific updates, relevant clinical/practical skills, industry exposure, field visits etc. relevant to the respective specialty. Special emphasis shall be given for hands on training.

14. **Dissertation:** (i) PG students shall have to submit dissertation of their research topic, in partial fulfilment for the award of degree of post-graduation. Specifications of dissertation activity is described under the below mentioned headings:

- (a) Submission of Synopsis
- (b) Dissertation Activity & Submission
- (c) Dissertation evaluation

(a) Submission of Synopsis:

i. Guide allotment process:

- a) Every PG institute shall have approved PG guide allotment policy; the policy shall facilitate selection of topic by students as per their area of interest.
- b) Institute shall notify thrust areas of research as specified for respective departments in this regulation for each approved PG guide and he/she shall continue guiding PG students in the same areas of research.
- c) The guide shall be a person of status of Professor or Associate Professor or eligible Assistant Professor approved by the university. The guide allotment shall be within student guide ratio as specified in this regulation.
- d) In case of inter-disciplinary research, it may be done by co-opting the guide (co-guide) from the concerned specialty.

ii. Dissertation Title and Synopsis:

- a) The topic of dissertation shall be innovative and translational. The research shall be helpful for the development of Ayurveda system.
- b) The topic shall be within the scope of the subject speciality and shall be from the thrust areas of the research of respective department as specified in this regulation.
- c) The title of the dissertation topic shall be precise and reflect the objectives and methods of the study.

- d) The synopsis for the selected title of the dissertation, shall be developed as per the specifications and in the format as specified by the respective university.
- iii. Institutional Approval Process of Synopsis:
- a) The synopsis developed as per the specifications shall be subjected to departmental review. After departmental review the completed synopsis signed by scholar and guide shall be submitted to the head of the respective department.
 - b) The head of the department shall forward all synopsis of the department to head of the institution.
 - c) Head of the institution in turn forward all the synopsis to institutional **research review committee/institutional research committee/institutional scientific committee as the case may be for the approval.**
 - d) Corrections/modifications if any suggested by the aforesaid committees shall be forwarded to respective heads of departments.
 - e) The synopsis corrected/modified by incorporating the suggestions shall be resubmitted to the respective heads of departments and from the HOD to the head of the institute.
 - f) Head of the institute shall forward the synopsis that require ethical clearance (clinical studies/animal studies) to respective institutional ethics committees for human subjects/institutional ethics committee for animal studies
 - g) Corrections/modifications if any suggested by the aforesaid committees shall be forwarded to respective departments.
 - h) The synopsis corrected/modified by incorporating the suggestions shall be resubmitted to respective departmental heads who in turn forward to head of the institute.
 - i) Submission of synopsis at all stages shall be in soft copy. One hard copy of the final synopsis duly signed by scholar, guide, HOD and head of the institute shall be retained in the department.
- iv. Submission of Synopsis to University:
- a) The synopsis completed in all aspects, obtained approval of relevant institutional research/ethics committees shall be forwarded soft copy of synopsis to university by the head of the institute on or before last working day of 9th month of first year of PG program.
 - b) If the student fails to submit the title of dissertation and synopsis within the period specified under the clause (a), his term for first postgraduate degree programme shall be extended for six months and the synopsis shall be submitted before appearing for first year postgraduate (preliminary) examination. Failing which he/she shall not be eligible to appear for preliminary examination and again the first-year postgraduate course duration shall be extended for another six months. Submission of synopsis within the prescribed time is a mandatory criterion to appear for first year postgraduate (preliminary) examination.
- v. Approval System by University:
- a) A Board of Research studies constituted by the university for approving the title of dissertations;

- b) University shall intimate the approved list of dissertation title and synopsis to the concerned postgraduate institute and display the list of approved titles of dissertation in university website. The same shall be displayed in the respective college website by the institute;
- c) Once the title of the dissertation is approved by the university, the student shall not be allowed to change the title of the dissertation without permission of the university.

(b)Dissertation Activity & Submission:

- i. Research activity progress & quality monitoring mechanism:
 - a) Dissertation research activity shall be started only after obtaining the approval by the respective affiliating university to the synopsis.
 - b) After receiving the approval from university, the student under the guidance of respective guide prepare calendar of events of research activity and submit to the head of the department, the shall be verified by the research committee while reviewing the progress of the study.
 - c) Research Committee shall periodically monitor the dissertation activity in terms of:
 - (A) Progress of research activity in respect to the calendar of research activity submitted by the scholar
 - (B) Qualify of research and adherence to the methods and standards as per the approved synopsis.
- ii. Institutional approval system:
 - a) On completion of research activity with the recommendation of guide through head of the department, pre-submission of dissertation shall be arranged, wherein the IRC review the entire study.
 - b) The IRC may approve or suggest corrections or modifications and the same shall be communicated to the scholar through HOD and guide.
 - c) The final dissertations incorporating suggestions/modifications shall be forwarded to head of the institute through HOD in soft copy in the format as specified by the respective universities.
 - d) One hard copy of the dissertation signed by scholar, guide, HOD and head of the institute shall be retained in department.
- iii. Specifications of dissertation:
 - a) The dissertation shall contain the methods and data of the research carried out by the student on the problem selected by him and completed under the guidance of the guide approved by the university;
 - b) The dissertation shall consist of critical review of literature, methodology, results of the research, discussion on the basis of research findings of the study, summary, conclusion, and references cited in the dissertation shall be suitable for publication.
 - c) The dissertation shall consist of minimum forty thousand words and maximum sixty thousand words. The total number of pages of the dissertation shall be minimum 120 and the maximum of 150.

- d) The font type of the text materials shall be 'Times New Roman' and the font size is 12. The line spacing shall be 1.5.
 - e) The dissertation shall contain, at the end, a summary of not more than one thousand and five hundred words and the conclusion not exceeding one thousand words.
- iv. Submission of dissertation to university through institute
- a) All the dissertations approved by the IRC shall be forwarded in soft copy to the university by head of the institute.
 - b) Dissertations shall be submitted during 33rd month of PG course (33rd month shall be counted from the month of commencement of the course as per the academic calendar issued by NCISM for that batch).
 - c) Head of the institute shall notify the dates for the below mentioned events well in advance:
 - (A) Dates for Pre-submission
 - (B) Date of submission of dissertation to department
 - (C) Date of submission by departments to Head of the institution
 - (D) Date of submission by head of the institute to university
- (c) Evaluation of dissertation by university:
- i. The dissertation shall be assessed by three examiners (two external and one internal);
 - ii. In case of disapproval by one examiner, the dissertation shall be referred to the third external examiner appointed by the university;
 - iii. If dissertation is disapproved by two or all three examiners, the dissertation shall be returned to the student with remarks of the examiners and the student shall resubmit the dissertation after making necessary corrections in the light of the examiners report to the university within a further period of six months;
 - iv. The re-submitted dissertation shall be re-evaluated by the examiners appointed by the university for approval.
 - a) Approval of dissertation shall be the pre-requisite for the students to appear final university examination. In case of delay in submission by student, the student shall not be eligible to appear in final university examination. In case of delay in evaluation process, the students may be allowed for examinations but examination results of that particular students shall be withheld till the approval of dissertation.
 - b) All the approved dissertations shall be displayed either titles or complete dissertation on institutional website, university website and other related data bases such as sodhaganga etc.
 - c) Once the portal for synopsis as well as dissertation management system of NCISM is operational, the process of synopsis submission and approval system, research progress monitoring as well as dissertation submission and evaluation system etc. entire process of synopsis and dissertation shall be through the NCISM portal.

15. Areas of Research listed below under each department shall be the thrust areas of research for that particular speciality. The dissertation topics shall be relevant to any one of the thrust areas of research specified for that particular speciality. This

facilitates longitudinal research in selected areas and may lead to translational research and innovation.

- (i) Ayurveda Samhita and Siddhanta:
 - a) Comparative study of different commentaries
 - b) Compilation and comparison of literature available on a particular concept in different Samhita
 - c) Review and assessment of Manuscripts
 - d) Scientific Validation of basic concepts
 - e) Development of demonstrative methods/techniques for fundamental principles of samhitas
 - f) Development of tools/scores/methods for assessment of different concepts
 - g) Applications of ancient tools such as tantrayukti etc. to understand Ayurvedic texts
 - h) Critical study of ancient research methodology
 - i) Applications of Pramana
 - j) Development of Research Methods for Ayurveda
 - k) Development of medical education technology for ayurveda

- (ii) Rachana Sharir
 - a) Clinical applications of unique Ayurvedic concepts such as Marma, Kala, Srotas, Anguli and Anjali Pramana
 - b) Understanding controversial organs in the light of modern anatomy e.g., kloma, vapa
 - c) Development of glossary of terms with meanings related to Rachana Sharir
 - d) Understanding Garbha-Sharira in the context of contemporary embryology
 - e) Mrita shodhan (as per Sushruta) and Mrita Samrakshana (preservation method of human cadaver)
 - f) Studies related to surgical anatomy
 - g) Studies related to applied anatomy in relation to Panchakarma, anushastra karma, kriyakalpa etc.
 - h) Studies related to dhatus and tissues
 - i) Histological studies of dhatus
 - j) Anatomical establishment of srotas

- (iii) Kriya Sharir
 - a) Elucidation of Dhatu-Poshana theories
 - b) Association between maintenance of health and process of Ahara Parinama
 - c) Understanding Dosha – Dhatu – Mala in the context of contemporary sciences & advanced techniques like multi-omics
 - d) Exploring concepts of Mana and Indriya and their role in cognition
 - e) Role of Srotas-Vichara in understanding functions of various systems in human body
 - f) Development and validation of scales for various concepts like Agni, Koshta, Sara, Samhanana, Prakriti etc.

- (iv) Dravyaguna Vigyan
 - a) Development of tools to estimate/assess/measure Rasa, Guna, Veerya, Vipaka and Prabhava
 - b) Rasa, Guna, Veerya, Vipaka and Prabhava of new drugs

- c) Traditional vis-à-vis conventional methods of drug identification
 - d) Clinical Pharmacology: Bhaishajya Prayoga (Marga, Kalpana, Matra, Anupana, Sevan, Kala etc.)
 - e) Agrya Sangraha- experimental and clinical studies
 - f) In silico studies- Network pharmacology
 - g) Quality, safety and efficacy testing using Charakokta Bhaishajya Pariksha
 - h) Good cultivation, collection practices and storage practices
 - i) Pharmacovigilance of ASU drugs
 - j) Efficacy testing: in vitro/animal/clinical
 - k) Pharmacoepidemiology
- (v) Rasa Shastra and Bhaishajya Kalpana
- a) Advanced methods of Bhasma Nirmana (Shodhana and Marana procedures)
 - b) Characterization of different Bhasma
 - c) Safety and efficacy evaluation of different Bhasma
 - d) Critical study of different texts Rasa Ratnasamuchchaya, Rasendra Chintamani, Rasa Tarangini, Sharngadhara Samhita, Chakradutta and Bharat Bhaishajya Ratnakara with focus on Aushadha-Nirmana
 - e) Exploring concept of Bhaishajya Kala through experimental and clinical studies
 - f) Exploring new dosage forms through experimental studies
- (vi) Agadtantra Avum Vidhi Vaidyaka
- a) Contemporary approaches to Garavisha and Dushi visha –food adulterations
 - b) Concept of Viruddhahara
 - c) Janapadodhvansa Vyadhi in context of air pollution, water pollution, soil pollution, etc. and their management
 - d) Chaturvinshati Upakrama (24 management procedures) & their practical utility
 - e) Management of food poisoning
 - f) General and Emergency medical management of poisoning – Ayurvedic aspects
 - g) Diagnosis and management of dermatological manifestations of Visha / contact poisons - Ayurvedic aspects
 - h) Experimental and clinical studies on different Agad
- (vii) Swasthavritta & Yoga
- a) Relevance of Dinacharya, Ratricharya and Ritucharya in Health Promotion
 - b) Clinical impact of suppressible and non-suppressible urges
 - c) Conceptual and clinical studies of Diet and Nutrition in Ayurveda
 - d) Clinical application of Vyadhikshamatva.
 - e) Concept of Bala and Ojas in relation to health
 - f) Role of Rasayana in promotion of health and prevention of diseases.
 - g) Scope of Rasayana in Geriatrics and Reproductive & Child Health
 - h) Role of Swasthavritta in communicable and non-communicable diseases and life style disorders
 - i) Integration of Ayurveda and Yoga – as preventive as well as curative aspects for management of various lifestyle disorders
 - j) Epidemiological surveys to understand prevalence of diseases as defined by Ayurveda e.g., obesity ≠ BMI as per Ayurveda
 - k) Relationship between Nidra and various lifestyle / psycho-somatic disorders / immunity

- (viii) Roga Nidana Avum Vikriti Vigyan
 - a) Understanding of Samprapti of diseases in Charaka Nidana Sthana in contemporary context
 - b) Ama- understanding the concept & its impacts
 - c) Newer etiological factors & their impact e.g., continental food, use of VDTs, commuting ways etc.
 - d) Understanding concept of Avarana in diagnosis of various diseases
 - e) Understanding Shatkriyakala in different diseases.
 - f) Clinical and applied aspects of concepts like Upadrava and Arishta
 - g) Development of tools for Deha Bala, Roga Bala, Agnibala and Chetas Bala
 - h) Development of diagnostic tools based on Ayurvedic principles
- (ix) Panchakarma
 - a) Development of instruments/equipment for Panchakarma - possible modifications
 - b) Defining endpoints of Panchakarma procedures
 - c) Applications of Panchakarma in preventive health
 - d) Elucidating mechanisms of the procedures
 - e) Contemporary modifications in procedures
- (x) Kayachikitsa
 - a) Emergency management
 - b) Addiction
 - c) Palliative care
 - d) Chronic Organ failure
 - e) NCDs prevention
 - f) Pathya kalpana
- (xi) Shalya Tantra/Shalakya Tantra
 - a) Development of instruments/equipment for different procedures
 - b) Standardization of different procedures
 - c) Study of procedures in new indication e.g. Ksharsutra in pilonidal sinus
- (xii) Balarog
 - a) Growth & development
 - b) Recurrent infections
 - c) Nutrition
 - d) Dietary allergies
 - e) Non-specific immunity
 - f) Stanya dushti and diseases occurring in infants
- (xiii) Stree Rog/Prasuti Tantra
 - a) Infertility
 - b) Preconceptional care
 - c) Endometrisosis
 - d) Menstrual irregularities
 - e) IUGR
 - f) Anovulation
 - g) Anemia in pregnancy
 - h) Premenstrual syndrome
 - i) Gestational DM

16. All post-graduate institutes shall have well defined institutional research policy. The post-graduate students shall be oriented about the institutional research policy during PG orientation program and it shall be made available in institutional website. The policy shall also specify the method of utilisation of research facilities available in the institution. The charges for the utilisation of institutional research facilities shall be 'the actual working cost'; the charges approved by the head of the institution shall be displayed at central research laboratory.
17. There shall be well defined institutional policy for allotment of guide for dissertation activity to PG scholars. In case of non-availability of allotted guide due to transfer etc. reasons, it is the responsibility of the head of the institute to allot alternate guide to the students. The teachers getting retired within three years shall not be allotted students for guiding dissertation research.
18. Co-guide shall not be from the same department. In case of inter-departmental studies, inter-disciplinary studies co-guides shall be opted from other departments or from collaborating institutions/organisations.
19. Qualifications & Experience of PG teachers:
 - (1) A post-graduate degree holder (MD/MS Ayurveda) in concerned speciality, after three years of UG teaching in the concerned subject shall be eligible for the post of Assistant Professor in respective PG departments.
 - (2) A post-graduate degree holder (MD/MS Ayurveda) in concerned speciality, after five years of PG teaching in the concerned speciality shall be eligible for the post of Associate Professor in respective PG departments.
 - (3) A post-graduate degree holder (MD/MS Ayurveda) in concerned speciality, after ten years of PG teaching in the concerned subject shall be eligible for the post of Professor in respective PG departments.
20. PG Guide Eligibility:
 - (1) A post-graduate teacher after three years of PG teaching shall be eligible to guide post-graduate scholars of respective speciality for PG dissertation research. The affiliating university shall issue PG guide approval letter to all eligible PG teachers.
 - (2) Co-guide shall be a post-graduate in the concerned research area of collaboration.
21. PG Examiner:
 - (1) A post-graduate teacher with minimum of five years of PG teaching in the concerned speciality shall be the eligible PG Examiner (for theory evaluation, conduction practical/clinical examination and viva voce). The same PG examiners shall also be eligible for evaluation of synopsis as well as dissertation.
22. Research Committees:
 - (1) All PG institutes shall constitute the below mentioned research committees as per requirement.
 - (a) Institutional Research Committee (IRC)
 - (b) Institutional Ethics Committee for Human Subjects (IEC-HS)
 - (c) Institutional Ethics Committee for Animal Studies (IEC-AS)
 - (2) All the constituted committees shall have clearly defined SOPs. The committees apart from reviewing and approving the research proposals shall also monitor the studies and ensure the adherence to standards of research.
 - (3) The composition of the IRC shall be as defined in this regulation. The composition of IEC-HS shall be as per ICMR guidelines and the composition of IEC-AS shall be as per CPCSEA (Committee for the Purpose of Control and Supervision of Experiments on Animals) of guidelines and should have been approved by CPCSEA.

- (4) Composition of the institutional Research Committee (IRC): as mentioned in table no-13

Table No-13		
Composition of the institutional Research Committee (IRC)		
1	Head of the institution	Chairman
2	Heads of PG departments	Members
3	Biostatistician	Member
4	Two External Members (Scientists of Research Councils/ Senior PG teachers of other medical institutions), one from Basic sciences and one from medical sciences	Members
5	PG Coordinator/Dean-PG studies/ Dean-Research	Member secretary

23. Examination and Assessment.-

- (1) The post-graduate degree course shall have two examinations in the following manner, namely:-
- (a) the preliminary examination shall be conducted at the end of first academic year after admission;
 - (b) the final examination shall be conducted at the end of third academic year of postgraduate course;
 - (c) ordinarily examination shall be conducted in the month of June and December every year or as specified by NCISM from time to time
 - (d) for being declared successful in the examination, student shall have to pass all the subjects separately in preliminary examination;
 - (e) the student shall be required to obtain minimum fifty per cent. marks in practical and theory subjects separately to be declared as pass;
 - (f) if a student fails in preliminary examination, he shall have to pass before appearing in the final examination;
 - (g) if the student fails in theory or practical in the final examination, he can appear in the subsequent examination without requiring to submit a fresh dissertation;
 - (h) the subsequent examination for failed candidates shall be conducted at every six months interval; and
- (2) The examination shall be aimed to test the clinical/practical acumen, ability and working knowledge of the student in the practical aspect of the specialty and his fitness to work independently as a specialist.

24. Subjects of examination.-

- (1) The preliminary examination at the end of one academic year after admission shall be conducted in the following subjects, namely:-
- (i) Paper I- Research Methodology and Bio or Medical Statistics;
 - (ii) Paper II-Basics of Concerned Speciality
- (2) Final Examination: There shall be four theory papers in each specialty and one practical or clinical and viva-voce examination in the concerned specialty.
- (3) To declare pass in final examinations student has to secure minimum 50% of marks in theory (50% of marks separately in all four papers) and practical/clinical including viva voce separately.
- (4) In case of failure in any of theory papers or practical/clinical including viva, the student has to appear entire examination of four theory papers and practical/clinical examination including viva voce.

- (5) Securing marks between 50% to 64% shall be declared pass class; 65 to 74% shall be declared as pass with first division and 75% and above as pass with distinction.
- (6) University shall issue marks statement for both preliminary as well as final examination.

25. Mode of examination and appointment of examiner(s)-

- (1) The preliminary examination and final examination shall be held in written, practical or clinical and oral examination.
- (2) The preliminary examination shall be conducted by a team of two examiners, out of which one examiner shall be external from any other institution.
- (3) The final examination shall be conducted by a team of four examiners, out of
- (4) Which two examiners shall be external from other states and one external examiner within the state and one internal examiner.

Chapter-III

Starting of Post Graduate Programs & Increase in intake capacity in existing PG Programs

26. Fully established recognised undergraduate college under section 28 of NCISM Act 2020 and having “A” Grade or “B” Grade in the rating in the previous academic three consecutive years including the year of application shall be eligible to start post-graduation program.

(1) Eligibility to start PG Degree Program: PG degree program may be started either in fully established Ayurveda under graduate college or as a stand-alone post graduate centre. The eligibility to start PG degree program either in Ayurveda UG college or as stand-alone PG centre is as described below:

(a) Eligibility to start PG degree program(s) in an Ayurveda UG College:

(b) In undergraduate college

- i. In general
- ii. Specific to speciality/PG subject

(2) Stand-alone PG department

- (a) In general
- (b) Specific to specialty/PG subject

(3) Eligibility to start PG Degree Program: Post graduate degree program may be started either by an undergraduate college or as stand-alone PG department. The following shall be the eligibility criteria to start post graduate degree program.

(a) In an undergraduate college: An undergraduate college shall possess the following eligibility criteria to start post graduate degree programs

(b) In general:

- i. A fully established undergraduate college under section 28 of NCISM Act 2020.
- ii. Colleges Rated ‘A’ or ‘B’ grade by MARBISM

(4) Starting of Post Graduate Programs shall be as per section 29 of NCISM Act 2020.

(a) General Instructions:

- i. The last date for application shall be as displayed on the NCISM website.
- ii. Incomplete applications shall not be entertained in any case.
- iii. There is no provision for withdrawal of applications after last date and in such case the processing fee shall not be refunded in any case.
 - a) Any document of local language shall be submitted in transcript of Hindi and/or English

- b) It is understood that, before submission of application, the applicant should have gone through and understood the NCISM act 2020 and the concerned regulations.
- (b) All minimum essential infrastructural standards for respective PG departments as specified in this regulation..... shall be fulfilled.
- i. NOC (No Objection Certificate)/Essentiality Certificate from respective State Governments/UT shall be submitted at the time of application (Annexure – and).
 - ii. The consent of affiliation from respective university clearly mentioning the academic year/years for affiliation (as per prescribed format Annexure -) shall be produced at the time of application. In case if university itself is an applicant, consent of affiliation may not be required.
 - iii. The distance between any two ayurveda medical colleges run by the same trust/society/ university shall be not less than 25 kilometres.
- (c) Eligibility for making an application:
- i. Average OPD attendance of 50 subjects per day in swasthyarakshana OPD shall be the pre-requisite for starting of post graduation in swasthavritta.
 - ii. Average bed occupancy of 80% in Kaumarabhritya IPD shall be the pre-requisite for starting of post graduation in Kaumarabhritya.
 - iii. Average bed occupancy of 80% in kayachikitsa IPD shall be the pre-requisite for starting of post graduation in Kayachikitsa.
 - iv. Average bed occupancy of 80% in Panchakarma IPD shall be the pre-requisite for starting of post graduation in Panchakarma.
 - v. Average bed occupancy of 80% in Prasuti Tantra and Stree Roga IPD.; a minimum of 45 deliveries per month shall be the pre-requisite for starting of post graduation in Prasuti Tantra evum Stree Roga.
 - vi. Average bed occupancy of 80% in Shalya Tantra IPD; shall be the pre-requisite for starting of post graduation in shalya Tantra.
 - vii. Average bed occupancy of 80% in shalakyia IPD shall be the pre-requisite for starting of post graduation in Shalakyia.
 - viii. Minimum of 50 patient attending Visha Chikitsa OPD and established poison detection facility shall be the pre-requisite for starting of PG in agadatantra.
 - ix. Established teaching pharmacy and Quality Control laboratory shall be the pre-requisite for starting of PG in Rasashastra & Bhaishajyakalpana

- x. Established phytochemistry laboratory and pharmacognosy laboratory shall be the prerequisite for starting of PG in Dravyaguna.
- (d) For making an application under this regulation....., an authority representing a Society/Trust/University/any other body shall be eligible if,-
- i. Applicant's one of the objectives shall be to impart education in Indian System of Medicine.
 - ii. Applicant shall either owns or possesses the land on lease for not less than thirty years, in the name of applicant body and the same shall be renewed before expiry of lease.
 - iii. In case of institutions having Lease agreement for land, the institute shall not be granted permission for admission for the last three years of Lease period unless the institute submit a notarised affidavit every year mentioning the lease shall be renewed before the expiry of the Lease and subsequently submit the renewed lease agreement before expiry of lease period.
 - iv. Furnishes an affidavit that the AIAPGET qualified students shall be admitted through central/state/UT counselling only on the merit basis.
 - v. Foreign national students and Government of India sponsored candidates...
 - vi. Furnishes an affidavit that, the land & buildings designated for PG departments shall be exclusively for the PG departments and no any other courses/colleges/programs shall be conducted.
- (e) Method of Application:
- i. Applicant fulfilling the pre-requisite and eligibility criteria as per the regulation.... may submit the application online/offline as specified by MARBISM from time to time.
 - ii. Non-refundable Application fee and Processing fee shall be paid through NEFT in NCISM account.
 - iii. Application shall be submitted along with all necessary supportive documents as specified in this regulation or as specified by MARBISM from time to time.
 - iv. Application with all necessary attachments as specified in this regulation shall be submitted within the time frame and mode (offline or online or both) as specified by MARBISM from time to time.
- (f) Processing of Application:

- i. All the received applications shall be subjected to scrutiny by MARBISM as per the following criteria:
 - a) Applicant eligibility
 - b) Pre-requisites
 - c) Minimum Essential Standards as specified in this regulation
 - d) Application fee & Processing fee
 - e) Supportive documents
 - f) Hospital data
 - g) Transactions in official bank accounts (separate account for hospital, college, drug manufacturing unit as applicable)
 - h) Any other as specified by NCISM/MARBISM from time to time
- (5) Issue of Letter of Intent (LOI-29.0): After the scrutiny the applications shall be processed under following categories
- (i) The applications fulfilling all the minimum essential standards and other requisites: The applicant institutions fulfilling all the minimum essential standards and other requisite criteria as specified in this regulation shall be inspected/visited by MARBISM.
 - (a) The MARBISM will verify the data submitted by the institute along with the application and the observations made by the visitors and if found satisfied, the institute will be issued LOI as per section 29.
 - (b) In case any shortcomings noticed during inspection/visitation, the same shall be communicated and an opportunity will be given for rectification except for the shortcomings mentioned in clause 6(2)a
 - (c) The compliance report along with necessary supporting documents submitted by the institutes that have been given an opportunity for rectification, will be subjected for scrutiny for the shortcomings specified and if found satisfied the application is approved and LOI will be issued; if not found satisfied or the compliance report if not received within the due date as specified by MARBISM the application shall be disapproved and rejected.
 - (ii) The applications with shortcomings: The applications found with shortcomings will be communicated to the applicant for rectification.

- (a) The compliance report along with supporting documents submitted by the institutions within the specified duration, will be scrutinised once again by MARBISM; if found satisfactory the institution shall be inspected/visited.
- (b) MARBISM will examine the compliance report submitted by the college and the observations made by the visitors; if found satisfactory, the institute shall be issued LOI; if not found satisfactory the application shall be disapproved and rejected.
 - i. However, shortcomings of serious nature like deficiencies in minimum standards as specified in this regulation such as functionality of the hospital, land availability/dispute, insufficient time duration of functioning hospital, essentiality certificate from state government, consent of affiliation from the university, deficiency in constructed area of college and hospital etc. an opportunity to rectify the defects shall not be given and such applications shall stand disapproved.
 - ii. No any relaxation policy shall be applicable for new applications.
 - iii. Letter of Intent (LOI) shall be valid for that particular year only. In case if the applicant failed to obtain LOR & LOP, the issued LOI shall not be applicable for consecutive years and in such case the applicant has to submit fresh application for establishment of new college.
- (iii) Issue of Letter of Recognition (LOR) & Letter of Permission (LOP):
 - (a) The institutes who received LOI shall submit the compliance report by fulfilling all the minimum essential standards; details of teaching, non-teaching staff and hospital staff appointed as specified for first phase of establishment of institution and security deposit (as detailed as specified in this regulation) to the commission within 60 days of communication of LOI
- (iv) Security Deposit of Rupees fifty lakhs per post-graduate speciality shall be paid through online payment mode in to NCISM account.
 - (a) Upon receipt of compliance report along with all necessary supportive documents the MARBISM shall conduct inspection/visitation.
 - (b) MARBISM shall examine the compliance report and the observations made by the visitors and if found that the applicant is fulfilling all the requisite minimum standards, the institute shall be issued letter of Recognition (LOR) and letter of Permission-LOP

(c) The applicant shall be communicated either approval or disapproval of the application/proposal/scheme by MARBISM within six months from the last date for submission of application/proposal/scheme.

(6) Appeal: As per section 29 of the NCISM Act 2020, aggrieved applicants may prefer an appeal in the following situations in the manner specified below:

- (i) In case of denial of recognition and permission by MARBISM, the aggrieved applicant may prefer first appeal to the commission (NCISM) within 15 days of communication of disapproval.
- (ii) In case of lapse of six months duration without passing any order by MARBISM, the aggrieved applicant may prefer first appeal to the commission (NCISM) within 15 days.
- (iii) The first appeal may be submitted by online/offline or as specified by NCISM time to time.
- (iv) Upon receipt of appeal, the commission shall examine the appeal and the aggrieved applicant shall be given an opportunity for hearing.
- (v) In case if the commission found that, the applicant is fulfilling all the minimum standard requirements, the commission may direct the MARBISM to consider the application.
- (vi) In case if the applicant is not fulfilling the minimum essential standards, the commission shall disapprove and reject the application.
- (vii) In any case the commission shall communicate the decision to the applicant within 30 days of receipt of the appeal.
- (viii) In case of disapproval by the commission or no order has been passed by the commission, within 30 days from the date of appeal, the aggrieved applicant may prefer a second appeal to the Central Government within seven days.

(7) Issue of Renewal of Permission:

- (i) Letter of Recognition (LOR) issued once shall be valid until the last batch of students awarded degree.
- (ii) Letter of Permission-LOP issued once shall be valid for one year (12 months) and shall be renewed on yearly basis until full establishment of the institution.
- (iii) The institutes issued LOR & LOP shall submit the compliance in respect to the fulfilment of minimum essential standards as specified in this regulation for second phase of establishment of institution. The compliance report shall be submitted by the institution prior to six months to the expiry of LOP.

- (iv) MARBISM shall conduct inspection/visitation and examine the compliance report submitted by the college and the observations made by the visitors and on fulfilment of minimum essential standards, shall issue the first renewal of permission.
- (v) The same method shall be followed for second renewal of permission.
- (vi) The institute shall be treated as ‘Fully Established Recognized Institution’ under section ‘28’ of NCISM Act 2020, during the subsequent years of second renewal unless acted upon by MARBISM for the provisions of 28(1)(f) of NCISM act.
- (vii) The Fully Established Recognized Institution are entitled for rating by MARBISM.
- (viii) The institutes received LOR and LOP shall be entitled to admit the students as per the sanctioned intake capacity every year on the basis of ‘Extended Permission’ acted upon by MARBISM for the provisions of 28(1)(f) of NCISM act.

Table No-14
Details of Permission/Renewal of Permission of Phase wise Establishment of New Ayurveda Colleges

Sr.No.	Section 28 & 29	Permission/Renewal	Category	Batch
1.	29	LOI – Letter of Intent	Under Consideration	-
2.		LOR – Letter of Recognition	Recognised Institution	First
3.		LOP – Letter of Permission	Recognised Institution under Establishment	
4.		First Renewal		Second
5.		Second Renewal		Third
6.	28	Fully Established Recognised Post Graduation Institute		

- (ix) In case of non-fulfilment of minimum essential standards and not attaining annual targets at any phase of establishment of the institution, in such case MARBISIM shall deny permission for admission for that particular academic session; however, the recognition of the institution shall be continued.

Explanation: in case of denial of permission, the institute shall not be eligible to admit the students for that academic session; however, the recognition of institution is essential for the existing students in the institute hence the recognition shall be continued till the last batch of students awarded degrees.

Chapter-V
Minimum Essential Standards and Minimum Standards of Education for
Institution/Department offering Super Speciality Programs - Vishistha Chikitsa (DM
Ayurveda)

27. Super speciality Programs (DM Ayurveda Courses) are intended to produce super specialists with deep understanding in Ayuveda classics with updated knowledge in contemporary sciences, who can conduct relevant diagnostic tests and interpret the results of diagnostic tests; diagnose precisely, able to analyse amshamasa kalpana; administer medical as well as procedural management; able to plan, suggest and administer preventive, promotive, palliative, rehabilitative care related to speciality; able to identify, assess and manage complications (related to speciality) arise if any; able to communicate effectively with the patients; able to lead the medical teams in administering therapeutic procedures and in conduction of public awareness activities
28. Super Speciality programs ‘Vishistha Chikitsa (DM Ayurveda) shall be conducted in exclusive department as shown in table no-15 DM Ayurveda program shall be of three years duration. Various DM programs and the respective departments are as shown in table no-15

Table No-15		
Super Specialty Vishistha Chikitsa (DM Ayurveda) Programs		
Sr.No.	Name of the Program	Department
01	Vishistha Chikitsa – DM Manasaroga (Psychiatry in Ayurveda)	Manovigyana evum Manasaroga
02	Vishistha Chikitsa - DM Vajikarana (Reproductive Medicine & Eugenics in Ayurveda)	Vajikarana
03	Vishistha Chikitsa – DM Asthi & Sandhi (Orthopedics & Arthrology in Ayurveda)	Asthi & Sandhi
04	Vishistha Chikitsa – DM Kaumara Panchakarma (Pediatric Panchakarma)	Kaumara Panchakarma

29. **Mode of Admission in to Super Specialty Programs:** A candidate possessing post graduate degree (MD/MS Ayurveda) in respective subject as shown in table number-16 shall be eligible for admission in to post graduate super specialty Vishistha Chikitsa (DM Ayurveda) program.

Table no-16		
Eligibility Criteria for Admission in to Super Specialty Program		
SR.NO.	NAME OF THE SUPER SPECIALTY	ELIGIBILITY CRITERIA
1	Vishistha Chikitsa – DM Manasaroga (Psychiatry in Ayurveda)	MD Kayachikitsa
2	Vishistha Chikitsa - DM Vajikarana (Reproductive Medicine & Eugenics in Ayurveda)	MD Kayachikitsa; MD Panchakarma; MS Prasuti & Streeroga

3	<i>Vishistha Chikitsa</i> – DM Asthi & Sandhi (Orthopedics & Arthrology in Ayurveda)	MD Kayachikitsa MD Panchakarma
---	--	-----------------------------------

The annual intake capacity for all super specialty programs (DM Ayurveda) shall be maximum of four seats subject to availability of student teacher ratio as specified in this regulation

- (1) Minimum requirements for starting of super specialty programs:
 - (i) Fully established recognised undergraduate Ayurveda college under section 28 of NCISM Act 2020,
 - (ii) Obtained permission to admit the students consequently for the last five preceding academic sessions;
 - (iii) Rated ‘A’ grade by MARBISM.
- (2) Program wise minimum requirements:
 - (i) Vishistha Chikitsa - DM Manasaroga(Psychiatry in Ayurveda):
 - (a) The institutes having independent manasaroga OPD functioning for not less than two years shall be eligible to start Manasaroga super specialty program.
 - (b) It shall be under an exclusive department of Manovigyana avam Manasaroga. The minimum required teaching staff and other facilities shall be:
 - (ii) Fulltime Regular Teachers: One Professor and one Associate Professor or Assistant Professor required for the super speciality program in Manasaroga. In case of non-availability of teachers with DM Manasaroga: out of two teachers one teacher shall be MD Manasaroga or MD Kayachikitsa and another from MD Panchakarma.
 - (a) One professor
 - i. DM Manasaroga with minimum 5 years of teaching experience in super speciality program in Manasaroga (or)
 - ii. MD Manasaroga with minimum 10 years of teaching experience (or)
 - iii. MD Kayachikitsa or MD Panchakarma with minimum 10 years of post-graduate teaching, out of which 5 yrs of teaching shall be in Manasaroga post-graduation or worked as consultant in manasaroga OPD for 5 years shall be eligible
 - (b) One Associate Professor
 - i. DM Manasaroga (or)
 - ii. MD Manasaroga with minimum 5 years of teaching experience (or)
 - iii. MD Kayachikitsa or MD Panchakarma with minimum 5 years of post-graduate teaching, out of which at least 2 yrs of teaching shall be in Manasaroga post-graduation or worked as consultant in manasaroga OPD for at least 2 years shall be eligible
 - (c) Part-time Teachers:
 - i. Clinical Psychologist with post-graduation in clinical psychology
 - ii. Psychiatrist with MD/DM in Psychiatry or Mental illness
 - a) Exclusive Manasa OPD; De-addiction centre; IPD facility with 10 beds; a minimum of two well-equipped panchakarma therapy rooms; EEG, yoga & meditation room, counselling facility.
 - b) Other staff: Panchakarma therapists, EEG technician, yoga demonstrator, office assistants and MTS

- (iii) Vishista Chikitsa DM Vajikarana(Reproductive Medicine & Eugenics in Ayurveda):
- a) Institute with established Vajikarana OPD for not less than two years shall be eligible to start Vajikarana super specialty program. It shall be under an exclusive department of Vajikarana. The minimum required teaching staff and other facilities shall be:
- (d) Fulltime Regular Teachers: One Professor and one Associate Professor or Assistant Professor required for the super speciality program in DM Vajikarana. In case of non-availability of teachers with DM Vajikarana: out of two teachers one shall be MD Rasayana & Vajikarana or MD Kayachikitsa or MD Panchakarma and one shall be MS Prasuti & Streeroga
- i. For the post Professor:
 - a) DM Vajikarana with minimum 5 years of teaching experience in super speciality program in Vajikarana (or)
 - b) MD Rasayana & Vajikarana with minimum 10 years of teaching experience (or)
 - c) MD Kayachikitsa or MD Panchakarma with minimum 10 years of post-graduate teaching, out of which 5 yrs of teaching shall be in Rasayana & Vajikarana post-graduation or worked as consultant in Rasayana & Vajikarana OPD for 5 years shall be eligible (or)
 - d) MS Prasuti & streeroga with 10 years of PG teaching
 - ii. For the Post of Associate Professor
 - a) DM Vajikarana (or)
 - b) MD Rasayana & Vajikarana with minimum 5 years of teaching experience (or)
 - c) MD Kayachikitsa or MD Panchakarma or MS Prasuti & Streeroga with minimum 5 years of post-graduate teaching, out of which at least 2 yrs of teaching shall be in Rasayana & Vajikarana post-graduation or worked as consultant in Rasayana & Vajikarana OPD for at least 2 years shall be eligible (or)
 - d) MS Prasuti & Streeroga with 5 years of PG teaching
 - A. Part-time Teachers:
 - I. Gynaecologist & Obstetrician
 - II. Specialist in Reproductive Medicine/Urologist
 - III. Specialist in Medical Genetics
 - iii. Separate OPD one each for male partner evaluation and for female partner evaluation; retopariksha laboratory with CASA (computer aided semen analysis); a minimum of two well equipped panchakarma rooms; procedural room for uttarabasti, intrauterine insemination etc. procedures; IPD facility with 10 beds; penile doppler for varicocele diagnosis;
 - iv. Other staff: Panchakarma therapists, lab technician, nursing staff in procedural room, office assistant and MTS
 - v. Vishshta Chikitsa DM Asthi & Sandhi (Orthopedics & Arthrology in Ayurveda):
 - a) Institute with established Asthi & Sandhi OPD for not less than two years shall be eligible to start super specialty program in Asthi & sandhi. It shall be under an exclusive department of Asthi & sandhi. The minimum required teaching staff and other facilities shall be:

- (e) Fulltime Regular Teachers: One Professor and one Associate Professor or Assistant Professor required for the super speciality program DM Asthi & Sandhi. In case of non-availability of teachers with DM asthi & Sandhi: out of two teachers one shall be MD Kayachikitsa and one shall be MD Panchakarma
- i. For the post Professor:
 - a) DM Asthi & Sandhi with minimum 5 years of teaching experience in super speciality program in Asthi & Sandhi (or)
 - b) MD Kayachikitsa or MD Panchakarma with minimum 10 years of post-graduate teaching
 - ii. For the Post of Associate Professor
 - a) DM Asthi & Sandhi (or)
 - b) MD Kayachikitsa or MD Panchakarma with minimum 5 years of post-graduate teaching
- (f) Part-time Teachers:
- i. Shalya Tantra Specialist with MS shalya Tantra
 - ii. One Orthopaedist
 - iii. One physiotherapist with MPT qualification
 - a) Separate OPD for asthi & Sandhi; a minimum of two well equipped panchakarma rooms; anushastra karma facility; IPD facility with 10 beds;
 - b) Other staff: Panchakarma therapists, nursing staff in procedural room, office assistant and MTS
 - c) Separate OPD for consultants and scholars of DM Kaumara Panchakarma; IPD facility with 10 beds; a minimum of four well equipped panchakarma rooms along with panchakarma preparation room, store etc.

Chapter-V

Minimum Essential Standards and Minimum Standards of Education for Fellowship Programs (Daksha Chikitsa)

30. There are some specialised clinical practices that are being practiced effectively by practitioners in medical establishments but not being practiced in educational institutions. To produce specialists acquired with such clinical skills, Fellowship programs (Daksha Chikitsa) are introduced. The following shall be the various fellowship programs (Table no-17)

Table No-17			
List of Fellowship Programs (Daksha Chikitsa)			
Sr.No.	Name of the Fellowship Program	Duration of the fellowship Program (Months)	Eligibility for Admission
1	Ayur-Oncology	24	MD Kayachikitsa MS Shalya Tantra MD Panchakarma
2	Preventive Cardiology	18	MD Kayachikitsa MD swasthavritta MD Panchakarma
3	Lifestyle management	18	MD Swasthavritta
4	Ayur-Dermatology	12	MD Kayachikitsa MD Agada Tantra
5	Ayur-Sports Medicine	24	MS Shalya Tantra
6	Marma Chikitsa	24	MS Shalya Tantra

			MD Panchakarma
--	--	--	----------------

31. Eligibility to start the Program: (1) Ayurveda hospital having minimum of 30 IPD beds accredited by NABH having established any one or more of the above-mentioned speciality clinics and being practiced by qualified medical practitioners continuously for the last five years shall be eligible to start fellowship programs.
- (2) Such hospitals shall apply to the MARBISM under NCISM to start fellowship program in the concerned speciality in the concerned speciality wing of the hospital in the specific format along with non-refundable application fee and processing fee as specified by MARBISM from time to time.
- (3) MARBISM shall visit the NABH accredited hospital to assess the infrastructure, facility, and functionality of the particular speciality.
- (4) If MARBISM found satisfied with infrastructure, facility, man power, and patients attendance in the concerned speciality, the NABH hospital shall recognise the hospital and grant permission to conduct such fellowship programme. If not satisfied, the application shall be rejected by MARBISM.
- (5) Not more than two seats of fellowship shall be admitted per consultant of that particular speciality per year.
- (6) NABH hospital shall conduct the fellowship programme and issue the certificate as per the specifications and guidelines prescribed by the Board of Ayurveda, NCISM from time to time so as to recognise the fellowship.