

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

Registered under Societies Act XXI of 1860 No. 3376 of 1955-56



NEWS LETTER

www.physiotherapyindia.org

DEC. 2020

*“Every Story has an end
but
every end is a new Beginning.”*

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FREE CIRCULATION TO MEMBERS OF THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS



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If any member is having any objection regarding views on matter printed in this news letter it should be given in writting to General Secretary's office within 15 days.

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PRESIDENT'S MESSAGE

Respected IAP Members,

I hope you all are having a fighting time but as the days are passing through rough patches, please be safe and stay healthy

We took the charge at an such a difficult time but still we are able to bring many mile stone changes in this covid time also, The long awaited World Physiotherapy Membership is back and We are now again part of the world arena.

It is said that When the going gets tough, the tough gets going,

We have started many subcommittees to promote the research, collaboration and innovation in physiotherapy,

These milestone would not have been possible without the contributions of our members who gave their time and efforts to make this association the premier Physiotherapy association in India. It will be a challenge for the new leaders to take it to new heights.

Thinking about the vision 2030 in coming years, I felt that “learn from the past to project to the future” would be a good one. And what I mean by that is, We can learn from our history We have an immense pool of talented and experienced professionals in our membership in all areas and We also have new professionals that are entering this Profession,

This coming year we have lined up a long list of educational opportunities, and we are also planning events where we can network and socialize with other Contributing professional Organisations.

I thank all Indian physios for supporting and encouraging our efforts and providing us with an opportunity to make a difference and get physiotherapy it's due recognition in all the spheres of the modern day health care delivery system in India.

There will be obstacles, there will be doubts, there will be mistakes, but with hard work, there are no limits to success. I express my sincere gratitude to all the CEC members & all others who have directly or indirectly contributed to the growth and development of the profession with their relentless passion and unflinching commitment. Our passion to work for our profession will move us beyond our shortcomings. Perseverance is a great element of success and when we knock long enough and loud enough at the gate, we are sure of success.

We have miles to go ahead and each Physio in this country along with the I.A.P. office bearers must step forward for the professional upliftment, we all need to come together and contribute towards a better tomorrow. I believe in “Everyday do something that will inch you closer to a better tomorrow” and if we all together travel an inch ahead our inches will make mile. Unity is strength, when there is team work and collaboration, wonderful things can be achieved. We need to focus on meticulous planning and flawless execution of ideas by making optimum utilisation of our resources, knowledge, skills and men power.

Let's all come together to take physiotherapy in India to greater heights of professional excellence.




Dr. Sanjiv K Jha
President
IAP

SECRETARY'S REPORT



Respected President, Executive Committee members, and the distinguished members of the association, it is indeed an honour and pleasure to be an integral part of this association. It gives me an immense amount of joy to know that an exciting tenure has gone by and even more eventful tenure is ahead for this association which will be certainly more productive.

Thanks for all your support and giving me an opportunity to work for the profession. But, I believe that we all need to contribute together and we need to get our work done.


Our C.E.C. has taken steps which will work as a foundation stone of our profession. We have formed a new team of members related to the government jobs and the pay structure of the physiotherapist at the central and state level both, we will try our best to get our work done regarding these important issues of physiotherapists.

But we will keep working against the odds. We are doing our best to uplift the profession. I know we are just on a platform. We have not taken off but we assure you to give our 100% to change the long standing attitude, but we need your full support from time to time.

Please co-operate us in all events, works and moves to make our profession better and see a miracle change in the field.

Last, but not the least, I would like to remind each one of you that without your participation and cooperation, this association will cease to exist. I want to request each one of you to take an active role in IAP affairs in whatever the capacity you may wish to.

It has been a tremendous efforts of many venerated PTs for the sixty year old association and I can tell you with all my conviction that the best is yet to come. We are convinced that this association can be an able liaison between the association elected members and the registered members to make significant contributions to the development of our profession. We couldn't have done all this without the trust and support that we had extended to each other. I want to take this opportunity to express my deep gratitude to my colleagues in the EC and to everyone of you who've extended their support to our work.


Dr.K.M Annamalai
General Secretary
IAP

CHAIRPERSON,
INTERNATIONAL AFFAIRS MESSAGE



Dear IAP Members,

I would like to extend gratitude to each member for their efforts, prayers and blessings to make IAP as a country member of World Physiotherapy (earlier known as World Confederation for Physical Therapy WCPT). Congratulations to one and all!!

On the Occasion of World Physiotherapy Day, IAP received a lot of wishes on email and video from the member countries and regions - Iran, Afghanistan, Malaysia, Armenia, Europe and Asia West Pacific and from Indian physiotherapists around the globe- UAE, Canada, USA.

IAP members participated in large numbers on 8th September, 2020 to celebrate World Physiotherapy Day on the theme “Rehabilitation after Covid-19” as announced by World Physiotherapy. 31 states participated and more than 250 districts of India have organised camps, conferences to promote role of Physiotherapy during and after covid -19 ,There were virtual meet, television shows,tele consultation camps,various online webinars, workshops, lectures, felicitation to Covid-19 warriors conducted as a part of the event. Indian Physios also received ASSIST WORLD RECORD on World Physiotherapy Day,2020 for " Most Number of free live International webinars" in the field of Physiotherapy during Covid 19 Pandemic lockdown between 13 May 2020 and 08 September 2020.Our role has been well established as an integral part for rehabilitating Covid-19 patients by the frontline physio warriors. I urge all my fellow professionalsto work at our best capacity to fight this pandemic and serve our humanity to make our profession proud.

As the Chairperson, International Affairs for Indian Association of Physiotherapists (IAP), I welcome all the members to participate in the upcoming WCPT Congress Dubai 2021 announced on virtual platform due to Covid-19 situation. www.wcpt.org/wcpt2021/programme.

A handwritten signature in black ink, appearing to read 'Ali Irani', written in a cursive style.

Regards
Prof Dr Ali Irani
Chairperson,
International Affairs IAP

NOTICE TO ALL IAP MEMBERS.

This for information to all IAP Members. That all the types of notices will be served to members, through its official website [www. Physiotherapyindia.org](http://www.Physiotherapyindia.org) only.

It is therefore to be noted that all members should check the official website at regular interval from now onwards.

All the notices served through the official website will be valid and legally tenable and approved.

This is for your kind notice and information.

CEC
IAP
2020-2023

NOTICE OF UPDATING DATA ON WEBSITE

(For all old Members)

All the old members of IAP are informed by this notice that you have to update your all data with all required certificates at the website at www.physiotherapyindia.org . at home page by clicking at member services. The end date is 31st March 2021. If a member do not update their data with all attachment by given date, they will not be taken as active member of IAP. so please update your data mandatorily without fail.

CEC
IAP
2020-2023

ELECTION REPORT 2020-2023

Nomination Details		
	CEC	STATE
NOMINATIONS RECEIVED BY 15TH JULY 2019	53	144
FINAL NOMINATIONS AFTER WITHDRAWAL	44	143
CANCELLATION OF NOMINATION	0	1
UNOPPOSED CANDIDATES	8	100
FINAL CONTESTING CANDIDATES NAMES ON BALLOT PAPER	36	42
Tamil Nadu - 32		
Haryana - 8		
Uttar Pradesh - 2		

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

Final Report of IAP Elections 2020-2023			
Electoral Roll Received From IAP			
		L Series	42262
		LA Series	3476
Total Number of Ballots posted by 15th October 2019			45464
(Excluding NRI, Without address and Blank Numbers)			
Statewise Summary of Ballots posted			
		DELHI	2324
		HARYANA	870
		PUNJAB	1272
		CHANDIGARH	218
		HIMACHAL PRADESH	141
		JAMMU & KASHMIR	562
		UTTAR PRADESH	2186
		RAJASTHAN	1079
		GUJARAT	7746
		MAHARASHTRA	6599
		MADHYA PRADESH	880
		CHHATTISGARH	308
		ANDHRA PRADESH	1983
		TELENGANA	1997
		KARNATAKA	1934
		TAMIL NADU	9202
		PUDUCHERRY	170
		KERALA	3194
		WEST BENGAL	1000
		ORISSA	300
		ASSAM	510
		NAGALAND	59
		BIHAR	721
		JHARKHAND	209
		TOTAL	45464

Meenal Khanna.
Dr. Meenal Khanna(PT)
Chief Election Officer.

Summary of Ballots

Total Number of Ballots posted by 15th October 2019 **45464**
(Excluding NRI, Without address, and Blank Numbers)

Total Ballots received back till 31st Decemeber 2019 to Election Office UNDELIVERED **13016**
(Reasons like Premises locked, Person not available, Concerned person shifted abroad, Inadequate address or Deceased etc)

Total No of Ballots Received **2080**

Total no. of valid votes scanned and counted	CEC	1844
	TAMIL NADU	731
	HARYANA	59
	UTTAR PRADESH	185

Total no. of invalid votes counted (Reason: No- Signatures or Signature ID missing)	CEC	238
	TAMIL NADU	50
	HARYANA	8
	UTTAR PRADESH	22

NOTE:Two ballots were put invalid due to envelopes pasted together

Total Ballots received after 31st Dec 2019 - 12th Jan 2020 **73**

Meenal Khanna.
Dr. Meenal Khanna(PT)
Chief Election Officer.

CENTRAL EXECUTIVE COMMITTEE			
	PRESIDENT		
1	DRAMITKUMARBAJPAI	68	
2	DRKRAJASENTHILK	231	
3	DR.SANJIVKUMARJHA	1370	ELECTED
	GENERALSECRETARY		
1	DRANANDMISHRAPT	586	
2	DRKMANNAMALI	1215	ELECTED
	CECJOINTSECRETARYNORTHZONE		
1	DRJITESHSHARMA	101	
2	DRKANCHANANAND	899	ELECTED
3	DRPRABHATRANJAN	716	
4	DRUPENDRANATHGOSWAMIPT	85	
	CECJOINTSECRETARYSOUTHZONE		
1	DRHARISHSKRISHNA	164	
2	DRMANIKUMAR	664	
3	DRKSIMURALISANKAR	114	
4	DRROOPALOKESH	156	
5	DRCKSENTHILKUMAR	689	ELECTED
	CECJOINTSECRETARYCENTRALZONE		
1	DRVINITBHATNAGAR	193	
2	DRVIVEKJAIN	1249	ELECTED
3	DRYASHPALSINGHRAJPUROHIT	374	
	CECNORTHZONE		
1	DRARSHADHUSSAIN	113	
2	DRBRIJESHKAPUR	193	
3	DRDHARAMPANIPANDEY	516	
4	DRMASARATSHAFI	630	ELECTED
5	DRMOHAMMADSUHAIL	947	ELECTED
6	DRPIYUSHJAIN	532	
7	DRRAJIVAGGARWAL	414	
	CECSOUTHZONE		
1	DRANJANIKUMAR	597	ELECTED
2	DRWILLIAMSTANLEY	346	
3	DRBHARATIKATARKI	475	
4	DRKSIMURALISANKAR	241	
5	DRMPREMKUMAR	167	

6	DR.RAJANSAMUELAPPADURAI	682	ELECTED
7	DR.SELVANCTHEVAR	374	
8	DRO.N.SUDHAKAR	483	
CECEASTZONE			
1	DR.ALOKKUMAR	535	
2	DRDINESHKUMARSAMUJH	1151	ELECTED
3	DRRISHIRAJ	1101	ELECTED
4	DRSURAJKUMAR	525	

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

HARYANA			
PRESIDENT			
1	DRSARVOTAMCHAUHAN	8	
2	DRUDAYKUMARYADAV	51	ELECTED
VICEPRESIDENT			
1	DRVINODKUMARKAUSHIK	46	ELECTED
2	DRRAJESHKUMAR	13	
JOINTSECRETARY			
1	DRHIMANSHUSEKHARBEHERA	36	ELECTED
2	DRDRKAPILMAGO	44	ELECTED
3	DRJAGJITSINGH	16	
4	DRSURENDER	15	

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

TAMILNADU			
	PRESIDENT	NUMBEROFVOTES	
1	DRKRISHNAKUMARV	366	ELECTED
2	DRMSENTHILKUMAR	285	
3	DRSSIVABALAN	74	
	VICEPRESIDENT		
1	DRCVJOHNFRANKLIN	225	
2	DRMKFRANKLINSHAJU	386	ELECTED
3	DRNSENTHILKUMAR	103	
	TREASURER		
1	DRAJITHKUMAR	82	
2	DRKYKIRANKUMAR	352	ELECTED
3	DRNSANKARAN	291	
	GENERALSECRETARY		
1	DRAMARDEEPIJAYAKUMAR	49	
2	DRTPOORNIMA	346	ELECTED
3	DRRVIGNESHWARAN	68	
4	DRSSELVINJAMES	219	
	JOINTSECRETARY		
1	DRCDAVIDPREMKUMAR	88	
2	DRGARUNPRASAD	323	ELECTED
3	DRMOHAMEDNAZEERS	251	
4	DRSRAMESHKUMAR	274	ELECTED
5	DRRAVIRANGANATHAN	139	
6	DRSARAVANANM	246	
	ECMEMBER		
1	DRBSYEDALI	276	
2	DRCHURCHILLY	257	
3	DRHEMANTHIRAKUMARIR	99	
4	DRPOORNIMAVENKAT	307	ELECTED
5	DRKOHILAR	382	ELECTED
6	DRMNAVEENSILVERSTAR	100	
7	DRRMUTHUPANDIKUMAR	73	
8	DRRJOHNTITUSEMMANUEL	192	

9	DRBHARATHIDASAN	383	ELECTED
10	DRKSELVAMANI	370	ELECTED
11	DRKSUMATHI	380	ELECTED
12	DRRSHYAMSUNDAR	104	
13	DRVIJAYARAJ	282	

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

UTTAPRADESH			
	PRESIDENT	NUMBEROFVOTES	
1	DR. SANTOSH PANDEY	131	ELECTED
2	DR. SHRUTI SHARMA	54	

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

IAP ELECTIONS 2020-2023 FINAL ELECTED LIST OF CANDIDATES OF CEC	
Dr SANJIV KUMAR JHA	CEC PRESIDENT
Dr SURESH BABU REDDY	CEC VICE PRESIDENT
Dr K M ANNAMALAI	CEC GENERAL SECRETARY
Dr RUCHI VARSHNEY	CEC TREASURER
Dr MOHAMMED SUHAIL	CEC NORTH ZONE
Dr MASARAT SHAFI	CEC NORTH ZONE
Dr ANJANI KUMAR	CEC SOUTH ZONE
Dr RAJAN SAMUEL APPADURAI	CEC SOUTH ZONE
Dr RESHMA KHURANA	CEC CENTRAL ZONE
Dr UMA SEN GUPTA	CEC CENTRAL ZONE
Dr SUDEEP HIRALAL KALE	CEC WEST ZONE
Dr ACHAL VASHI	CEC WEST ZONE
Dr RISHI RAJ	CEC EAST ZONE
Dr.DINESH KUMAR SAMUJH	CEC EAST ZONE
Dr C K SENTHIL KUMAR	CEC JOINT SECRETARY SOUTH ZONE
Dr KANCHAN ANAND	CEC JOINT SECRETARY NORTH ZONE
Dr JOJI M JOHN	CEC JOINT SECRETARY EAST ZONE
Dr VIVEK JAIN	CEC JOINT SECRETARY CENTRAL ZONE
Dr NEHEL PARESH SHAH	CEC JOINT SECRETARY WEST ZONE

Meenal Khanna.
Dr. Meenal Khanna(PT)
Chief Election Officer.

IAP ELECTIONS 2020-2023	
FINAL ELECTED LIST OF CANDIDATES OF STATE	
WEST BENGAL	
DR KOUSIK DEY	PRESIDENT
DR ARINDAM SETH	GENERAL SECRETARY
DR TAHMINA ISLAM AMIN	JOINT SECRETARY
DR.MD.SHAMSHUL ARIFIN	EC MEMBER
DR SANJAY SARKAR	EC MEMBER
DR INDRANEEL GHOSH	EC MEMBER
DR AMARTYA SINHA	EC MEMBER
HIMACHAL PRADESH	
DR ANUP KUMAR	PRESIDENT
DR VIJAY BHARDWAJ	TREASURER
DR NAGESH SHARMA	GENERAL SECRETARY
GUJARAT	
DR DHARA ABHINAV SHARMA	PRESIDENT
DR SARFRAZNAWAZ SHAH	GENERAL SECRETARY
DR MEGHA SANDEEP SHETH	TREASURER
DR PANDYA MILESH	JOINT SECRETARY
DR KETUL GIRISHBHAI OZA	EC MEMBER
DR RIDDHI PATEL	EC MEMBER
DR HARISH LAXMAN VARSANI	EC MEMBER
DR CHANDRESH SHRIPAL	EC MEMBER
DR VAISHALI D SUTHAR	EC MEMBER
UTTAR PRADESH	
DR SANTOSH PANDEY	PRESIDENT
DR GAURAV PRATAP TYAGI	VICE PRESIDENT
DR KAUSHALIENDRA KUMAR	GENERAL SECRETARY
DR MANIT DIXIT	TREASURER
DR HIMANDRI KAPIL	JOINT SECRETARY
DR PANKAJ AGARAWAL	JOINT SECRETARY
DR TRIPTI PATHAK	EC MEMBER
DR.PUNEET KUMAR AWASTHI	EC MEMBER
DR HEMANT RAJ SINGH	EC MEMBER

JHARKHAND	
DR AJIT KUMAR	PRESIDENT
DR DINESH KUMAR THAKUR	VICE PRESIDENT
RAJIV RANJAN	GENERAL SECRETARY
DR GAUTAM LAL	TREASURER
DR DHEERAJ	JOINT SECRETARY
DR RAJNISH KUMAR BARIYAR	JOINT SECRETARY
DR ABHAY KUMAR PANDEY	EC MEMBER
DR GAUTAM KUMAR BHARTI	EC MEMBER
SATYAM PRAKASH	EC MEMBER
KARNATAKA	
DR U T IFTHIKAR ALI	PRESIDENT
DR DAVID ARUN KUMAR J	VICE PRESIDENT
DR V R AYYAPPAN	GENERAL SECRETARY
DR P INDUMATHI	EC MEMBER
RAJASTHAN	
DR VIKAS MATHUR	PRESIDENT
DR UPENDERA AGARWAL	TREASURER
DR DEEPAK SHARMA	JOINT SECRETARY
DR VYOM SINGH BOLIA	EC MEMBER
DR JAFAR KHAN	EC MEMBER
DR PRIYANK SWAROOP BHARGAVA	EC MEMBER
PUDUCHERRY	
DR K SUPRIYA	PRESIDENT
DR S BALU	TREASURER
DR G MOHANRAJ	GENERAL SECRETARY
TELENGANA	
DR S PURNA CHANDRA SHEKHAR	PRESIDENT
DR SAI JAYA PRAKASH CH	GENERAL SECRETARY
KERALA	
DR SREEJITHM NAPOORTHIRI	PRESIDENT
DR BAIJU V J	TREASURER
DR JIM GOPALAKRISHNAN	GENERAL SECRETARY
MAHARASHTRA	
DR UJWAL LAKSHMAN YEOLE	PRESIDENT
DR AMIT GIREY	VICE PRESIDENT
DR DARSHNA TRIVEDI	JOINT SECRETARY
DR BHARTI DAVE	GENERAL SECRETARY
DR SANJAY RAJHANS	EC MEMBER
DR SOHAN PRAKASH SSELKAR	EC MEMBER

MADHYA PRADESH	
DR JAGDISH JAISWAL	PRESIDENT
DR SWETA DHAMINI KESWANI	VICE PRESIDENT
DR ASHISH JAISWAL	TREASURER
DR JITENDRA SHARMA	GENERAL SECRETARY
DR PRANITA SHARMA	JOINT SECRETARY
DR AAKASH SETH	JOINT SECRETARY
DR CHITRALEKHA J GHOSH	EC MEMBER
DR RAKHI SIVAKUMAR	EC MEMBER
DELHI	
DR POOJA SETHI	PRESIDENT
DR RAHUL SHARMA	VICE PRESIDENT
DR ASHU GUPTA	TREASURER
DR ZUBIA VEQUR	GENERAL SECRETARY
DR AMIT SARASWAT	JOINT SECRETARY
DR SEEMA GROVER	JOINT SECRETARY
DR DEEPAK MALHOTRA	EC MEMBER
DR PAYAL PAL	EC MEMBER
DR JYOTI BALA	EC MEMBER
DR NEHA KHERA	EC MEMBER
HARYANA	
DR UDAY KUMAR YADAV	PRESIDENT
DR VINOD KUMAR KAUSHIK	VICE PRESIDENT
DR SHARAD GOEL	TREASURER
DR DEVENDER SINGH	GENERAL SECRETARY
DR KAPIL MAGO	JOINT SECRETARY
DR HIMANSHU SEKHAR BEHERA	JOINT SECRETARY
BIHAR	
DR NARENDRA KUMAR SINHA	PRESIDENT
DR BINAY KUMAR PANDEY	VICE PRESIDENT
DR UMA SANKAR SINHA	GENERAL SECRETARY
DR AKHILESH KUMAR JHA	TREASURER
DR NIRANJAN KUMAR	JOINT SECRETARY
DR PANDEY ROHIT KUMAR SINHA	JOINT SECRETARY
DR SATYA PRAKASH MISHRA	EC MEMBER
DR PRIYADARSHI KUMAR	EC MEMBER
DR ALKA KIRAN	EC MEMBER
DR ARPANA ANAND	EC MEMBER
DR PURNIMA KUMARI	EC MEMBER

TAMILNADU	
DR V KRISHNAKUMAR	PRESIDENT
DR M K FRANKLIN SHAJU	VICE PRESIDENT
DR K Y KIRAN KUMAR	TREASURER
DR T POORNIMA	GENERAL SECRETARY
DR S RAMESH KUMAR	JOINT SECRETARY
DR G ARUN PRASAD	JOINT SECRETARY
DR POORNIMA VENKAT	EC MEMBER
DR BHARATHIDASAN	EC MEMBER
DR R KOHILA	EC MEMBER
DR K SELVAMANI	EC MEMBER
DR K SUMATHI	EC MEMBER
NAGALAND	
DR TIATULA LONGKUMIR	PRESIDENT
DR JESSE MAGH	GENERAL SECRETARY
DR INAVIKA SWU	TREASURER
CHATISGARH	
DR PRASHANT CHAKRABORTY	PRESIDENT
DR VIKRAM DWIVEDI	TREASURER
DR AKHILESH SAHU	SECRETARY
ANDHRA PRADESH	
DR NEERUGATTI KISHORE KUMAR	PRESIDENT
DR A LAKSHMI NARAYANA	TREASURER
DR T V N PRASAD	GENERAL SECRETARY

Meenal Khanna.

Dr. Meenal Khanna(PT)
Chief Election Officer.

ELECTION TRIBUNAL REPORT 2020-2023

ELECTION TRIBUNAL IAP ELECTION 2020-23
THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

Tribunal Members
(Dr. T.K. Biswas-PT, Dr. Renu Sharma-PT & Dr. Arup K. Saha-PT)

Dated: 30-01-2020

TRIBUNAL REPORT

IN RE:- IAP Election 2020-23

It is certified that Election Committee complied with all the requirements and directions so recorded in the Memorandum of Articles and Rules and Regulations for holding the Election. It is also found that Election Committee maintained proper register/records for postage of ballot papers by outside agency and also a record of undelivered ballots along with ballots so received back. The record is maintained from day one marked with date and duly stamped giving serial numbers by the outside agency. We also found that the Election Committee also kept the ballots received back duly dated and stamped giving serial number and kept in a big steel trunk duly locked and sealed with three keys, jointly handled by three persons 2 Election Committee members and the Legal & Election Process Advisor). The seals of the sealed trunk were opened in front of all the contestants and members present at the venue on the day of counting. The entire process was duly videographed right from the beginning to the end.

The Election Committee had brought to the venue both the sealed trunks (one trunk containing ballot envelopes and the second trunk which was empty). The Election Committee had also brought the sealed bags which contained entire ballot envelopes received back undelivered. The sealed trunks and sealed bags containing the undelivered envelopes were kept in a room which was also under CC Camera installed. The whole election process on the basis of IAP Memorandum Rules and Regulations, from posting to receiving and counting are transparent.

It may also be recorded that the Members of the Election Committee and Tribunal Members met more than once on the modalities to be adopted during the election process. It is also to be noted that all the three members of the Tribunal were present and participated actively at the venue during the course of counting process. The whole process on the counting day i.e.,

12.01.2020 was closely watched by the Tribunal Members. No objection was raised by any of the contestant and the members during the counting process and when the results were declared by the Chief Election Officer.

It may further be recorded that all the complaints received by the Tribunal as on 30.01.2020 have been attended to and answered/replied. Practically all the complaints have been made without any substance nor supported by any documentary evidence. Three petitions were also received one on 28.01.2020 and two on 29.01.2020 which were also decided by a common order dated 30.01.2020. The copies of all the replies and order so made to the various complaints and petitions so received are attached and forms part of the report.

All the members of the tribunal jointly issue the above report and approve the report of the Chief Election Officer.

We also observe that as per the decision taken in General Body, two retired Hon'ble Judges have been retained, so that the matter may be referred to Arbitral Panel, if so require.

The Tribunal members however, thank the General Body for entrusting with the assignment.



(Dr. T.K. BISWAS-PT)
MEMBER



(Dr. RENU SHARMA-PT)
MEMBER



(Dr. ARUP K. SAHA-PT)
MEMBER



THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

Minutes of the Special General Body meeting of The Indian Association of Physiotherapists held on 7th March 2020 at Chennai.

The Special General Body meeting of the Indian Association of Physiotherapists held on 7th March 2020 at Chennai at 3 pm.

Agenda : Reports and future functioning.

Dr.Sanjiv K Jha Executive President informed the floor that as the Conference Academic Program is yet to complete and may take some more time, he adjourned the Special General Body meeting for one hour and called the meeting to order by 4 pm. Executive President Dr.Sanjiv K Jha welcomed the members who came from all over India from different States to make this Special General Body Meeting more fruitful. He thanked each and every one for being here and for been with us for a long time towards the welfare of the Association. He added that the Agenda for this Special general Body Meeting was circulated to all through our IAP official Website.

As per agenda we want everybody to contribute positively for our future plans and growth of our Association and Profession and it is time to plan where we are and what we have to do. He said that, recently the Parliamentary Standing Committee of Health has submitted its Report on "Allied and Health Care Councils Bill 2018. I do not know how many of you all have read the report. Many of our members are in confusion that whether we are in Health Care or Allied professions. Please be sure that we are in health care Professional list and IAP is working on that line only. The Committee recommended making it as "Allied and Health care Commission" under which we Physiotherapists will be getting an "Independent Council" with Independent Practice Status. We the CEC met the Honourable Health Minister and Honourable MOS Health, Govt of India several times to pressurise our request. There were many Physiotherapist worked from all over India to push our demand. You all know that there are many Associations is trying to demolish our Council Bill and make our Physiotherapists practice as referral Practice. In this regard I would like to thank many of our Committees from States who worked hard to get this achieved. To name few of them are, our Committees Members from Haryana, Tamilnadu, Kerala, Andhra Pradesh, Gujarat, Bihar, Rajasthan, U.P, M.P, West Bengal and many more. Now the current status is it will go to Health Ministry, then to Cabinet and to both Houses for passing. We are also following it, so that nothing should go wrong in this Bill. Meanwhile the Ministry asked opinion from various Stake holders and States and we have sent more that 20000 representations from our Association and from all over India supporting this Bill. We are going to the era of Physiotherapists toward Independent profession and Practice. We are moving ahead and ready for the future. At this

At this juncture I would like to recall the History of our hard work, we have around 50000 members, more than 30 State Branches 236 District Branches and more than 33 State Women Cell and more than 122 District Women cell Branches. From IAP, we have published in Leading Indian News Daily that using the title “Dr” by Physiotherapist is by convention and Practice like MBBS and BDS using it and not by any Law. Now we have a Road Map to proceed with and soon we will have more positive moves and we are starting with Students membership also. Soon we are working on paperless (E-Governance) documentation including Memberships which will go Online only. Regarding Branches we use to have State Convenors. But now we have named them as President to add grace to them when they go and meet dignitaries. IAP membership issue will also go Online. And our IAP website will go as per APTA Model. We are educating our Physiotherapists to make it to a corporate model for development of our Profession. We are making various Advisory Committees to materialise this work. One important area we are lacking is IAP Research Committee. We want many seniors to join this work and make Research Work to grow more and more. We lack in documentation.

We are planning to make following Advisory Committees for better work of our Professions.

- 1) IAP Research Committee
- 2) IAP Quackery Committee
- 3) IAP Drafting Committee
- 4) IAP Grievances Committee
- 5) IAP Students Committee
- 6) IAP Ethical Committee
- 7) IAP Fund Raising Committee
- 8) IAP Government Affairs Committee
- 9) IAP Corporate Affairs Committee
- 10) IAP Endorsement Committee

We need 540 Branches and we need Women’s Cell and Students Wing and all this require minimum of 4000 persons to get this work done. I request you all to talk about solutions than discussing on problems. Let us find the way to move forward. Thanks to all for your cooperation and participation.

Dr. Ali Irani, International Affairs, IAP had submitted following report. IAP had made several communications with WCPT and I would like to read the recent communication for better understanding. WCPT has written to us that we are following the IAP Election Process and outcome of it officially. Once results and IAP Change Report of new Office details submitted, we are sure that WCPT will initiate the work of taking IAP into it as Member Organisation. Now there is provision of

“Electronic Voting System” .let See how it goes , We are doing our best . Me and Dr.Sanjv K Jha and Dr.Umasankar Mohanty were in WCPT Geneva Meet and discussed with many Member Countries. We are positive in getting our Status back. It is worth mentioning that China and India has more than 60000 members. But Japan is one tenth of our population but they have around One Lakh Physiotherapists in their Country. Japan Physio Public Ratio is 1500: 1. But in India still we are 25000:1 Ratio. We have to improve our Physio Public Ratio to match International Standards. The next WCPT Conference April 2021 will be in Dubai. He invited all to join the WCPT Congress in Dubai and he added that 2023 WCPT Congress will be in Japan. We are planning to provide link in our IAP Website regarding International Conferences.

Dr.K.M.Annamalai, General Secretary reported on Central Council work. We have lots of members represented in Standing Committee and all had single voice that is Independent Council. The report of Standing Committee submitted in February 2020 and it appears positive. The Govt is planning to call it as “Allied and Health Care Commission” and there will be provisions within the ACT for Independent Councils and Physiotherapist will have Independent Council within that. There will be Overarching Committee which works under the suggestions of Councils. Our Bill is in Priority and recently Govt referred to Law Department and suggestions regarding State Autonomy. This is a delicate issue which require long and broad thought in the National Interest. For an example recently I visited Kerala State where Diploma Courses in Physiotherapy are conducted under the name of National Skill Ministry. We have clarified form the Skill Ministry Government of India that they have no rights to approve or permit Diploma Courses and UGC is only a recommending body. Hence Diploma Courses conducted under the name of Skill Ministry and UGC is wrong and we can very well challenge it. However Skill Ministry can run Certificate Courses but they cannot be an Independent Professional. Like this many things need to be educated to States and having a Uniform regulation in the Country is better in national Interest. This message I want to give to members and we will continue to work on professional Interest and growth. Thanks to all.

Dr.Umasankar Mohanty presented the IAP National Affairs matter. He mentioned that even though we have large no.of Physiotherapists, we are lacking in Publications. He appreciated Dr.Neeta Vyas who released a Book in this Conference. He added that we should encourage more publications, Books and present our skills to Global fraternity. We have to show more responsibility, lots of Synergy and Commitments. He added that there is a phenomenal growth in the field of Physiotherapy, but still we have work more and IAP will surly support this work.

Dr.Anand Misra presented his Treasurer’s Report.

Treasurer Report for 2019-20

- As on today IAP is having total members – 47,297
- We have made a combined electoral roll for our IAP elections.

- Our balance sheet for the AY 2019-20 has not been finalized as in the freeze account of Bank of India surat there was technical problem of crediting the interest and maturity amount. Which after so much efforts has now been solved and now the process of tax audit is going on. Hopefully we will finalize the balance sheet by this month end. My sincere thanks to Dr.Subodh G Desai for his valuable guidelines and tremendous ground work done on which I am working further to develop. I have taken many positive works from him and I started with 18000 members in 2009 and now we 47,297 members as on 1st March 2020. During my tenure I was little hard time with some friends and I sincerely apologise for any mistake if I have done knowingly or unknowingly. Electoral Roll was given till L-45464 members. The rough statement of our fanatical status, we have assets are Rs.43,788/ and around Rs.7,70,90,291/ we have loans and advances Rs. 1,48,85,680/ which is paid as advance Taxes etc. He thanked every one and said best wish to the new treasure and CEC to complete this difficult work.

Dr.Deepak Kumar asked about the GST for association , Dr Misra replied that I could not do much on Gst. May be next treasurer will be able to do it , and from my side I will give full support for this.

Dr.Koshi K Mathai asked about our property in Delhi. Dr.Anand Misra said that we have some dues to be paid and we will get our IAP property registered in our name.

Dr.Anand Mishra said we have to get GST number separately for States also. Hence there is big responsibility for New Treasurer to settle this matter. Meanwhile

Dr.Hariohm L-4536 from floor asked regarding GST and did not abide the direction of the Chair to sit-down.

Dr.Sanjiv K Jha explained that we will take the directions from our Auditor and do accordingly. Dr.Sanjiv K Jha insisted that we need to find solutions rather than blaming each other. Dr.Anand Misra replied that we are working on GST and there will be no penalty on IAP in this regard.

Regarding not received bill / receipt from IAP for conference , it will be done. Dr.Mahesh L-8489 said that we will have to take GST without which we will face problem of penalty.

Regarding receipts Dr.Anand Mishra said that we have informed this to Organisers and it will be taken care and there will not be any issues in this regard.

Regarding audit Dr.Sanjiv K Jha said that we will do Internal Audit and take it to External Audit for submission. Dr.Vadivelu, L- 6272, asked why there is no regulatory body to regulate this Financial matters.

Dr.Sanjiv K Jha further informed that Dr.Anand Misra and Dr.K.S.I. Muralisankar to take a note of it and look into those who have not received Receipts.

Dr.A.Jagadeesan L-5943 said he wants to be Volunteer for the Internal Audit work.

Dr.Sanjiv K Jha said that he will discuss with State and Central Committee and decide.

Dr.Tapan K Biswas submitted his U.G. Report (Enclosed herewith as Annexure)

Dr.Dhanacheyan from Bangalore said that we delegates faced problem with food serving in this Conference. There was no insufficient plates and serving is delayed. Dr.M.S.Satish replied that the issue is taken care today's situation is better than yesterday. But few members again and again blaming the Organisers and accusing the Food arrangements. Dr.Frankline said that the menu is not the same what was announced during our Committee meeting. Dr.Dhanacheyan asked the cost of the Food Bill for three days. Dr.M.S.Satish Organising Secretary said that when we started the estimation and Budget we were planning to provide Star category Food menu with estimation more than 1 Crore for 4000 to 4500 Delegates. But due to some local issues which you all know the registration was less 1500 till February 2020 and after local negotiations the registrations started improving. However there was huge bargain on delegate Fee from negotiators and we have to manage the Budget and cost. Hence we have bargained and made few adjustments in the menu also to cut down the cost. The final negotiations not yet completed due to the correct number of delegates. It is also important to note that due to local issues even the Sponsorers pulled back from assured Sponsorships. Hence we had left with no option to cut down were ever possible.

Dr.Jagadeesan asked the Conference Registration number is 4683. What is actual number of Registration for Conference? Dr.M.S.Satish, Organising Secretary said we have started with 1001 number of coding purpose and due some local tension mounted at Registration Counter we have issue some fresh cards with Extra Numbers. The actual Registration for the Conference is 3485 approximately.

Dr.Sanjiv K Jha said that we accept there were some local issues and he noticed it the day he entered into the Conference Station. We met and discussed two times recently to sort out the issues. We understood that there should be central monitoring and involvement in future Conference regarding all arrangements and it is not advisable to leave it to local bodies fully to run the Conference. Even the State Conferences are not conducted the way it has to be and they are conducting in an unorganised way.

Hence in future the Conference Accounts will be jointly operated by Central IAP and Local Committee. And Central Committee will monitor the entire Organisation for smooth running of Conference. Dr.Sanjiv K Jha said that he called the Caterer on the first day afternoon with Dr.Annamalai and Dr.Dhancheyan and gave the method of operation and requested Dr.Dhanacheyan to coordinate the catering arrangements.

Dr.Annamalai said that he was not aware about the problem in the Food Distribution and Dr.Dhancheyan called me and requested to sort-out. We found the reason for

the congestion and we increased the number of entries to Food lawn. The issue was sorted out and requested Dr.Dhanacheyan to coordinate the distribution system. Today again Dr.Dhanacheyan called and said that the 3000 plates are not kept. He requested to arrange more Committee members to sort-out the issue.

Dr.Sanjiv K Jha said that we are dealing with few senior members and if we handle this was no Committee will work. Many must not have experienced Conferences in other places like Tripura Etc were such problems may occur. We must find out the reason and plan solutions rather than throwing blames. We must be clear in our intention and plans. Please note that the Kolkata team is here and they must avoid all these issues.

Dr.Ananthajothi, L- 4709, asked that is these Conferences are for Scientific Exchange of Knowledge or food and Cultural only. I think we must concentrate more on Scientific Exchange of Knowledge than Food and Cultural. He added that he has noticed Students sitting around the venue than sitting inside. He added that he has taken few photographs also. He suggested that we must insist on Internship only and not 1st and 2nd Years Students.

Dr.Sanjiv K Jha said that our intention is to give opportunity to young people to get exposed to recent trends. He also said that Students who were exposed the Modern trends would not have understood fully, but they were made to be aware regarding recent advancements. This will encourage them to choose their future plans also. Anyway to maintain certain Professional uniqueness, now we are having Corporate Conference separately every Year in which Students are not allowed to Register. That will be exclusively for Physiotherapists State and Central Executives only. Likewise we are proposing to have Students Conference also to encourage Students participation and learning to their levels and requirements. Hence this option of exposure and opportunity cannot be stopped. But we will find alternatives to overcome these issues.

He requested Dr.Shrejit Namboodhri and Dr.Jim Gopalkrishnan to present their preparations for the 2nd Corporate Conference of the IAP 2020 at Trivandrum which will answer many of the questions raised. We will discuss further. Dr.Shreejit Namboodri made a power point presentation regarding Thiruvananthapuram and invited all Physiotherapists to come participate in the forth coming 2nd Corporate Conference of IAP scheduled on 5th & 6th September 2020 at Thiruvananthapuram. He and Dr. Jim Gopalkrishnan along with Dr.Koshi K Mathai and his Organising team requested Dr.Sanjiv K Jha and other dignitaries on the Stage to release the 2nd Corporate Conference LOGO and the LOGO released.

Dr.Jim Gopalkrishnan thanked the IAP for giving the opportunity to host such a National Event. He promised that they noted down all the issues and difficulties faced in this Chennai Conference as guidelines and see to it all issued and matter

are taken care. Dr.Sanjiv K Jha requested the Organisers to discuss with central IAP and take care of GST matter, Food and Hospitalities. Dr.Anand Mishra informed that we can apply for temporary Pan Card for the Conference and surrender it later. He added that Pan Card will go along with GST. Hence the issue raised by our honourable Members will be taken care.

Dr.Sanjiv K Jha added that we had the first Corporate Conference in Indore and we invited all the State office bearers of IAP to that Conference. The same tradition will continue in this Trivandrum Conference also. All the State Presidents and Secretaries and One Convenor of all active Districts and Convenors of all active District Women cell will be invited for this 2nd Corporate Conference.

Dr.Indumathi L16394, from Bangalore requested to make guidelines on various modalities and advancements in Modern techniques endorsements of such techniques of their validity and reliabilities. Dr.Sanjiv K Jha assured that it will be taken care soon by the New Endorsement Committee of IAP. The IAP will come out with accreditation of Courses by IAP on various techniques and advancements and validity. We will call for such accreditation and advertise and invite Applications from those who wish the accreditation by IAP and the IAP Committee will grant accreditation with recommended Credit points also. He requested Dr.Indumathi to send further suggestions in this regard which will be considered.

Dr.Koshi K Mathai L- 1322 requested to complete the Agenda and proceed with discussions. Dr.C.K.Senthil Kumar from Bangalore asked why my College was not inspected for the past 6 Years. He said that we should have criteria for College Inspections.

Dr.Sanjiv K Jha assured that his College matter will be sorted out within one month. Dr.Koshi K Mathai asked regarding the proposed Central Council Bill in which Physiotherapy Definition. Do we have Independent Status to Practice? He added that Physiotherapists are addressed as "Service provider" and not "Practitioners". This is a tricky term and we should correct or clarify on this.

Dr.Sanjiv K Jha clarified that we will consider your suggestions and incorporates to make it better. Dr.Jha added that it is mentioned in the Definition that Physiotherapist are Scientists, we are going to Diagnose, Investigate, plan and execute Therapy. Hence we will protect our Independent status and our entire team working on this line to get Independent Status. He thanked teams from West Bengal, Tamilnadu, Gujarat, Haryana, U.P, Bihar, Kerala, Karnataka, Anadra Pradesh and M.P for their strong efforts in this regard. Dr.Dakshnamoorthi, L-10818 asked do we have the status of "System of Medicine" by ICMR. When we have more that 3600 study hours then why not to get Independent Status. Dr.Sanjiv K Jha explained that there are more criteria to get the status of "System of Medicine" and we are working

on the getting "Pathy" status and it does not go by study hours only. There are more criteria to fulfil and we are working on it. We are sure to get Independent Practice Status for Physiotherapists. Dr. Ravi Ranganathan L- 1955 asked that many time when updates are done in our IAP website we are not aware about it. Can we have some email notifications to the members mobile or Email when updated is unloaded?

Dr. Sanjiv K Jha thanked Dr.Ravi fo giving opportunity to inform our future planes to our members. We are planning to convert everything through Online including membership Certificates. We are updating the Mobile numbers of our members as many mobile numbers are not active and changed. Once we update the members Mobile and the Email ids, we will send notification to all members and we are coming-out with separate pages for Branches to update. Even members can upload the corrections by getting approval from Website Admin through the OTP to the given New Mobile number and change your qualifications and addresses etc. Hence we are planning to covert E-Governance soon and we have initiated this already.

Dr.N.Kareesan Senior member Congratulated and thanked Dr.B.S.Desikamani and his team for making such wonderful arrangements including food. The food cost and other costs for such arrangements will be very huge and for arranging such things with Rs.3000/ is very difficult and his team taken wonderful efforts to make such arrangements.

Dr.Vijaya Ragavan, L-36740, asked one Whatsapp message is being circulating in social media that some State Executives list is changed and circulated through Whatsapp. Dr.Sanjiv K Jha said that many such messages are circulated in social media and it is not from me or IAP.

Dr.V.P.Gupta L- 1536 asked when we changed from Para medical to Health Care, what action to be taken on Institutes who are conducting Physiotherapy Courses under the name of "Para- Medical Institute". Dr.Jha informed that we are coming out with drafting committee and we will come out with solutions within 6 months.

Dr.V.P.Gupta added that we need to indentify Physiotherapy as Health Professionals. Dr.John Frankline asked is Dr.Jha announcing the State Office bearers in this Conference as assured in Indore Conference. Dr.Jha said that he is the official authority make announcements and he has not made any such statements. This is the first time we are having State Elections along with Central Elections in our IAP History. We will come out with more improvements in future.

The meeting ended with Vote of thanks by Dr.Sanjiv K Jha, Executive President.

Bill No. XXXII of 2020

THE NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE
PROFESSIONS BILL, 2020

ARRANGEMENT OF CLAUSES

CHAPTER I

PRELIMINARY

CLAUSES

1. Short title and commencement.
2. Definitions.

CHAPTER II

NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSION

3. Constitution and composition of Commission.
4. Term of office and conditions of service of Members.
5. Resignation and removal of Members.
6. Cessation of membership and filling up of casual vacancy of Member.
7. Meetings of Commission.
8. Vacancies, etc., not to invalidate proceedings of Commission.
9. Officers and other employees of Commission.
10. Professional Councils.
11. Functions of Commission.
12. National Allied and Healthcare Advisory Council.
13. Central Allied and Healthcare Professionals' Register.
14. Privileges for enrolment on Central Register.
15. Rights of persons who are enrolled on Central Register.
16. Registration in Central Register.
17. Issue of certificate of registration.
18. Registration of additional qualifications.
19. Removal of name from Central Register.
20. Interim Commission.
21. Search-cum-Selection Committee.

CHAPTER III

STATE ALLIED AND HEALTHCARE COUNCIL

CLAUSES

22. Constitution and composition of State Council.
23. Term and conditions of service of Member.
24. Resignation and removal of Member.
25. Cessation of membership and filling up of casual vacancy of Member.
26. Meetings of State Council.
27. Vacancies, etc., not to invalidate proceedings of State Council.
28. Officers and other employees of State Council.
29. Constitution and functions of Autonomous Boards.
30. Functions of State Council.
31. Constitution of Advisory Board.
32. State Allied and Healthcare Professionals' Register.
33. Registration in State Register.
34. Issue of duplicate certificates.
35. Renewal of name of Allied Healthcare Professional in the State Register.
36. Removal of name of a person from State Register.
37. Restoration of name of a person in the State Register.
38. Recognition of person offering services prior to commencement of Act.

CHAPTER IV

RECOGNITION AND RECIPROCITY

39. Recognition of allied and healthcare institutions and reciprocity.

CHAPTER V

ESTABLISHMENT OF NEW ALLIED AND HEALTHCARE INSTITUTION

40. Permission for establishment of new allied and healthcare institutions, new courses of study, etc.
41. Power to require information from allied and healthcare institutions.
42. Recognition of allied and healthcare qualifications by State Council.
43. Withdrawal of recognition.
44. Failure to maintain minimum essential standards by allied and healthcare institutions.

CHAPTER VI

FINANCE, ACCOUNTS AND AUDIT

45. Grants by Central Government.
46. National Allied and Healthcare Fund.
47. Accounts and audit of Commission.

CLAUSES

48. Annual report of Commission.
49. Returns and information.
50. Grants by State Government.
51. State Allied and Healthcare Council Fund.
52. Accounts and audit of State Council.
53. Annual report of State Council.
54. Authentication of orders, etc.
55. Practice by allied and healthcare professionals.

CHAPTER VII

OFFENCES AND PENALTIES

56. Penalty for falsely claiming to be entered in Central Register and State register.
57. Misuse of titles.
58. Failure to surrender certificate of registration.
59. Penalty for contravention of provisions of Act.
60. Cognizance of offences.

CHAPTER VIII

MISCELLANEOUS

61. Bar of jurisdiction.
62. Protection of action taken in good faith.
63. Direction by Central Government.
64. Act to have overriding effect.
65. Power of Central Government to make rules.
66. Power to make regulations.
67. Laying of rules and regulations.
68. Power of State Government to make rules.
69. Power to remove difficulties.
70. Power to amend Schedule.

THE SCHEDULE.

Bill No. XXXII of 2020

THE NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE
PROFESSIONS BILL, 2020

A

BILL

to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals, assessment of institutions, maintenance of a Central Register and State Register and creation of a system to improve access, research and development and adoption of latest scientific advancement and for matters connected therewith or incidental thereto.

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

CHAPTER I

PRELIMINARY

- 5 **1.** (1) This Act may be called the National Commission for Allied and Healthcare Professions Act, 2020. Short title and commencement.

(2) It shall come into force on such date as the Central Government may, by notification, appoint; and different dates may be appointed for different provisions of this Act and any reference in any provision to the commencement of this Act shall be construed as a reference to the coming into force of that provision.

Definitions.

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

(a) "Advisory Council" means the National Allied and Healthcare Advisory Council constituted under sub-section (1) of section 12;

(b) "allied and healthcare institution" means an educational or research institution which grants diploma or undergraduate, postgraduate or doctoral degree or any other post degree certification in any allied and healthcare professional under this Act;

(c) "allied and healthcare professional" means any allied health professional or healthcare professional under this Act;

(d) "allied health professional" includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan recommended by a medical, nursing or any other healthcare professional, and who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours spread over a period of two years to four years divided into specific semesters;

(e) "allied and healthcare qualification" means a recognised diploma or degree possessed by an allied and healthcare professional through regular learning mode under this Act or any additional recognised course obtained thereafter;

(f) "Autonomous Board" means the Autonomous Board constituted under sub-section (1) of section 29;

(g) "Central Register" means the Central Allied and Healthcare Professionals' Register maintained by the Commission under section 13;

(h) "Chairperson" means the Chairperson of the Commission appointed under clause (a) of sub-section (3) of section 3;

(i) "Commission" means the National Commission for Allied and Healthcare Profession constituted under sub-section (1) of section 3;

(j) "healthcare professional" includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours spread over a period of three years to six years divided into specific semesters;

(k) "Interim Commission" means the Interim Commission constituted under sub-section (1) of section 20;

(l) "Member" means a Member of the Commission or, as the case may be, the State Council, including the Chairperson, Vice-Chairperson and Part-time Member;

(m) "notification" means a notification published in the Official Gazette and the expression "notified" shall be construed accordingly;

(n) "Part-time Member" means the Part-time Member of the Commission nominated by the State Government under sub-clauses (i) and (ii) of clause (d), and nominated by the Central Government under sub-clause (iii) of clause (d) of section 3;

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

(p) "Professional Council" means the Allied and Healthcare Professional Council constituted under sub-section (1) of section 10;

(q) "recognised categories" means any category of the allied and healthcare professionals specified in the Schedule;

(r) "regulations" means the regulations made by the Commission;

(s) "Schedule" means the Schedule annexed to this Act;

5 (t) "State Council" means a State Allied and Healthcare Council constituted under sub-section (1) of section 22;

(u) "State Government" includes Union territory Administration;

(v) "State Register" means the State Allied and Healthcare Professionals' Register maintained under section 32;

10 (w) "Task shifting" means the process whereby specific tasks are moved, where appropriate to related allied and healthcare professionals specialised in those tasks, by reorganising the health workforce efficiently for improved healthcare;

3 of 1956. (x) "University" means a University defined under clause (f) of section 2 of the University Grants Commission Act, 1956 and includes an institution declared to be a deemed University under section 3 of that Act;

15 (y) "Vice-Chairperson" means the Vice-Chairperson of the Commission appointed under clause (b) of sub-section (3) of section 3.

CHAPTER II

NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSION

20 3. (1) With effect from such date as the Central Government may, by notification, appoint in this behalf, there shall be constituted a Commission to be called the National Commission for Allied and Healthcare Profession for exercising such powers and discharging such duties as may be laid down under this Act. Constitution and composition of Commission.

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

(3) The Commission shall consist of the following, namely:—

30 (a) a person having an outstanding ability, proven administrative capacity and integrity and possessing a postgraduate degree in any profession of recognised category of allied and healthcare sciences from any University with experience of not less than twenty-five years in the field of allied and healthcare sciences, out of which at least ten years shall be as a leader in the area of allied education to be appointed by the Central Government—Chairperson;

35 (b) a person having an outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognised category of allied and healthcare sciences from any University with experience of not less than twenty years in the field of allied and healthcare sciences, out of which at least ten years shall be as a leader in the area of allied and healthcare education—Vice-Chairperson;

40 (c) The following persons shall be the *ex officio* Members of the Commission, namely:—

(i) Joint Secretary to the Government of India in the Department of Legal Affairs, Ministry of Law and Justice—*ex officio* Member;

45 (ii) Joint Secretary to the Government of India in the Department of Health and Family Welfare, Ministry of Health—*ex officio* Member;

(iii) Joint Secretary to the Government of India in the Ministry of Human Resources and Development—*ex officio* Member;

- (iv) Joint Secretary to the Government of India in the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment—*ex officio* Member;
- (v) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—*ex officio* Member; 5
- (vi) one person representing the Directorate General of Health Services not below the rank of Deputy Director General—*ex officio* Member;
- (vii) one person representing the Indian Council of Medical Research not below the rank of Deputy Director General—*ex officio* Member; 10
- (viii) one person representing out of the following, on biennial rotation basis, not below the rank of Deputy Secretary to the Government of India, *ex officio* Member—
- (a) Atomic Energy Regulatory Board;
- (b) National Medical Commission; and
- (c) Rehabilitation Council of India; 15
- (ix) three persons not below the rank of Deputy Director or Medical Superintendent representing the following, on biennial rotation basis, to be nominated by the Central Government—*ex officio* Member,—
- (a) All India Institute of Medical Sciences, New Delhi;
- (b) All India Institute of Physical Medicine and Rehabilitation, 20
Mumbai;
- (c) Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry;
- (d) North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong; 25
- (e) Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities, Delhi;
- (f) National Institute of Mental Health and Neuro-Sciences, Bengaluru;
- (g) National Institute of Nutrition, Hyderabad; 30
- (h) National Institute of Rehabilitation Training and Research, Cuttack;
- (i) National Institute of Orthopedically Handicapped, Kolkata;
- (j) All India Institute of Speech and Hearing, Mysore, Karnataka;
- (k) Sree Chitra Tirunal Institute for Medical Sciences and 35
Technology, Thiruvananthapuram, Kerala; and
- (l) Tata Memorial Hospital, Mumbai.

(d) The following persons shall be the Part-time Members of the Commission, namely:—

- (i) two persons from each of the six zones representing the State Councils 40
on biennial rotation in the alphabetical order as per the zonal distribution having such qualifications and experience as may be prescribed by the Central Government to be nominated by the concerned State Government;
- (ii) The President of the Professional Council and one person representing 45
each of the Professional Councils to be selected in such a manner as may be

prescribed by the Central Government on biennial rotation of professions by a committee comprising of Chairperson, Vice-Chairperson and the *ex officio* Member under clause (b); and

(iii) two persons, representing charitable institutions engaged in education or services in connection with any recognised category, having such qualifications and experience as may be prescribed by the Central Government, to be nominated by the Central Government.

4. (1) The Chairperson, Vice-Chairperson of the Commission and the Part-time Member nominated under sub-clauses (i), (ii) and (iii) of clause (d) of sub-section (3) of section 3 shall hold office for a term not exceeding two years from the date on which they enter upon their office and shall be eligible for re-nomination for a maximum period of two terms.

(2) The salaries and allowances payable to, and other conditions of service of, the Chairperson and Vice-Chairperson of the Commission shall be such as may be prescribed by the Central Government.

(3) The Part-time Member nominated under sub-clauses (i), (ii) and (iii) of clause (d) of sub-section (3) of section 3 shall receive such travelling and other allowances as may be prescribed by the Central Government.

5. (1) Notwithstanding anything contained in sub-section (1) of section 4, the Chairperson, Vice-Chairperson of the Commission and the Part-time Member nominated under sub-clauses (i), (ii) and (iii) of clause (d) of sub-section (3) of section 3 may—

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

(ii) be removed from his office if he —

(a) has been adjudged insolvent; or

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

(c) has become physically or mentally incapable of acting as a member; or

(d) has acquired such financial or other interest as is likely to affect prejudicially his functions as a Part-time Member; or

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

(2) No Part-time Member shall be removed from his office under clause (d) or clause (e) of sub-section (1) unless he has been given a reasonable opportunity of being heard in the matter.

6. (1) The *ex officio* Member under clauses (i) to (ix) of sub-section (3) of section 3, shall cease to be a Member of the Commission on his cessation to the service by virtue of which he was appointed as a Member of the Commission.

(2) A Member nominated under sub-clause (i) of clause (d) of sub-section (3) of section 3, shall cease to be Member of the Commission on removal of his name from the register of the State Council.

(3) The Chairperson, Vice-Chairperson or any other Member appointed under any casual vacancy in the Commission under sub-section (3) of section 3 shall hold office only for the remainder of the term of the Member in whose place he has been appointed.

7. (1) The Commission shall meet at least once in every quarter at such time and place as may be decided by the Chairperson, and shall observe such rules of procedure in regard to the transaction of business at its meetings in the manner as may be prescribed by the Central Government.

Term of office and conditions of service of Members.

Resignation and removal of Members.

Cessation of membership and filling up of casual vacancy of Member.

Meetings of Commission.

	(2) The Chairperson shall preside over the meeting of the Commission and if, for any reason, he is unable to attend the meeting of the Commission, the Vice-Chairperson shall preside over the meeting.	
	(3) One-half of the total number of Members of the Commission including the Chairperson or Vice-Chairperson shall constitute the quorum and all decisions of the Commission shall be taken by a majority of the Members, present and voting; and in the event of equality of votes, the Chairperson or in his absence, the Vice-Chairperson shall have a second or casting vote.	5
Vacancies, etc., not to invalidate proceedings of Commission.	8. No act or proceeding of the Commission shall be invalidated merely by reason of— (a) any vacancy in, or any defect in the constitution of, the Commission; or (b) any defect in the appointment of a person acting as a Member of the Commission; or (c) any irregularity in the procedure of the Commission not affecting the merits of the case.	10
Officers and other employees of Commission.	9. (1) Subject to such rules made by the Central Government in this behalf, the Central Government shall provide a Secretariat to the Commission which shall consist of a Secretary and other officers as it may think necessary for the efficient performance of its functions under this Act. (2) The salaries and allowances payable to, and other conditions of service of, the Secretary and other officers of the Commission shall be such as may be prescribed by the Central Government. (3) The Secretariat of the Commission shall also provide Secretarial assistance to the Professional Council and the Advisory Council.	15
Professional Councils.	10. (1) The Commission shall, by notification, constitute Professional Council for every recognised category and shall consist of a president and members, not less than four and not exceeding twenty-four, representing each profession in the recognised category having such qualifications and experiences as may be prescribed by the Central Government: Provided that where there is more than one profession represented in a Professional Council, the president shall rotate biennially amongst the professions in the recognised category. (2) Where there is no person from a particular recognised profession represented in the Commission, if the Commission is of opinion that the decision taken by it affects that profession, it may, before taking any decision, give an opportunity of being heard to that profession through the related Professional Council. (3) The president and the member of the Professional Council shall be a registered professional of the respective category.	25
Functions of Commission.	11. (1) It shall be the duty of the Commission to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Commission may— (a) frame policies and standards for the governance of allied and healthcare related education and professional services; (b) regulate the professional conduct, code of ethics and etiquette to be observed by the allied and healthcare professionals by or under this Act; (c) create and maintain an up-to-date online and live Central Register with details of academic qualifications institutions, training, skill and competencies of allied and healthcare professionals related to their profession as specified in the Schedule;	30
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(d) provide scope of practice of each profession keeping in view, *inter alia*, need for task shifting;

5 (e) provide basic standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various categories, proportionate distribution of seats and promote innovations in categories in the manner as may be specified by the regulations;

10 (f) provide the allied and healthcare qualifications to be obtained by allied and healthcare professionals, including the name of the course, entry criteria, duration and such other particulars as may be specified by the regulations;

(g) provide for uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level in the manner as may be specified by the regulations;

15 (h) provide for exit or licensing examinations for allied and healthcare professionals for professional practice or entrance into postgraduate or doctoral level and National Teachers Eligibility Test for academicians in the manner as may be specified by the regulations;

20 (i) provide strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways for allied and healthcare professionals;

(j) provide minimum standards framework for machineries, materials and services;

(k) take such measures, as may be necessary, to ensure compliance of the guidelines for their effective functioning by the State Councils under this Act in the manner as may be specified by the regulations;

25 (l) constitute committees or engage independent experts for technical advice related to any of the professions as listed in the Schedule for the efficient discharge of the functions of the Commission;

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(m) hold an Annual Meeting of the Commission with the National Medical Commission constituted under section 3 of the National Medical Commission Act, 2019 and the Central Council constituted under section 3 of the Homoeopathy Central Council Act, 1973;

(n) perform such other functions as may be entrusted to it by the Central Government or as may be necessary to carry out the provisions of this Act.

35 (2) The Commission may delegate such of its functions to the Professional Council as it think necessary.

12. (1) The Central Government shall constitute an Advisory Council to be known as National Allied and Healthcare Advisory Council to advise the Commission on the issues relating to allied and healthcare professionals.

National
Allied and
Healthcare
Advisory
Council.

(2) The Advisory Council shall consist of the following persons, namely:—

40 (i) Chairperson of the Commission—Chairperson;

(ii) all Members of the Commission—*ex officio* member;

(iii) Principal Secretary dealing with medical education or his nominee from each State—member;

(iv) Chairperson of the State Council—member; and

45 (v) Principal Secretary dealing with medical education or his nominee representing each Union territory—member.

(3) The Advisory Council shall meet once in a year at Delhi as may be decided by the Chairperson of the Advisory Council.

Central Allied and Healthcare Professionals' Register. **13.** (1) The Commission shall maintain online and live Register of persons in separate parts in each of the recognised categories to be known as the Central Allied and Healthcare Professionals' Register which shall contain information including the name of persons and qualifications relating to any of their respective recognised categories in the manner as may be specified by the regulations. 5

(2) For the purposes of sub-section (1), the Commission may adopt standardised format for populating and maintaining the Central Register in the manner as may be specified by the regulations. 10

(3) The Central Register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a certified copy provided by the Commission. 1 of 1872.

Privileges for enrolment on Central Register. **14.** Subject to the conditions and restrictions laid down in this Act regarding practice by person possessing certain recognised allied and healthcare qualifications, every person whose name is for the time being borne on the Central Register shall be entitled according to his qualifications to provide any service within the defined scope of practice as an allied and healthcare professional under this Act and to receive in respect of such service, any expenses, charges or any fees to which he may be entitled. 15

Rights of persons who are enrolled on Central Register. **15.** No person, other than a registered allied and healthcare professional, shall— 20
(a) hold office as an allied and healthcare professional (by whatever name called) in Government or in any institution maintained by a local or other authority;
(b) provide service in any of the recognised categories in any State; and
(c) be entitled to sign or authenticate any certificate required by any law for the time being in force to be signed or authenticated by a duly qualified allied and healthcare professional. 25

Registration in Central Register. **16.** The Commission may, on receipt of the report of registration of a person in a State Register or on an application in such form and in such manner as may be prescribed by the Central Government, enter his name in the Central Register.

Issue of certificate of registration. **17.** (1) Any person whose name has been entered in the Central Register shall, on an application made by the person in this behalf in such form and in such manner and on payment of such fees as may be prescribed by the Central Government, be entitled to get a certificate of registration. 30

(2) On receipt of an application under sub-section (1), the Commission shall grant to the applicant a certificate of registration in such form as may be prescribed by the Central Government. 35

(3) Where it is shown to the satisfaction of the Commission that a certificate of registration has been lost or destroyed, the commission may, on payment of such fees, issue a duplicate certificate in such form as may be prescribed by the Central Government.

Registration of additional qualifications. **18.** (1) If any person whose name is entered in the Central Register obtains any other recognised qualification in addition to any allied and healthcare qualification, he shall, on an application made in this behalf in such form and in such manner and on payment of such fees as may be prescribed by the Central Government, be entitled to have an entry stating such degree or diploma or such other qualifications made against his name in such register in addition to any entry previously made. 40
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(2) The entries in respect of any such person in a State Register shall be altered in accordance with the alterations made in the Central Register.

19. If the name of any person enrolled on a State Register is removed therefrom in pursuance of any power conferred under this Act, the Commission shall direct the removal of the name of such person from the Central Register in such manner as may be specified by the regulations:

Removal of name from Central Register.

5 Provided that on the removal of his name from the Central Register or State Register, as the case may be, such certificate shall cease to be valid.

20. (1) The Central Government shall, as soon as may be but within sixty days from the date on which this Act receives the assent of the President, constitute an Interim Commission, for three years or until a regular Commission is constituted under section 3, whichever is earlier.

Interim Commission.

(2) The Interim Commission constituted under sub-section (1) shall consist of the following, namely:—

(a) Additional Secretary to the Government of India in the Department of Health and Family Welfare, Ministry of Health—Chairperson;

15 (b) Joint Secretary to the Government of India in the Department of Health and Family Welfare, Ministry of Health—member;

(c) Joint Secretary to the Government of India in the Department of Legal Affairs, Ministry of Law and Justice—member;

20 (d) Joint Secretary to the Government of India in the Ministry of Human Resource Development—member;

(e) Joint Secretary to the Government of India in the Ministry of Social Justice and Empowerment—member;

(f) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member;

25 (g) One representative of the Directorate General of Health Services not below the rank of Deputy Director General—member;

30 of 2019. (h) One representative of the National Medical Commission constituted under section 3 of the National Medical Commission Act, 2019 not below the rank of Deputy Secretary to the Government of India—member;

30 (i) One representative of the Rehabilitation Council of India not below the rank of Deputy Secretary to the Government of India—member;

(j) One representative of the Atomic Energy Regulatory Board not below the rank of Deputy Secretary to the Government of India—member;

35 (k) two persons representing each of the recognised categories having such qualifications and experiences as may be prescribed by the Central Government—member:

Provided that the Interim Commission may engage experts from unrepresented professions specified in the Schedule as necessary.

40 (3) The Interim Commission shall discharge the functions assigned to the Commission under this Act and shall follow its own procedures in discharging its duties.

(4) The Central Government shall appoint a Secretary to the Interim Commission.

21. (1) The Central Government shall, on the recommendation of a Search-cum-Selection Committee, appoint the Chairperson, Vice-Chairperson and the Secretary of the Commission.

Search-cum-Selection Committee.

45 (2) The Search-cum-Selection Committee shall consist of the following persons, namely:—

(a) the Secretary, Ministry of Health and Family Welfare—Chairperson;

(b) the Secretary or his nominee, not below the rank of Additional Secretary of Department of Higher Education, Ministry of Human Resources Development—member;

(c) four experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of allied and healthcare education, public health education and health research to be nominated by the Central Government—members;

(d) one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology to be nominated by the Central Government—member; and 5

(e) Additional Secretary to the Government of India in the Ministry of Health and Family Welfare Convener—member.

(3) The Central Government shall, within a period of three months from the date of occurrence of any vacancy, including by reason of death, resignation or removal of the Chairperson or Vice-Chairperson or Secretary of the Commission or within three months before the end of tenure of the Chairperson or Vice-Chairperson or Secretary of the Commission, make a reference to the Search-cum-Selection Committee for selection of Chairperson, Vice-Chairperson or Secretary. 10

(4) The Search-cum-Selection Committee shall recommend a panel of at least three names for each vacancy. 15

(5) The Search-cum-Selection Committee shall, before recommending any person for appointment of the Chairperson or Vice-Chairperson or Secretary, satisfy itself that such person does not have any financial or other interest which is likely to affect prejudicially his functions as such Chairperson, Vice-Chairperson or Secretary. 20

(6) No appointment of the Chairperson or Vice-Chairperson or Secretary of the Commission shall be invalid merely by reason of any vacancy or absence of a member in the Search-cum-Selection Committee.

(7) Subject to the provisions of sub-sections (3) to (6), the Search-cum-Selection Committee may regulate its own procedure. 25

CHAPTER III

STATE ALLIED AND HEALTHCARE COUNCIL

Constitution
and
composition
of State
Council.

22. (1) Every State Government shall, by notification, within six months from the date of commencement of this Act, constitute a State Council to be called the State Allied and Healthcare Council for exercising such powers and discharging such duties as may be laid down under this Act. 30

(2) The State Council shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the same name sue or be sued.

(3) The State Council shall consist of the following, namely:— 35

(a) a person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognised category of allied and healthcare sciences from any University and having experience of not less than twenty-five years in the field of allied and healthcare sciences, out of which at least ten years shall be as a leader in the area of allied and healthcare education to be nominated by the State Government—Chairperson; 40

(b) one Director or Additional Director or Joint Director representing medical or health sciences in the State Government—*ex officio* Member;

(c) two persons not below the rank of Dean or Head of the Department from any medical colleges of the State Government—*ex officio* Member; 45

(d) president of the Autonomous Boards constituted by the State Council under sub-section (1) of section 29—*ex officio* Member;

(e) two persons representing each of the recognised categories specified in the Schedule to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—Member; and

5 (f) two persons, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—Member.

10 **23.** (1) The Chairperson of the State Council and Member nominated under clauses (e) and (f) of sub-section (3) of section 22 shall hold office for a term not exceeding two years from the date on which they enter upon their office and shall be eligible for re-nomination for a maximum period of two terms. Terms and conditions of service of Member.

(2) The Members nominated to the State Council under clauses (e) and (f) of sub-section (3) of section 22 shall receive such travelling and other allowances as may be prescribed by the State Government.

15 **24.** (1) Notwithstanding anything contained in sub-section (1) of section 23, the Chairperson of the State Council and Member nominated under clauses (e) and (f) of sub-section (3) of section 22 may— Resignation and removal of Member.

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

20 (ii) be removed from his office if he —

(a) has been adjudged insolvent; or

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

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

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

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

30 (2) No such Member shall be removed from his office under clause (d) or clause (e) of sub-section (1) unless he has been given a reasonable opportunity of being heard in the matter.

25. (1) A Member under clause (b) or clause (c) of sub-section (3) of section 22, shall cease to be a Member of the State Council on his cessation to the service by virtue of which he was appointed as a Member of the State Council. Cessation of membership and filling up of casual vacancy of Member.

35 (2) The Chairperson or any other Member appointed under any casual vacancy in the State Council under sub-section (3) of section 22, shall hold office only for the remainder of the term of the member in whose place he has been appointed.

40 **26.** (1) The State Council shall meet at such times and places, and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum of such meetings) in the manner as may be prescribed by the State Government. Meetings of State Council.

(2) The chairperson of the State Council, if for any reason, he is unable to attend a meeting of the State Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting.

45 (3) All questions which come up before any meeting of the State Council shall be decided by a majority of the members present and voting, and in the event of an equality of votes, the chairperson of the State Council or in his absence, the member of the State Council presiding, shall have a second or casting vote.

Vacancies, etc., not to invalidate proceedings of State Council.	of—	<p>27. No act or proceeding of the State Council shall be invalidated merely by reason</p> <p style="padding-left: 40px;">(a) any vacancy in, or any defect in the constitution of the State Council; or</p> <p style="padding-left: 40px;">(b) any defect in the appointment of a person acting as a member of the State Council; or</p> <p style="padding-left: 40px;">(c) any irregularity in the procedure of the State Council not affecting the merits of the case.</p>	5
Officers and other employees of State Council.		<p>28. (1) Subject to such rules as may be made by the State Government in this behalf, the State Council may appoint a Secretary and such other employees as it may think necessary for the efficient performance of its functions under this Act.</p> <p style="padding-left: 40px;">(2) The salaries and allowances payable to, and other conditions of service of, the Secretary, other officers and employees of the State Council appointed under sub-section (1) shall be such as may be prescribed by the State Government.</p>	10
Constitution and functions of Autonomous Boards.		<p>29. (1) The State Council shall, by notification, constitute the following Autonomous Boards for regulating the allied and healthcare professionals, namely,—</p> <p style="padding-left: 40px;">(a) Under-graduate Allied and Healthcare Education Board,</p> <p style="padding-left: 40px;">(b) Post-graduate Allied and Healthcare Education Board,</p> <p style="padding-left: 40px;">(c) Allied and Healthcare Professions Assessment and Rating Board, and</p> <p style="padding-left: 40px;">(d) Allied and Healthcare Professions Ethics and Registration Board.</p> <p style="padding-left: 40px;">(2) The Autonomous Boards constituted under sub-section (1) shall consist of a president and such number of members from each recognised category as may be specified by the regulations and shall be appointed by the State Government.</p> <p style="padding-left: 40px;">(3) The Under-graduate Allied and Healthcare Education Board and Post-graduate Allied and Healthcare Education Board shall determine standards of allied education at the graduate, postgraduate level and super-speciality level, develop competency based on dynamic curriculum content, reviewing institutional standards against norms, faculty development, approval of courses of recognised qualification and other functions as entrusted by the State Council for Under Graduate Education and Post Graduate Education.</p> <p style="padding-left: 40px;">(4) The Allied and Healthcare Professions Assessment and Rating Board shall determine the procedure for the assessment and rating of allied and healthcare institutions by providing for inspection of institutions, grant permission for establishment of new allied and healthcare institutions and seat capacity, empanelling assessors, imposing warnings or fines, recommend for withdrawal of recognition of institutions and any other function as entrusted by the State Council to ensure maintenance of minimum essential standards.</p> <p style="padding-left: 40px;">(5) The Allied and Healthcare Profession Ethics and Registration Board shall maintain online and live State Registers of all licensed allied practitioners in the State, regulate the professional conduct and promotion of ethics and undertake any other function as entrusted by the State Council.</p> <p style="padding-left: 40px;">(6) The Under-graduate Allied and Healthcare education or Post-graduate Allied and Healthcare education or Allied and Healthcare Professions Assessment and Rating or Allied and Healthcare Professions Ethics and Registration shall perform such other functions as may be specified by the regulations.</p>	15
Functions of State Council.		<p>30. It shall be the duty of the State Council to take all such steps as it may think fit for ensuring the coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and, for the purposes of performing its functions, the State Council shall—</p> <p style="padding-left: 40px;">(a) enter the name of the recognised categories, enforce the professional conduct, code of ethics and etiquette to be observed by the allied and healthcare professionals</p>	45

in the State and take disciplinary action, including the removal of a professionals' name from the State Register;

(b) ensure minimum standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education;

(c) ensure uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level under this Act;

(d) ensure uniform exit or licensing examination for the allied and healthcare professionals under this Act;

(e) inspect allied and healthcare institutions and register allied and healthcare professionals in the State;

(f) ensure compliance of all the directives issued by the Commission;

(g) provide minimum standards framework for machineries, materials and services;

(h) approve or recognise courses and intake capacity for courses;

(i) impose fine upon institutions in order to maintain standards; and

(j) perform such other functions as may be entrusted to it by the State Government for implementation of the provisions of this Act.

31. The State Council may constitute as many professional Advisory Boards as may be necessary to examine the issues relating to one or more recognised categories and to recommend the State Council and also to undertake any other activity as may be authorised by the State Council.

Constitution of Advisory Board.

32. (1) The State Council shall maintain online and live State Register of persons in separate parts for each of the recognised categories to be known as the State Allied and Healthcare Professionals' Register which shall contain information including the name of person and qualifications relating to any of their respective recognised categories in such manner as may be specified regulations.

State Allied and Healthcare Professionals' Register.

(2) The State Register shall contain the details of academic qualification institutions, training, skill and competencies of Allied and Healthcare Professionals related to their profession in the manner as may be specified by the regulations.

(3) The State Register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872, and may be proved by a certified copy provided by the State Council.

33. (1) A person shall be entitled, on an application and on payment of such fees as may be prescribed by the State Government, to have his name entered in the State Register if he resides in the State and holds a recognised allied and healthcare qualification.

Registration in State Register.

(2) Upon the application to the State Council, if he is of the opinion that the applicant is entitled to have his name entered on the State Register, he shall enter thereon the name of the applicant.

(3) Upon entry of a name in the State Register under this section, the Secretary of the State Council shall issue to the applicant a certificate of registration in such form as may be prescribed by the State Government.

(4) The certificate of registration of Allied and Healthcare Profession shall be valid for a period of five years, and renewal of such registration shall be in such form and in such manner as specified by the regulations for the respective profession.

(5) Any person whose application for registration is rejected by the State Council may, within one month from the date of such rejection, appeal to the Commission.

Issue of duplicate certificates.	<p>34. Where it is shown to the satisfaction of the Secretary of the State Council that a certificate of registration or a certificate of renewal has been lost or destroyed, the State Council may, on payment of such fee, issue a duplicate certificate in such form as may be prescribed by the State Government.</p>	
Renewal of name of Allied Healthcare professional in the State Register.	<p>35. (1) There shall be paid in every five years to the State Council, such fee in such manner as may be prescribed by the State Government for renewal of name of allied and healthcare professional in the State Register.</p> <p>(2) Where the fee under sub-section (1) is not paid within the specified period, the Secretary of the State Council shall remove the name of the defaulter from the State Register:</p> <p>Provided that a name so removed may be restored to the said register on payment of such fee as may be prescribed by the State Government.</p> <p>(3) On payment of the fee under sub-section (1), the Secretary of the State Council shall issue a certificate of renewal and such certificate shall be proof of renewal of registration.</p>	5 10
Removal of name of a person from State Register.	<p>36. (1) The State Council may, by order, after giving that person a reasonable opportunity of being heard and after such further inquiry, if any, as it may think fit—</p> <p>(a) that his name has been entered in the State Register by error or on account of mis-representation or suppression of a material fact; or</p> <p>(b) that he has been convicted of an offence involving moral turpitude and punishable with imprisonment or has been guilty of any infamous conduct in any professional respect or has violated the standards of professional conduct and etiquette or the code of ethics which in the opinion of the State Council renders him unfit to be kept in the said register,</p> <p>remove the name of the person from the State Register.</p> <p>(2) Any person whose name has been is to be removed from the State Register under sub-section (1) shall be ineligible for registration under this Act, either permanently or for such period as may be specified by the regulations.</p> <p>(3) An order under sub-section (1) shall not take effect until the expiry of three months from the date thereof or until an appeal, if any, on such order is finally disposed of, whichever date is later.</p> <p>(4) A person aggrieved by an order under sub-section (1) may, within thirty days from the communication of such order, prefer an appeal to the Commission and, after giving an opportunity of being heard, the Commission shall, within a period of ninety days from the date of filing of such appeal, pass such order as it thinks fit.</p> <p>(5) A person whose name has been removed from the State Register under this section or under sub-section (2) of section 35 shall forthwith surrender his certificate of registration or certificate of renewal, if any, to the State Council and the name so removed shall be published on the website of the State Council, and in one daily local newspaper in vernacular language.</p> <p>(6) A person whose name has been removed from the State Register under this section shall not be entitled to have his name registered in the State Register or in any other State Register except with the approval of the State Council from whose register his name has been removed.</p>	15 20 25 30 35 40
Restoration of name of a person in the State Register.	<p>37. The State Council may, at any time for reasons appearing to it as sufficient and upon payment of such fee as may be prescribed by the State Government, order that the name of a person removed from a State Register shall be restored and the name shall be uploaded on the website of the State Council, and in one daily local newspaper in vernacular language.</p>	45

38. Every person who offers his services in any of the recognised categories on or before the commencement of this Act shall be allowed provisionally registration under the provisions of this Act within such period from such commencement in such manner as may be specified by the regulations.

Recognition of persons offering services prior to commencement of Act.

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CHAPTER IV

RECOGNITION AND RECIPROACITY

39. (1) Subject to the provisions of this Act, any corresponding qualification granted by the institutions outside India shall be the recognised allied and healthcare qualifications as may be specified by the regulations.

Recognition of allied and healthcare institutions and reciprocity.

10 (2) A citizen of India who holds the corresponding qualifications under sub-section (1) shall be entitled for registration under this Act in such manner as may be specified by the regulations.

15 (3) The Central Government may, after consultation with the Commission, by notification, direct that the corresponding qualifications under sub-section (1) in respect of which a scheme of reciprocity is not in force shall be recognised for the purposes of this Act or shall be so only when granted after a specified date:

Provided that the foreign nationals possessing such qualification—

20 (a) shall be permitted only if such persons are enrolled as allied and healthcare professionals in accordance with the law regulating the registration of allied and healthcare professionals for the time being in force in that country; and

(b) shall be limited to the period specified in this behalf by the Central Government by general or special order.

25 (4) In respect of any such qualifications the corresponding qualifications under sub-section (1), the Central Government may, after consultation with the Commission, by notification, direct that it shall be recognised allied and healthcare qualification only when granted before a specified date.

30 (5) The Commission may enter into negotiations with an authority in any country outside India, which by the law of such country is entrusted with the recognition of corresponding qualifications, for the setting up of a scheme of reciprocity for the recognition of allied and healthcare qualification, and in pursuance of any such scheme, the corresponding qualification which the Commission has decided to grant should be recognised by notification by the Central Government.

CHAPTER V

ESTABLISHMENT OF NEW ALLIED AND HEALTHCARE INSTITUTION

35 40. (1) Notwithstanding anything contained in this Act or any other law for the time being in force, on and from the date of commencement of this Act,—

Permission for establishment of new allied and healthcare institutions, new courses of study, etc.

(a) no person shall establish an allied and healthcare institution; or

(b) no allied and healthcare institution shall—

40 (i) open a new or higher course of study or training (including post-graduate course of study or training) which would enable students of each course of study or training to qualify himself for the award of any recognised allied and healthcare qualification; or

(ii) increase its admission capacity in any course of study or training (including post-graduate course of study or training); or

(iii) admit a new batch of students in any unrecognised course of study or training (including post-graduate course of study or training),

except with the previous permission of the State Council obtained in accordance with the provisions of this Act:

Provided that the allied and healthcare qualification granted to a person in respect of a new or higher course of study or new batch without previous permission of the State Council shall not be a recognised allied and healthcare qualification for the purposes of this Act: 5

Provided further that where there is no State Council constituted by a State Government, the Commission shall give the previous permission for the purposes of this section. 10

(2) (a) Every person or allied and healthcare institution shall, for the purpose of obtaining permission under sub-section (1), submit to the State Council a scheme in accordance with the provisions of clause (b).

(b) The scheme referred to in clause (a) shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed by the Central Government. 15

(3) On receipt of a scheme under sub-section (2), the State Council may obtain such other particulars as may be considered necessary by it from the person or the allied and healthcare institution concerned, and thereafter, it may,—

(a) if the scheme is defective and does not contain any necessary particulars, give a reasonable opportunity to the person or allied and healthcare institution concerned for making a written representation and it shall be open to such person or allied and healthcare institution to rectify the defects, if any, specified by the State Council; 20

(b) consider the scheme, having regard to the factors referred to in sub-section (5). 25

(4) The State Council may, after considering the scheme and after obtaining, where necessary, such other particulars under sub-section (2) as may be considered necessary by it from the person or allied and healthcare institution concerned, and having regard to the factors referred to in sub-section (5), either approve with such conditions, if any, as it may consider necessary or disapprove the scheme and any such approval shall constitute as a permission under sub-section (1): 30

Provided that no such scheme shall be disapproved by the State Council except after giving the person or allied and healthcare institution concerned a reasonable opportunity of being heard:

Provided further that nothing in this sub-section shall prevent any person or allied and healthcare institution whose scheme has not been approved by the State Council to submit a fresh scheme and the provisions of this section shall apply to such scheme, as if such scheme had been submitted for the first time under sub-section (2). 35

(5) The State Council shall, while passing an order under sub-section (4), have due regard to the following factors, namely:— 40

(a) whether the proposed allied and healthcare institution or the existing allied and healthcare institution seeking to open a new or higher course of study or training, would be in a position to offer the basic standards of education as specified by the regulations;

(b) whether the person seeking to establish an allied and healthcare institution or the existing allied and healthcare institution seeking to open a new or higher course of study or training or to increase its admission capacity has adequate financial resources; 45

5 (c) whether necessary facilities in respect of staff, equipment, accommodation, training, hospital and other facilities to ensure proper functioning of the allied and healthcare institution or conducting the new course of study or training or accommodating the increased admission capacity have been provided or would be provided as may be specified in the scheme;

(d) whether adequate facilities, having regard to the number of students likely to attend such allied and healthcare institution or course of study or training or as a result of the increased admission capacity, have been provided or would be provided as may be specified in the scheme;

10 (e) whether any arrangement has been made or programme drawn to impart proper training to students likely to attend such allied and healthcare institution or the course of study or training by the persons having the recognised allied and healthcare qualifications;

(f) the requirement of manpower in the allied and healthcare institution; and

15 (g) any other factors as may be specified by the regulation.

(6) Where the State Council passes an order under sub-section (4), a copy of the order shall be communicated to the person or allied and healthcare institution as the case may be.

Explanation.—For the purposes of this section,—

20 (a) "person" includes any University, institution or a trust, but does not include the Central Government or State Government;

(b) "admission capacity", in relation to any course of study or training (including post-graduate course of study or training) in an allied and healthcare institution, means the maximum number of students as may be decided by the State Council from time to time for being admitted to such course of study or training.

25 **41. (1)** Any University or college or institution imparting education in any recognised category shall furnish information to the State Council regarding course of study, duration of course, scheme of assessment and examinations and other eligibility conditions in order to obtain the requisite qualifications as an allied and healthcare institution under this Act as the State Council may from time to time require.

Power to require information from allied and healthcare institutions.

30 (2) Any University or college or institution imparting education in any recognised category as on the date of commencement of this Act shall furnish to the State Council such information in such manner as may be specified by the regulations.

35 **42. (1)** The State Council shall cause to verify the standards of any allied and healthcare institution where education in the recognised category is given, or to attend any examination held by any educational or research institution for the purpose of recognition of allied and healthcare qualifications by that allied and healthcare institution in such manner as may be specified by the regulations.

Recognition of allied and healthcare qualifications by State Council.

40 (2) The verification made under sub-section (1) shall not interfere with the conduct of any training or examination, but shall be for the purpose of reporting to the State Council on the adequacy of the standards of education including staff, equipment, accommodation, training and other facilities for giving education in the recognised categories, as the case may be, or on the sufficiency of every examination which they attend.

45 (3) The State Council shall forward a copy of the report of verification of standards to the allied and healthcare institution concerned and a copy with remarks of the institution thereon to the Commission.

43. (1) On receipt of a report from the State Council, if the Commission is of the opinion that—

Withdrawal of recognition.

50 (a) the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by a University or any allied and healthcare institution do not conform to the standards specified by the Commission for the respective courses, as the case may be; or

(b) the standards and norms for infrastructure, faculty and quality of education in allied and healthcare institution as determined by the Commission for the respective courses, as the case may be, are not adhered to by any University or allied and healthcare institution, and such University or allied and healthcare institution has failed to take necessary corrective action to maintain specified minimum standards, 5
it may initiate action in accordance with the provisions of sub-section (2).

(2) After considering such representations, and on such enquiry as it may deem fit, the Commission may, within a period of ninety days from the date of receipt from the State Council under sub-section (1), by order, withdraw the recognition granted to the allied and healthcare institution: 10

Provided that before any order passed, the Commission shall afford, the allied and healthcare institution and the State Government within whose jurisdiction the allied and healthcare institution is situated an opportunity of being heard:

Provided further that the Commission shall, before taking any action for withdrawal of recognition granted to the allied and healthcare professionals qualification awarded by a University or allied and healthcare institution, impose fine in consultation with the concerned State Council. 15

(3) The Commission may, after making such further inquiry, if any, as it may think fit, by notification, direct that,—

(a) any allied and healthcare qualification shall be a recognised qualification under this Act only when granted before a specified date; or 20

(b) any allied and healthcare qualification if granted to students of a specified allied and healthcare institution shall be the recognised qualification only when granted before a specified date; or

(c) any qualification shall be the recognised qualification in relation to a specified allied and healthcare institution only when granted after a specified date. 25

Failure to maintain minimum essential standards by allied and healthcare institutions.

44. The State Council may take such measures, including issuing warning, imposing fine, reducing intake or stoppage of admissions and recommending to the Commission for withdrawal of recognition, against an allied and healthcare institution for failure to maintain the minimum essential standards specified by the Commission under this Act. 30

CHAPTER VI

FINANCE, ACCOUNTS AND AUDIT

Grants by Central Government.

45. The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit for being utilised for the purposes of this Act. 35

National Allied and Healthcare Fund.

46. (1) There shall be constituted a Fund to be called the National Allied and Healthcare Fund and there shall be credited thereto—

(a) all Government grants, fees received by the Commission;

(b) all sums of money received by the Commission by way of grants, benefactions, bequests and transfers; and 40

(c) all sums of money received by the Commission in any other manner or from any other sources as may be prescribed by the Central Government.

(2) The fund referred to in sub-section (1) shall be applied for the expenses of the Commission incurred in discharge of its functions and purposes of this Act in such manner as may be prescribed by the Central Government. 45

<p>47. (1) The Commission shall maintain appropriate accounts and other relevant records and prepare an annual statement of accounts including the balance sheet in accordance with such general directions as may be issued and in such form as may be specified by the Central Government in consultation with the Comptroller and Auditor-General of India.</p> <p>5 (2) The accounts of the Commission shall be audited annually by the Comptroller and Auditor-General of India or any person appointed by him in this behalf and any expenditure incurred by him or any person so appointed in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.</p> <p>10 (3) The Comptroller and Auditor-General of India and any person appointed by him in connection with the audit of the accounts of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General of India has in connection with the audit of Government accounts, and, in particular, shall have the right to demand the production of books of account, connected vouchers and other documents and papers and to inspect the office of the Commission.</p> <p>15 (4) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually to the Central Government and that Government shall cause the same to be laid before each House of Parliament.</p> <p>20 48. The Commission shall prepare every year, in such form and within such time as may be prescribed by the Central Government an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before each House of Parliament.</p> <p>25 49. The Commission shall furnish to the Central Government such reports, returns and other information as that Government may require from time to time.</p> <p>50 50. The State Government may, after due appropriation made by State Legislature by law in this behalf, make to the State Council grants of such sums of money as the State Government may think fit for being utilised for the purposes of this Act.</p> <p>30 51. (1) There shall be constituted a Fund to be called the State Allied and Healthcare Council Fund and there shall be credited thereto—</p> <p style="padding-left: 40px;">(a) all sums of money received from the State Government;</p> <p style="padding-left: 40px;">(b) all sums of money received by the State Council by way of grants, fees, benefactions, bequests and transfers; and</p> <p style="padding-left: 40px;">(c) all sums of money received by the State Council in any other manner or from any other source as may be decided by the State Government.</p> <p>35 (2) All receipts of the Commission and State Councils shall be routed through an online payment portal of the Commission and one-fourth of all the receipts shall be transferred to the National Allied and Healthcare Fund and three-fourth of all the receipts shall transfer to the relevant State Allied and Healthcare Council Fund through that portal.</p> <p>40 (3) The fund referred to in sub-section (1) shall be applied for the expenses of the State Council incurred in discharge of its functions for the purposes of this Act in the manner as may be prescribed by the State Government.</p> <p>45 52. (1) The State Council shall maintain appropriate accounts and other relevant records and prepare an annual statement of accounts including the balance sheet, in accordance with such general directions as may be issued and in such form as may be specified by the State Government in consultation with the Comptroller and Auditor-General of India.</p> <p>50 (2) The accounts of the State Council shall be audited annually by the Comptroller and Auditor-General of India or any person appointed by him in this behalf and any expenditure incurred by him or any person so appointed in connection with such audit shall be payable by the State Council to the Comptroller and Auditor-General of India.</p>	<p>Accounts and audit of Commission.</p> <p>Annual report of Commission.</p> <p>Returns and information.</p> <p>Grants by State Government.</p> <p>State Allied and Healthcare Council Fund.</p> <p>Accounts and audit of State Council.</p>
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	(3) The Comptroller and Auditor-General of India and any person appointed by him in connection with the audit of the accounts of the State Council shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General of India has in connection with the audit of Government accounts, and, in particular, shall have the right to demand the production of books of account, connected vouchers and other documents and papers and to inspect the office of the State Council.	5
	(4) The accounts of the State Council as certified by the Comptroller and Auditor-General of India or any person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually to the State Government and that Government shall cause the same to be laid before each House of State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.	10
Annual report of State Council.	53. The State Council shall prepare every year, in such form and within such time as may be prescribed by the State Government an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature, where it consists of two Houses, or where such Legislature consists of one House, before that House.	15
Authentication of orders, etc.	54. All orders and decisions of the Commission or the State Council, as the case may be, and the instruments issued by it shall be authenticated by the Secretary or any other officer authorised by the Chairperson in this behalf.	20
Practice by allied and healthcare professionals.	55. No allied and healthcare professional shall discharge any duty or perform any function not authorised by this Act or any treatment not authorised within the scope of practice of the profession.	
	CHAPTER VII OFFENCES AND PENALTIES	25
Penalty for falsely claiming to be entered in Central Register and State Register.	56. If any person whose name is not for the time being entered in the Central Register or a State Register falsely represents that it is so entered or uses in connection with his name or title any words or letters to suggest that his name is so entered, he shall be punished on first conviction with fine which may extend to fifty thousand rupees, and on any subsequent conviction with imprisonment which may extend to six months or with fine not exceeding one lakh rupees or with both.	30
Misuse of titles.	57. If any person,— (a) not being a person registered in the Central Register or a State Register, takes or uses the description of an allied and healthcare professional, or (b) not possessing an allied and healthcare qualification under this Act, uses a degree or a diploma or a license or an abbreviation indicating or implying such qualification, shall be punished on first conviction with fine which may extend to one lakh rupees, and on any subsequent conviction with imprisonment which may extend to one year or with fine not exceeding two lakh rupees or with both.	35 40
Failure to surrender certificate of registration.	58. If any person whose name has been removed from the Central Register or a State Register, he shall surrender forthwith his certificate of registration or certificate of renewal, as the case may be, or both, failing which he shall be punishable with fine which may extend to fifty thousand rupees and in case of a continuing offence with an additional fine which may extend to five thousand rupees per day after the first day during which the offence continues.	45
Penalty for contravention of provisions of Act.	59. Whoever contravenes any of the provisions of this Act or any rules or regulations made thereunder shall be punished with imprisonment which shall not be less than one year but which may extend to three years or with fine which shall not be less than one lakh rupees but which may extend to five lakh rupees or with both.	

60. (1) No court shall take cognizance of any offence punishable under this Act except upon a complaint made by the Central Government, the State Government, the Commission, or the State Council, as the case may be. Cognizance of offences.

5 (2) No court inferior to that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.

CHAPTER VIII

MISCELLANEOUS

61. No Civil Court shall have jurisdiction to entertain any suit or proceeding in respect of any order made by the Commission or State Council relating to the removal of a name or the refusal to enter a name in the Central Register or State Register, as the case may be, under this Act. Bar of jurisdiction.

62. No suit, prosecution or other legal proceeding shall lie against the Central Government or State Government or against the Chairperson, Vice-Chairperson or any other Member of the Commission or any Member of the State Council or any member of the Professional Council or any member of the Autonomous Board, as the case may be, for anything which is in good faith done or intended to be done in pursuance of this Act or any rule made thereunder in the discharge of their official duties. Protection of action taken in good faith.

63. (1) The Central Government may, from time to time, issue such directions to the Commission, as in the opinion of Government are conducive for the fulfilment of the objects of this Act and in the discharge of its functions. Direction by Central Government.

(2) Any direction issued under sub-section (1) may include directions to the Commission to make any regulations or to amend or revoke any regulations already made.

64. The provisions of this Act shall have overriding effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act. Act to have overriding effect.

65. (1) The Central Government may, by notification, make rules to carry out the provisions of this Act. Power of Central Government to make rules.

(2) In particular and without prejudice to the generality of the foregoing powers under sub-section (1), such rules may provide for all or any of the following matters, namely:—

30 (a) the qualifications and experiences of the Part-time Member of the Commission under sub-clause (i) of clause (d) of sub-section (3) of section 3;

(b) the manner of selection of the Part-time Member of the Commission under sub-clause (ii) of clause (d) of sub-section (3) of section 3;

35 (c) the qualification, experience and manner of the selection of the Part-time Member of the Commission under sub-clause (iii) of clause (d) of sub-section (3) of section 3;

(d) the salaries, allowances and other conditions of service of the Chairperson and Vice-Chairperson of the Commission under sub-section (2) of section 4;

40 (e) the travelling and other allowances to the Part-time Member of the Commission under sub-section (3) of section 4;

(f) the rules of procedure with respect to the transaction of business at meetings of the Commission under sub-section (1) of section 7;

(g) the salaries, allowance and other conditions of service of the Secretary and other officers of the Commission under sub-section (2) of section 9;

45 (h) the qualifications and experiences of members of the Professional Council under sub-section (1) of section 10;

- (i) the form of application and the manner of entering the name of person in the Central Register under section 16;
- (j) the form, manner and fee of application for certificate of registration under sub-section (1) of section 17;
- (k) the form of certificate of registration under sub-section (2) of section 17; 5
- (l) the fees for and form of duplicate certificate under sub-section (3) of section 17;
- (m) the form, manner and fees of application for additional entry in the Central Register under sub-section (1) of section 18;
- (n) the qualifications, experiences and manner of appointment of members of Interim Commission under clause (k) of sub-section (2) of section 20; 10
- (o) the form, manner, particulars and fees of the scheme under clause (b) of sub-section (2) of section 40;
- (p) the manner of sums of money received by the Commission under clause (c) of sub-section (1) of section 46; 15
- (q) the manner of application of fund for expences incurred in discharge of the functions of the commission under sub-section (2) of section 46;
- (r) the form and time period for preparing annual report of the Commission under section 48; and
- (s) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules. 20

Power to make regulations.

- 66.** (1) The Commission may, after public consultation and with the previous approval of the Central Government, make regulations generally to carry out the purposes of this Act.
- (2) In particular, and without prejudice to the generality of the foregoing provisions, such regulations may provide for all or any of the following matters, namely:— 25
- (a) the manner of providing basic standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories under clause (e) of sub-section (1) of section 11; 30
 - (b) other particulars for allied and healthcare qualifications under clause (f) of sub-section (1) of section 11;
 - (c) the manner of providing uniform examination with common counselling for admission under clause (g) of sub-section (1) of section 11; 35
 - (d) the manner of providing for exit or licensing examination for allied and healthcare professionals under clause (h) of sub-section (1) of section 11;
 - (e) the manner of taking measures under clause (k) of sub-section (1) of section 11;
 - (f) the manner of containing information including name of person and qualification relating to any of the respected reconigsed catogaries in the Central Register under sub-section (1) of section 13; 40
 - (g) the manner of adopting standardised format for populating and maintaining the Central Register under sub-section (2) of section 13;
 - (h) the manner of removal of name of a person from the Central Register under section 19; 45

(i) the number of members from each recognised category under sub-section (2) of section 29;

(j) other functions of the Under-graduate Allied and Healthcare Education or Post-graduate Allied and Healthcare Education or Allied and Healthcare Profession Assessment and Rating or Allied and Healthcare Professions Ethics and Registration under sub-section (6) of section 29;

(k) the manner of containing information including name of person and qualification relating to any of their respective recognised categories under sub-section (1) of section 32;

(l) the manner of containing details of academic qualification, institutions, training, skill and competencies of Allied and Healthcare Professionals related to their profession in the State Register under sub-section (2) of section 32;

(m) the period for registration under sub-section (2) of section 36;

(n) the period and manner of registration of person who offers services in any of the recognised categories on or before the commencement of this Act under section 38;

(o) the recognition of corresponding allied and healthcare qualifications granted outside India under sub-section (1) of section 39;

(p) the manner of entitlement of registration of qualifications granted by institutions outside India under sub-section (2) of section 39;

(q) the basic standards of education for seeking to open a new or higher course of study or training under clause (a) of sub-section (5) of section 40;

(r) any other factors under clause (g) of sub-section (5) of section 40;

(s) the manner of furnishing information by the University or college or institution under sub-section (2) of section 41;

(t) the manner of verification of standards of education in allied and healthcare institutions by the State Council under sub-section (1) of section 42; and

(u) any matter for which provision may be made by the regulations under this Act.

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

Laying of rules and regulations.

68. (1) The State Government may, by notification, make rules to carry out the provisions of this Act.

Power of State Government to make rules.

(2) In particular and without prejudice to the generality of the foregoing powers under sub-section (1), such rules may provide for the following matters, namely:—

(a) the qualifications and experiences of the member of the State Council under clause (e) of sub-section (3) of section 22;

(b) the qualifications and experience of the member of the State Council under clause (f) of sub-section (3) of section 22;

(c) the travelling and other allowances for the Member of the State Council under sub-section (2) of section 23;

(d) the time, place and manner of rule of procedure in respect to transaction of business at meetings including quorum of State Council under sub-section (1) of section 26;

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(e) the salary, allowances and other conditions of services of the Secretary, other officers and employees of the State Council under sub-section (2) of section 28;

(f) the fee for registration in the State Register under sub-section (1) of section 33;

(g) the form of certificate of registration under sub-section (3) of section 33; 10

(h) the fee and form of duplicate certificate under section 34;

(i) the fee and the manner of payment of such fee under sub-section (1) of section 35;

(j) the fee for restoration of name in the State Register under proviso to sub-section (2) of section 35; 15

(k) the fee for restoration of name in the State Register under section 37;

(l) the manner of application of fund for expenses incurred in discharge of the functions of State Council under sub-section (3) of section 51;

(m) the form and time for preparing annual report under section 53; and

(n) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules. 20

(3) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of State Legislature, where there are two Houses and where there is one House of State Legislature, before that House.

Power to remove difficulties.

69. (1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order, published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to it to be necessary or expedient for removing the difficulty: 25

Provided that no order shall be made under this section after the expiry of three years from the date of commencement of this Act. 30

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

Power to amend Schedule.

70. (1) The Central Government may, after consultation with the Commission, by a notification, add to or otherwise amend the Schedule for the purposes of this Act and thereupon the said Schedule shall be deemed to be amended accordingly. 35

(2) A copy of every notification proposed to be issued under sub-section (1), shall be laid in draft before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in disapproving the issue of the notification or both Houses agree in making any modification in the notification, the notification shall not be issued or, as the case may be, shall be issued only in such modified form as may be agreed upon by both the Houses. 40

THE SCHEDULE
[See section 2(r)]

Serial Number	Recognised Category	Allied and Healthcare Professional	ISCO Code
(1)	(2)	(3)	(4)
1.	Medical Laboratory and Life Sciences		
	<p style="text-align: center;">Life Science Professional</p> <p>Note: Life Science Professional is a person who has knowledge of application of research on human and other life forms, their interactions with each other and the environment, to develop new knowledge, and solve human health and environmental problems and who works in diverse fields such as bacteriology, biochemistry, genetics, immunology, pharmacology, toxicology and virology and who collect, analyse and evaluate the experimental and field data to identify and develop new processes and techniques among others.</p>	<ul style="list-style-type: none"> (i) Biotechnologist (ii) Biochemist (non-clinical) (iii) Cell Geneticist, (iv) Microbiologist (non-clinical) (v) Molecular Biologist (non-clinical) (vi) Molecular Geneticist 	2131
	<p style="text-align: center;">Medical Laboratory Sciences Professional</p> <p>Note: Medical and pathology laboratory professional is a person who performs clinical test on specimens of bodily fluids and tissues in order to get information about the health of a patient or cause of death and having formal training in medical laboratory technology or related field, which includes testing and operating equipment such as spectrophotometers, calorimeters and flame photometers for analysis of biological material including blood, urine and spinal fluid.</p>	<ul style="list-style-type: none"> (i) Cytotechnologist (ii) Forensic Science Technologist (iii) Histotechnologist (iv) Hemato Technologist (v) Medical Lab Technologist 	3212
2.	Trauma, Burn Care and Surgical/ Anesthesia related technology		
	<p style="text-align: center;">Trauma and Burn Care Professional</p> <p>Note: Trauma and Burn Care Professional is a person who provides advisory, diagnostic, curative and preventive medical services more limited in scope and complexity than those carried out by a medical doctor including emergency and burn care technologist who work autonomously, or with limited supervision of medical doctors and apply advanced clinical procedures for treating and preventing injuries and other physical impairments.</p>	<ul style="list-style-type: none"> (i) Advance Care Paramedic (ii) Burn Care Technologist (iii) Emergency Medical Technologist (Paramedic) 	2240 2240 3258
	<p style="text-align: center;">Surgical and Anaesthesia-related Technology Professional</p> <p>Note: Surgical and Anaesthesia-related Technology professional is a member of a multidisciplinary team in the operation theatres, who prepares and maintains an operating theatre, assists the anaesthetist and surgical team during peri-operative period and provides support to patients in the recovery room and the main role includes the setup, check,</p>	<ul style="list-style-type: none"> (i) Anaesthesia Assistants and Technologists (ii) Operation Theatre (OT) Technologists (iii) Endoscopy and Laparoscopy Technologists 	3259 3259 3259

(1)	(2)	(3)	(4)
	and maintains anaesthesia equipment, preparation of operation room and table, management of the central sterile services department functions, assistance in emergency situations and disaster preparedness and support of the surgeons and anaesthetists in any other related clinical area.		
3.	Physiotherapy Professional Note: Physiotherapy Professional is a person who practices physiotherapy by undertaking comprehensive examination and appropriate investigation, provides treatment and advice to any persons preparatory to or for the purpose of or in connection with movement or functional dysfunction, malfunction, disorder, disability, healing and pain from trauma and disease, using physical modalities including exercise, mobilization, manipulations, electrical and thermal agents and other electro therapeutics for prevention, screening, diagnosis, treatment, health promotion and fitness. The physiotherapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree.	(i) Physiotherapist	2264
4.	Nutrition Science Professional Note: Nutrition Science Professional is a person who follows a scientific process to assess, plan and implement programmes to enhance the impact of food and nutrition on health, promote good health, prevent and treat disease to optimize the health of individuals, groups, communities and populations as well as on human health with training in food and nutritional science, nutrition, dietetics.	(i) Dietician (including Clinical Dietician, Food Service Dietician) (ii) Nutritionist (including Public Health Nutritionist, Sports Nutritionist)	2265 2265
5.	Ophthalmic Sciences Professional Note: Ophthalmic Sciences Professional is a person who studies eye, related ailments and specialises in the management of disorders of eye and visual system, limited in scope and complexity as performed by a medical doctor having Optometrists with a minimum of four years of baccalaureate degree and Ophthalmic Assistants/Vision Technician with a minimum of a two years recognised diploma programme.	(i) Optometrist (ii) Ophthalmic Assistant (iii) Vision Technician	2267 3256 3256
6.	Occupational Therapy Professional Note: Occupational Therapy Professional is a person who delivers client-centred services concerned with promoting health and well-being through occupation to enable people to participate in the activities of everyday life, which includes professionals such as Occupational Therapists who achieve this outcome by working with people and communities to enhance their ability to engage	(i) Occupational Therapist	2269

NOTICE

Suggestions are invited to amend the MOA to make the functioning of IAP administratively, legally and officially in more effective way and to meet others objectives of IAP.

1. To make IAP paper less as far as possible legally.
2. To work in more disciplined way at Centre and State Level.

Please go through the News Letter may 2019 for the final amended MOA till 2019.

These suggestions will be kept for review in next possible Special General Body meeting of IAP

CEC

IAP

2020-2023

**KINDLY VISIT IAP WEBSITE FOR
FULL PAGES OF MEMORANDUM**

Memorandum of IAP

**THE INDIAN ASSOCIATION
OF PHYSIOTHERAPISTS**



Memorandum of Association & Rules and Regulations

CONSTITUTION AND BYE LAWS 2019

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**TO ALL THE MEMBERS OF
THE INDIAN ASSOCIATION
OF PHYSIOTHERAPISTS**

Happy
**New
Year**

From - C.E.C. 2020 - 2023



IAP Deligation With Dr.Ram Gopal Yadav Ji for formation of Central Physiotherapy Council



New IAP CEC 2020-2023



IAP Delegation with Hon. Union Health Minister Dr. Harsh Vardhan Ji