NAHPA-AHPLC-2025-0143 NAHPA-NPAR-2025-1082

(REGISTRATION AND REGULATION)

“Accredited Healthcare Professional License and Certificate (Non-Statutory)”

and

National Professional Accreditation Record (NPAR ID)

NAHPA

(Former Name: Indian Paramedical Association-2021)

Published by Order of the Governing Council
National Allied & Healthcare Professional Association (NAHPA)

Chapter-wise

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ABBREVIATIONS

Sr. No.	Abbreviation	Full Form / Meaning
1	**NAHPA**	National Allied & Healthcare Professional Association
2	**NPAR**	National Professional Accreditation Record
3	**NPAR ID**	National Professional Accreditation Record Identification Number
4	**AHPL**	Accredited Healthcare Professional License
5	**ACR**	Accreditation and Compliance Regulation Council
6	**NPHR**	National Professional Healthcare Register
7	**AB**	Accreditation Board
8	**EC**	Executive Council
9	**GC**	Governing Council
10	**RC**	Regional Chapter
11	**IC**	Institutional Committee
12	**COP**	Certificate of Practice
13	**NCVET**	National Council for Vocational Education and Training
14	**NCAHP**	National Commission for Allied and Healthcare Professions
15	**MSDE**	Ministry of Skill Development and Entrepreneurship
16	**MOHFW**	Ministry of Health and Family Welfare
17	**NOS**	National Occupational Standards
18	**NSQF**	National Skills Qualification Framework
19	**OBE**	Outcome-Based Education
20	**QMS**	Quality Management System
21	**SOP**	Standard Operating Procedure
22	**IDRC**	Institutional Data and Record Cell
23	**DVC**	Digital Verification Code

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Sr. No.	Abbreviation	Full Form / Meaning
24	HRD	Human Resource Development
25	AR	Annual Renewal
26	PME	Professional Monitoring and Ethics
27	PDQ	Professional Data Query
28	AI-HIS	Artificial Intelligence – Health Information System
29	COPA	Code of Professional Accountability
30	ECR	Ethics and Compliance Report
31	ITC	Institutional Training Centre
32	HIC	Healthcare Institution Council
33	CPD	Continuing Professional Development
34	LMS	Learning Management System
35	EVC	Electronic Verification Certificate
36	HRIS	Human Resource Information System
37	UIN	Unique Identification Number
38	PRA	Professional Registration Application
39	QA	Quality Assurance
40	TNA	Training Needs Assessment
41	IRP	Institutional Recognition Protocol
42	MRA	Mutual Recognition Agreement
43	RCC	Regional Coordination Centre
44	ARC	Accreditation Review Committee
45	PAC	Professional Accreditation Certificate
46	CRR	Central Registration Record
47	DRC	Disciplinary Review Committee

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Sr. No.	Abbreviation	Full Form / Meaning
48	**NID**	National Identification Document
49	**WBT**	Web-Based Training
50	**E-AUDIT**	Electronic Audit and Compliance System

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CHAPTER I

PRELIMINARY AND SHORT TITLE

1. ***Short title.*** **-** These rules may be called the ***National Professional Accreditation and Healthcare Licensing Regulation Act (Non-Statutory).***

2. ***Definitions.*** **— (1) In these rules, unless the context requires otherwise, —**

i. **"Association"** means **the *National Allied & Healthcare Professional Association (NAHPA)*,** a self-governing national professional body established for the regulation, accreditation, and promotion of allied and healthcare professions in India.

ii. **"Accredited Healthcare Professional License"** or **"AHPL"** means the official license issued by NAHPA under these rules certifying that the holder is duly accredited and authorized to practise as a recognized allied or healthcare professional.

iii. **"Certificate of Practice (COP)"** means a non-statutory professional certificate granted under NAHPA to validate the continuing practice rights of an AHPL holder.

iv. **"National Professional Accreditation Record (NPAR)"** means the national digital register maintained by NAHPA containing verified data of all accredited professionals, institutions, and clinics.

v. **"NPAR ID"** means the unique digital identification number assigned to each individual or institution registered under the NPAR system.

vi. **"Council of Accreditation and Regulation (ACR)"** means the council constituted under NAHPA to supervise accreditation, registration, inspection, and disciplinary proceedings.

vii. **"Institution"** means any training centre, college, hospital, clinic, diagnostic laboratory, or skill institution accredited by NAHPA for imparting allied or healthcare education and services.

viii. **"Registrar"** means the officer appointed by NAHPA to maintain the NPAR Register and to issue, renew, or suspend professional licenses and certificates.

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ix. **"Professional Misconduct"** means any act, omission, or behaviour of a registered professional that violates the Code of Professional Accountability (COPA) or ethical standards framed under these rules.

x. **"Non-Statutory Recognition"** means recognition granted by NAHPA that is self-regulated, voluntary, and nationally accepted for competence validation, without being established by an Act of Parliament or State Legislature.

xi. **"Regional Chapter (RC)"** means a State or Zonal branch of NAHPA established to facilitate registration, inspection, and coordination of professional activities within its jurisdiction.

xii. **"Governing Council (GC)"** means the supreme policy-making body of NAHPA empowered to frame regulations, approve budgets, and issue notifications under this Act.

xiii. **"Executive Council (EC)"** means the executive authority of NAHPA responsible for day-to-day administration, licensing decisions, and implementation of policies.

xiv. **"Accreditation Board (AB)"** means the technical board constituted for evaluation and quality assurance of institutions seeking NAHPA accreditation.

xv. **"Digital Verification Code (DVC)"** means the electronically generated secure code printed on each license or certificate for online authenticity verification.

xvi. **"License Year"** means the period of twelve months commencing on the 1st day of April each year unless otherwise notified by NAHPA.

xvii. **"Professional Monitoring and Ethics (PME)"** refers to the division responsible for ethical review, investigation, and disciplinary recommendations under these rules.

xviii. **"Accredited Institution"** means an institution that has obtained NAHPA accreditation and is entered in the NPAR Institutional Register.

xix. **"Prescribed"** means prescribed by regulations, notifications, or guidelines framed under these rules.

xx. **"Regulations"** mean the subsidiary rules and procedural orders issued by the Governing Council under this Act for its proper administration.

xxi. **"Renewal"** means the process by which an existing license or accreditation is extended for a further term upon fulfilment of prescribed conditions.

xxii. **"Applicant"** means any person or institution applying for registration, accreditation, or renewal under these rules.

xxiii. **"Verification Officer"** means an authorized officer of NAHPA deputed to verify documents, qualifications, or institutional compliance.

xxiv. **"Fee"** means the amount payable to NAHPA for registration, renewal, inspection, or any other service under these rules.

xxv. **"Code of Professional Accountability (COPA)"** means the set of ethical and professional standards prescribed by NAHPA for maintaining integrity and quality in healthcare practice.

xxvi. **"Health Sector Skills Council"** means any council recognized by NCVET or MSDE for developing occupational standards relevant to allied healthcare.

xxvii. **"Mutual Recognition Agreement (MRA)"** means an understanding between NAHPA and any domestic or international body for reciprocal recognition of professionals or institutions.

xxviii. **"Continuing Professional Development (CPD)"** means structured learning and training undertaken by registered professionals for skill enhancement and renewal eligibility.

xxix. **"Online Portal"** means the official digital platform of NAHPA for registration, verification, data update, and grievance filing.

xxx. **"Competent Authority"** means the Chairman, Registrar, or any officer duly authorized by the Governing Council to exercise powers under this Act.

CHAPTER II

OBJECTIVE, SCOPE AND JURISDICTION

4. Objectives –

The objectives shall be —

i. To establish a **National Professional Accreditation System** for allied and healthcare professionals through transparent, competency-based evaluation and licensing.

ii. To maintain a **National Professional Accreditation Record (NPAR)** ensuring authenticity, traceability, and ethical accountability of every registered practitioner and institution.

iii. To promote **uniform professional standards**, ethical conduct, and continual capacity building across the allied and healthcare sectors.

iv. To strengthen collaboration among **educational institutions, healthcare establishments, and professional associations** through structured accreditation and recognition.

v. To create and regulate the issue of the **Accredited Healthcare Professional License (AHPL)** and the **Certificate of Practice (COP)** as voluntary, nationally recognized credentials.

vi. To enhance **public trust, safety, and quality of care** by verifying the qualifications and ethical record of healthcare professionals.

vii. To enable **digital governance** through AI-enabled health information systems (AI-HIS), online licensing, and data integrity management under the NPAR framework.

viii. To provide **equal opportunity for recognition** to skilled practitioners working in urban, rural, and community health environments.

5. Scope and Coverage. –

i. The provisions of this Act shall cover all persons engaged in allied and healthcare practice, education, management, or technical services, including diagnostic, therapeutic, preventive, and rehabilitative roles.

ii. The Act shall also apply to all **training institutions, hospitals, clinics, diagnostic laboratories, research centres, NGOs, and private healthcare setups** registered or accredited with NAHPA.

iii. The framework shall encompass **capacity building, accreditation, inspection, audit, ethics enforcement, grievance redressal, and renewal processes** for professionals and institutions.

iv. The Act shall be applicable in both **offline and online modes** of operation, including e-learning, tele-health, and digital documentation.

v. Nothing contained in this Act shall affect the powers of any statutory authority such as **NCAHP, NCVET, or MOHFW**, but the provisions herein shall operate **supplementarily** to promote self-regulation and professional discipline.

6. Jurisdiction. –

i. The jurisdiction of this Act shall vest in the **National Allied & Healthcare Professional Association (NAHPA)** and its duly constituted councils, committees, and regional chapters.

ii. All matters relating to registration, accreditation, renewal, verification, and disciplinary action under these rules shall be adjudicated within the administrative framework of NAHPA.

iii. The **Head Office of NAHPA**, situated at New Delhi, shall exercise national jurisdiction, and regional chapters shall act as subordinate competent authorities within their respective territories.

iv. Any dispute or clarification arising under these rules shall be referred to the **Council of Accreditation and Regulation (ACR)**, whose decision, duly approved by the Governing Council, shall be final and binding.

CHAPTER III

CONSTITUTION AND POWERS OF THE ASSOCIATION

7. Establishment of the Association. –

i. There shall be established a national professional body to be known as the **National Allied & Healthcare Professional Association (NAHPA)**, hereinafter referred to as *"the Association"*, for the purposes of implementing, administering, and enforcing the provisions of this Act.

ii. The Association shall be a **self-governing, non-statutory, non-profit professional organization**, registered under the relevant Societies Registration Act or any other law for the time being in force in India.

iii. The Association shall function as the **Apex National Accreditation and Regulatory Authority** for allied and healthcare professionals, institutions, and clinics under the **National Professional Accreditation Record (NPAR)** framework.

iv. The **Head Office** of the Association shall be situated at *New Delhi*, and such **Regional Chapters** or **State Offices** as may be approved by the Governing Council may be established across India.

8. Composition of the Association. –

The Association shall consist of the following bodies for administrative, regulatory, and advisory functions, namely:—

i. **Governing Council (GC);**
ii. **Executive Council (EC);**

iii. **Accreditation and Compliance Regulation Council (ACR);**
iv. **Accreditation Board (AB);**
v. **Institutional Committee (IC);**
vi. **Regional Chapters (RC);**
vii. **Advisory Committees and Sub-Committees** constituted from time to time by the GC.

9. Governing Council. –

i. The **Governing Council (GC)** shall be the supreme decision-making body of the Association and shall have the general superintendence, direction, and control over the affairs of NAHPA.

ii. The GC shall consist of not fewer than **seven** and not more than **fifteen members**, to be appointed or nominated in accordance with the Constitution of the Association.

iii. The GC shall be empowered to—
a. Frame regulations, by-laws, and guidelines for carrying out the purposes of this Act;
b. Approve the annual budget, accounts, and policy reports;
c. Constitute or dissolve subordinate councils and committees;
d. Grant, renew, or withdraw institutional accreditation; and
e. Exercise all such powers as may be necessary for effective governance of the Association.

10. Executive Council. –

i. The **Executive Council (EC)** shall act as the executive and administrative authority of NAHPA and shall be responsible for implementing the resolutions of the Governing Council.

ii. The EC shall consist of the **Chairman**, **Vice-Chairman**, **Secretary-General**, **Registrar**, and such other officers or members as may be nominated by the GC.

iii. The EC shall—
a. Supervise registration, licensing, and accreditation processes;
b. Ensure compliance with ethical, quality, and procedural standards;
c. Manage the financial and administrative functions of NAHPA; and
d. Submit periodical progress and audit reports to the Governing Council.

11. Officers of the Association. –

i. The principal officers of the Association shall include—
a. **Chairman**,
b. **Vice-Chairman**,
c. **Secretary-General**,

d. **Registrar**, and
e. Such other officers or coordinators as may be appointed under regulations.

ii. **The Chairman** shall be the *chief executive and presiding authority* of NAHPA and shall exercise general supervision and control over the affairs of the Association.

iii. **The Vice-Chairman** shall assist the Chairman and may perform such duties as may be delegated or assigned by the Governing Council.

iv. **The Secretary-General** shall act as the administrative head of the Secretariat and shall ensure the proper maintenance of records, correspondence, and proceedings of meetings.

v. **The Registrar** shall be responsible for maintaining the National Professional Accreditation Record (NPAR), issuing and renewing licenses and certificates, and preparing statistical and compliance reports.

vi. The **tenure, functions, powers, and conditions of service** of the officers shall be prescribed by regulations framed under this Act.

12. Powers and Functions of the Association. –

The powers and functions of NAHPA shall include—

i. To frame, implement, and amend regulations relating to registration, accreditation, and licensing of allied and healthcare professionals and institutions;

ii. To maintain and update the **National Professional Accreditation Record (NPAR)** and ensure the authenticity of data;

iii. To issue, renew, suspend, or revoke the **Accredited Healthcare Professional License (AHPL)** and **Certificate of Practice (COP)**;

iv. To recognize and accredit institutions, training centres, and clinical establishments under prescribed standards;

v. To conduct inspections, audits, and evaluations for quality assurance and compliance;

vi. To prescribe and enforce the **Code of Professional Accountability (COPA)** and disciplinary norms;

vii. To organize professional development, continuing education, and training programs (CPD);

viii. To collaborate with national and international councils, ministries, and agencies for mutual recognition and advancement of healthcare standards;

ix. To publish guidelines, notifications, and advisory circulars for the benefit of stakeholders;

x. To manage funds, receive grants, collect fees, and utilize resources in accordance with approved budgets; and

xi. To perform all such acts as may be incidental or conducive to the objectives of this Act.

13. Tenure of the Councils. –

i. The term of the Governing Council and Executive Council shall ordinarily be **five years**, unless dissolved or reconstituted earlier by a resolution passed by two-thirds of the total members.

ii. Members shall be eligible for re-appointment for one additional term, subject to satisfactory performance and approval of the Governing Council.

iii. Vacancies arising by resignation, disqualification, or otherwise shall be filled in accordance with the prescribed procedure.

CHAPTER IV

NATIONAL PROFESSIONAL ACCREDITATION RECORD (NPAR)

14. Establishment of the NPAR System. –

i. There shall be established and maintained by the **National Allied & Healthcare Professional Association (NAHPA)** a central digital register to be known as the **National Professional Accreditation Record (NPAR)**.

ii. The NPAR shall serve as the **official and authenticated database** for recording particulars of all accredited allied and healthcare professionals, institutions, and clinics recognized under these rules.

iii. The NPAR shall operate through a **secure digital portal**, integrated with NAHPA's **AI-enabled Health Information System (AI-HIS)** and other approved national platforms.

iv. The maintenance and security of the NPAR shall be the responsibility of the **Registrar**, under the general supervision of the **Governing Council** and the **Accreditation and Compliance Regulation Council (ACR)**.

v. The entries recorded in the NPAR shall be deemed conclusive evidence of registration, accreditation, and licensing under this Act.

15. Categories of Registration. –

The NPAR shall consist of the following categories of records, namely:—

i. **Professional Register (Form-I):** containing particulars of all individuals granted the *Accredited Healthcare Professional License (AHPL)* and *Certificate of Practice (COP)*;

ii. **Institutional Register (Form-II):** containing details of all accredited and empanelled institutions, training centres, clinics, and diagnostic establishments;

iii. **Specialisation Register (Form-III):** containing particulars of professionals registered under specified disciplines or areas of expertise, as notified by NAHPA;

iv. **Suspension / Revocation Register (Form-IV):** containing details of licenses temporarily suspended or revoked for cause; and

v. **Historical Archive (Form-V):** maintaining legacy or expired records for institutional memory and audit purposes.

16. Application for Registration. –

i. Any person seeking to be registered as an accredited professional under this Act shall make an **application in the prescribed form** along with the required documents, fee, and declaration of ethical conduct.

ii. Every institution seeking accreditation shall likewise submit an application to the **Accreditation Board (AB)** in such form and manner as may be specified by the ACR.

iii. The Registrar may, on being satisfied that the applicant fulfils all prescribed conditions, enter the applicant's name in the appropriate register and issue an **NPAR Identification Number (NPAR ID)**.

iv. Applications found deficient shall be provisionally held pending rectification, for a period not exceeding **thirty days**, after which the same shall be deemed rejected unless otherwise ordered.

17. Issue of NPAR ID and Digital Credentials. –

i. Upon approval of registration or accreditation, every professional or institution shall be assigned a **unique NPAR ID**, which shall serve as the permanent reference for all future verifications and renewals.

ii. Each NPAR ID shall be digitally linked to a **Digital Verification Code (DVC)** embedded within the *Accredited Healthcare Professional License (AHPL)* and the *Certificate of Practice (COP)*.

iii. The DVC shall enable real-time verification through the NAHPA online portal, QR code, or DigiLocker platform.

iv. The format, security protocol, and encryption standard of the NPAR ID and DVC shall be prescribed by the ACR in consultation with the Executive Council.

18. Period of Validity. –

i. The registration of a professional or institution under NPAR shall remain valid for a period of **five years** from the date of issue, unless suspended or revoked earlier.

ii. Renewal applications shall be made **three months prior to expiry**, accompanied by proof of continuing professional development (CPD) and updated institutional compliance reports.

iii. The Registrar may, after verification, renew such registration for a further term as prescribed.

19. Suspension, Cancellation, and Restoration. –

i. The Governing Council or the ACR may, on recommendation of the **Professional Monitoring and Ethics (PME)** division, suspend or cancel any registration or license if the holder—

a. is found guilty of professional misconduct;

b. has furnished false or misleading information;

c. has failed to comply with renewal requirements or audit directives; or

d. has been convicted of an offence involving moral turpitude.

ii. Before passing any order of suspension or cancellation, the affected person or institution shall be given a reasonable opportunity of being heard.

iii. A registration once cancelled may be restored by the Registrar upon satisfactory compliance and approval of the ACR, subject to payment of prescribed fees and penalties.

20. Public Access and Transparency. –

i. The NPAR shall be accessible to the general public through a verified digital interface for the purposes of confirming the credentials of registered professionals and institutions.

ii. The data displayed shall be limited to essential particulars such as name, NPAR ID, qualification, registration validity, and verification status.

iii. No personal or confidential information shall be disclosed except in accordance with the **Data Protection and Privacy Policy** framed under this Act.

iv. NAHPA shall publish **Annual Accreditation and Registration Reports**, summarizing statistical details of registered professionals, institutions, and disciplinary actions.

21. Integration and Inter-Agency Linkages. –

i. NAHPA may enter into arrangements with government departments, statutory councils, and digital agencies for integration of the NPAR with national verification systems such as **DigiLocker, Aadhaar Authentication, and Skill India Digital Portal.**

ii. Such integrations shall ensure seamless verification of credentials while maintaining data confidentiality and compliance with applicable information security laws.

iii. The NPAR shall be interoperable with recognized national frameworks such as **NSQF, NCVET databases, and NCAHP registries**, wherever mutually agreed.

CHAPTER V

REGISTRATION OF PROFESSIONALS

22. Eligibility for Registration. –

i. Every person desirous of being registered under the **National Professional Accreditation Record (NPAR)** shall possess such **educational qualifications, skill certifications, or professional training** as may be prescribed by the **Accreditation and Compliance Regulation Council (ACR)**.

ii. The applicant shall have completed training or education from an **institution accredited or recognized** by NAHPA, NCVET, NCAHP, or any other competent authority approved by the Governing Council.

iii. Persons possessing **foreign qualifications** may be considered for registration upon verification of equivalence and authentication by the competent evaluation authority designated by NAHPA.

iv. The applicant must be of **sound moral character** and must not have been convicted of any criminal offence involving professional dishonesty, fraud, or moral turpitude.

v. The Governing Council may, by notification, prescribe **additional criteria** for specific specialisations or advanced practice categories.

23. Application for Registration. –

i. An application for registration as an **Accredited Healthcare Professional** shall be made in **Form–I**, accompanied by—

a. Proof of qualification and training;

b. Identification and address details;

c. Declaration of professional ethics;

d. Payment of prescribed registration fee; and

e. Any additional documents as may be notified by the Registrar.

ii. Applications shall be submitted **online** through the official **NAHPA–NPAR portal** or physically at regional offices, as may be permitted.

iii. The Registrar shall verify the application, credentials, and documents within **thirty working days** and may—

a. Approve the registration and issue an **Accredited Healthcare Professional License (AHPL)** and **NPAR ID**; or

b. Call for further information or clarification before approval.

iv. If an application is found incomplete, the Registrar shall notify the applicant, who shall have **fifteen days** to rectify such deficiency.

v. Failure to rectify within the stipulated period shall result in the **automatic rejection** of the application, without prejudice to the right to reapply.

24. Professional Licensing and Certificate of Practice. –

i. Every applicant whose registration has been approved shall be issued—

a. An **Accredited Healthcare Professional License (AHPL)**, and

b. A **Certificate of Practice (COP)** authorizing the holder to engage in professional practice under NAHPA's ethical code.

ii. The license shall clearly mention—

a. The **name and NPAR ID** of the licensee;

b. The **discipline or specialization** of registration;

c. The **period of validity**; and

d. The **Digital Verification Code (DVC)** for online authentication.

iii. The AHPL and COP shall be **non-transferable** and valid for a period of **five years** from the date of issue, unless suspended or cancelled.

iv. The form, design, and security features of the AHPL and COP shall be as prescribed by the **Accreditation Board (AB)** with approval of the Governing Council.

25. Renewal of License and Registration. –

i. Every registered professional shall apply for **renewal** of license not later than **three months** before the date of expiry.

ii. The renewal application shall be accompanied by—

a. Proof of Continuing Professional Development (CPD) activities;

b. Updated contact and practice details;

c. Renewal fee as prescribed; and

d. Self-declaration of continued compliance with ethical and professional standards.

iii. Renewal may be refused if—

a. The applicant is under suspension, inquiry, or disciplinary proceeding;

b. False or misleading information is furnished; or

c. The applicant fails to comply with CPD or ethical code requirements.

iv. Upon approval, the Registrar shall issue a **renewed AHPL and COP** bearing a new DVC and updated validity period.

26. Temporary and Provisional Registration. –

i. NAHPA may, under special circumstances, grant **temporary registration** for a period not exceeding **twelve months**, to—

a. Visiting foreign professionals participating in exchange, training, or volunteer

healthcare services; or

b. Candidates awaiting final verification of documents or qualification results.

ii. Such registration shall not confer any right to long-term practice and shall automatically lapse upon expiry unless converted into regular registration.

iii. The Governing Council may issue further guidelines governing provisional licensing and its conditions.

27. Refusal of Registration. –

i. The Registrar may refuse to grant registration if—

a. The applicant does not satisfy eligibility conditions;

b. The application or supporting documents are false or fraudulent; or

c. The applicant is debarred or blacklisted by a competent authority.

ii. Every order of refusal shall be communicated in writing, stating the reasons thereof, within **thirty days** of the decision.

iii. The applicant may prefer an **appeal** to the **Accreditation and Compliance Regulation Council (ACR)** within **sixty days** from the date of such refusal.

28. Obligations of Registered Professionals. –

Every registered professional shall—

i. Practise only within the scope of their competence, specialization, and license;

ii. Maintain ethical standards as prescribed under the **Code of Professional Accountability (COPA)**;

iii. Display their **License Number and NPAR ID** at their place of practice;

iv. Submit periodic updates to NAHPA regarding employment, institutional affiliation, or address changes;

v. Report any criminal conviction, disciplinary action, or suspension within **thirty days**; and

vi. Refrain from any act of misrepresentation, unauthorized use of designation, or falsification of credentials.

29. Revocation and Disciplinary Action. –

i. Any professional found guilty of misconduct, unethical practice, or violation of this Act may have their license suspended or cancelled by order of the **Governing Council**.

ii. Before passing such order, the concerned individual shall be given an opportunity to present a written explanation and to appear before the **Disciplinary Review Committee (DRC)**.

iii. The Governing Council may, after due consideration, impose one or more of the following penalties—

a. Warning or censure;

b. Suspension of license for a fixed period;

c. Revocation of license and removal from the NPAR Register; or

d. Permanent debarment from registration.

iv. The decision of the Governing Council, duly recorded and communicated, shall be final and binding, subject to appeal under Section 30.

30. Appeal and Review. –

i. Any person aggrieved by an order of the Registrar, ACR, or Governing Council may prefer an appeal to the **Executive Council** within **sixty days** from the date of communication of such order.

ii. The appeal shall be in writing, stating grounds and accompanied by supporting evidence.

iii. The Executive Council may confirm, modify, or set aside the order appealed against, after giving the appellant a reasonable opportunity of being heard.

iv. The decision of the Executive Council on such appeal shall be final.

CHAPTER VI

INSTITUTIONAL ACCREDITATION AND EMPANELMENT

31. Eligibility for Institutional Accreditation. –

i. Any institution, hospital, training centre, diagnostic laboratory, or healthcare establishment desirous of obtaining accreditation under this Act shall meet the **minimum prescribed standards** of infrastructure, faculty, curriculum, equipment, and governance as determined by the **Accreditation Board (AB)**.

ii. Only such institutions as are legally established, duly registered under relevant statutes, and operating in conformity with national and state health regulations shall be eligible for accreditation.

iii. The institution shall have adequate facilities for **practical training, laboratory work, patient care, and clinical exposure**, consistent with its declared field of specialization.

iv. The **Institutional Committee (IC)** may recommend special consideration for community–based or charitable healthcare institutions demonstrating social outreach and public service.

32. Application for Accreditation. –

i. Every application for institutional accreditation shall be made in **Form–II**, addressed to the **Accreditation Board (AB)**, accompanied by—

a. Legal registration certificate of the institution;

b. Details of ownership, management, and key personnel;

c. Faculty qualifications and staffing pattern;

d. List of courses, equipment, and facilities;

e. Institutional self–assessment report; and

f. Payment of prescribed inspection and accreditation fees.

ii. The AB shall, upon preliminary scrutiny, acknowledge receipt and initiate the accreditation process within **thirty working days**.

iii. Applications found incomplete or deficient shall be returned with remarks for rectification within a period not exceeding **forty–five days**.

33. Inspection and Evaluation. –

i. The **Accreditation Board (AB)** shall constitute an **Inspection Committee** consisting of subject–experts, academic auditors, and technical officers for the purpose of physical or virtual inspection.

ii. The Committee shall verify the factual accuracy of the documents, evaluate institutional standards, and record its observations in the prescribed **Inspection Report (Form–III)**.

iii. The inspection may include—

a. Verification of infrastructure, equipment, and laboratories;

b. Interaction with faculty, students, and administrators;

c. Scrutiny of course curriculum, training hours, and records;

d. Audit of examination, attendance, and evaluation systems; and

e. Assessment of compliance with **NAHPA Quality Management System (QMS)** norms.

iv. The inspection report shall be placed before the **Accreditation and Compliance Regulation Council (ACR)** for consideration and recommendation.

34. Grant of Accreditation. –

i. The **Governing Council**, on the recommendation of the ACR, may grant accreditation to the institution for a period of **five years**, subject to the fulfilment of all norms and conditions.

ii. The accreditation certificate shall contain—

a. Name and address of the institution;

b. Accredited courses and capacity;

c. Period of validity; and

d. Accreditation Code and **Digital Verification Code (DVC)**.

iii. Institutions failing to meet full compliance may be placed under **provisional accreditation** for a period not exceeding **one year**, during which necessary improvements must be carried out.

iv. The decision of the Governing Council shall be communicated to the applicant within **sixty days** from the date of approval.

35. Renewal and Re–Accreditation. –

i. Every accredited institution shall apply for **renewal or re–accreditation** not later than **six months before** the expiry of the current accreditation.

ii. The renewal application shall include—

a. Updated compliance report;

b. Institutional performance and placement data;

c. Audit of previous deficiencies (if any); and

d. Proof of payment of prescribed renewal fee.

iii. The renewal may be refused if the institution—

a. Fails to maintain prescribed standards;

b. Has pending disciplinary or legal proceedings; or

c. Has provided false or misleading information.

iv. Upon approval, the institution shall receive a **Re–Accreditation Certificate**, continuing its recognition under the NPAR framework.

36. Institutional Empanelment. –

i. Accredited institutions may be empanelled under specific categories, namely—

a. **Training and Skill Centres (TSC)**;

b. **Clinical and Diagnostic Centres (CDC)**;

c. **Assessment and Examination Centres (AEC)**; and

d. **Research and Development Units (RDU)**.

ii. Empanelment shall entitle institutions to participate in **NAHPA–approved examinations, assessments, and projects**, subject to compliance with guidelines issued from time to time.

iii. The empanelment shall remain valid for the same period as the accreditation, unless withdrawn earlier by the competent authority.

37. Monitoring and Quality Assurance. –

i. Every accredited institution shall be subject to **annual academic and compliance audits** conducted by NAHPA's Inspection Committee or Regional Chapter.

ii. The audit shall evaluate—

a. Quality of teaching and learning outcomes;

b. Adherence to NSQF–aligned curricula;

c. Assessment and examination integrity;

d. Student welfare, safety, and grievance redressal; and

e. Institutional contribution to public health services.

iii. Institutions found deficient shall be issued a **show–cause notice**, granting **forty–five days** to rectify deficiencies.

iv. Continued non–compliance may result in **downgrading, suspension, or withdrawal** of accreditation by order of the Governing Council.

38. Institutional Obligations. –

Every accredited or empanelled institution shall—

i. Display its accreditation certificate and code prominently at the premises;

ii. Submit annual returns to NAHPA, including enrolment, examination, and result data;

iii. Ensure that only **registered and licensed professionals** are engaged as faculty and assessors;

iv. Maintain proper records, accounts, and documentation for audit purposes;

v. Allow inspection and verification by authorized officers at any time; and

vi. Observe all directions and circulars issued by NAHPA from time to time.

39. Suspension or Withdrawal of Accreditation. –

i. The Governing Council may suspend or withdraw accreditation where—

a. The institution violates any provision of this Act or regulations;

b. Accreditation was obtained by misrepresentation or fraud;

c. The institution fails to maintain prescribed standards; or

d. There is evidence of malpractice, irregularity, or unethical conduct.

ii. Before taking such action, the institution shall be given a **notice of thirty days** and an opportunity to submit a written explanation.

iii. An order of withdrawal shall take effect immediately upon publication in the official register and portal, unless stayed by appellate order.

iv. The institution may reapply for accreditation after **one year** from the date of withdrawal, upon fulfilment of all compliance requirements.

40. Appeal and Review. –

i. Any institution aggrieved by an order of suspension or withdrawal may prefer an **appeal to the Executive Council** within **sixty days** of such order.

ii. The Executive Council shall examine the record, conduct hearing, and may—

a. Confirm the order;

b. Modify the penalty; or

c. Restore the accreditation with conditions.

iii. The decision of the Executive Council shall be **final and binding**.

CHAPTER VII

CODE OF PROFESSIONAL CONDUCT AND ETHICS

41. General Duty of Professionals. –

i. Every registered and licensed professional under this Act shall maintain the highest standards of **ethics, competence, honesty, and integrity** in the discharge of professional duties.

ii. The primary obligation of every healthcare professional shall be to ensure the **safety, dignity, and welfare** of patients and to uphold the honour of the profession.

iii. All professionals shall conduct themselves in a manner befitting the **Code of Professional Accountability (COPA)** issued by the Association from time to time.

42. Principles of Ethical Conduct. –

i. A registered professional shall—

a. Respect the rights, privacy, and confidentiality of every patient;

b. Provide services without discrimination on the basis of caste, creed, gender, or economic status;

c. Maintain accurate records of diagnosis, treatment, and advice;

d. Obtain informed consent prior to any procedure or intervention;

e. Refrain from exploiting patients for financial or personal gain;

f. Continue to upgrade professional knowledge through continuing education (CPD);

g. Avoid professional jealousy, solicitation, or misrepresentation; and

h. Immediately report any unethical or unsafe practice observed in their workplace.

ii. No professional shall use any **designation, title, or specialization** not duly recognized or approved by the Association.

iii. All advertisements, publicity, or communication relating to professional services shall be **truthful, dignified, and non–misleading**.

43. Professional Integrity and Accountability. –

i. Every registered professional shall be accountable to the **National Allied & Healthcare Professional Association (NAHPA)** for the manner in which he or she practises the profession.

ii. The professional shall not:

a. Issue false or misleading certificates, reports, or documentation;

b. Sign or authenticate any record not personally verified;

c. Accept or offer any illegal gratification or commission;

d. Falsify data or manipulate results in connection with examinations or research;

e. Disclose confidential information obtained during the course of practice, except as required by law.

iii. Any act of plagiarism, impersonation, or misrepresentation of qualification shall be deemed **professional misconduct**.

44. Relation with Patients and the Public. –

i. Every healthcare professional shall deal with patients and attendants with **courtesy, empathy, and patience**.

ii. The professional shall not neglect, refuse, or discontinue treatment without reasonable cause and due notice.

iii. Emergency or life–saving care shall be rendered irrespective of the patient's ability to pay.

iv. No professional shall participate in or abet any act contrary to **medical ethics, human rights, or public welfare**.

v. Professionals shall cooperate with public authorities during epidemics, disaster response, or public health emergencies.

45. Professional Relationship with Colleagues and Institutions. –

i. A healthcare professional shall treat colleagues with respect and refrain from unjust criticism or defamation.

ii. In institutional settings, professionals shall comply with **organizational protocols, discipline, and lawful directives**.

iii. Disputes among professionals shall be resolved through **conciliation and ethical mediation** within the Association rather than through public controversy.

iv. Faculty and supervisors shall ensure impartial evaluation and avoid conflict of interest in assessment or recruitment.

46. Prohibitions and Misconduct. –

The following acts shall constitute **professional misconduct** under this Act:

i. Practising without a valid license or after expiry or suspension of registration;

ii. Misrepresentation of qualification, designation, or specialization;

iii. Issuing false certificates, prescriptions, or professional opinions;

iv. Engaging in quackery, malpractice, or unscientific methods;

v. Soliciting patients directly or indirectly through agents or media;

vi. Accepting gratification or inducement for referral of patients;

vii. Disclosing confidential patient information for personal or commercial use;

viii. Falsification of institutional or academic records;

ix. Obstruction of inspection, audit, or official inquiry;

x. Violation of ethical directions issued by the Governing Council; or

xi. Conviction in any court of law for an offence involving moral turpitude.

47. Disciplinary Authority. –

i. The **Professional Monitoring and Ethics (PME)** Division shall investigate all cases of professional misconduct, negligence, or violation of ethical standards.

ii. Upon preliminary inquiry, PME may refer the case to the **Disciplinary Review Committee (DRC)** for detailed examination and recommendation.

iii. The **Governing Council**, after considering the findings of the DRC, may impose one or more of the following penalties:

a. Written warning or reprimand;

b. Suspension of license for a specified period;

c. Removal of name from the NPAR register; or

d. Permanent disqualification from registration under this Act.

iv. The order of the Governing Council shall be communicated to the concerned professional and entered in the **Suspension/Revocation Register (Form–IV)**.

v. The professional shall have the right to appeal under the provisions of **Section 48**.

48. Appeal and Review. –

i. Any professional aggrieved by an order of penalty or disciplinary action may prefer an **appeal to the Executive Council (EC)** within **sixty days** from the date of communication of such order.

ii. The EC shall examine the record, provide an opportunity of hearing, and may—

a. Confirm the penalty;

b. Modify or reduce the penalty; or

c. Exonerate the professional with suitable warning.

iii. The decision of the Executive Council shall be **final and binding**, and shall be duly recorded in the official proceedings of the Association.

49. Restoration of License. –

i. A professional whose license has been suspended or revoked may apply for **restoration** after completion of the penalty period or compliance with specified conditions.

ii. The application shall be made to the **Registrar** with proof of corrective measures, CPD participation, and ethical re–certification, if required.

iii. The **Accreditation and Compliance Regulation Council (ACR)** may, upon recommendation of the PME Division, restore such license subject to payment of prescribed fees.

iv. The decision of the ACR shall be final, and upon restoration, the professional's name shall be reinstated in the NPAR Register.

50. Code Publication and Awareness. –

i. NAHPA shall publish, update, and circulate the **Code of Professional Accountability (COPA)** periodically among all members and institutions.

ii. All accredited institutions shall display the Code prominently within their premises and ensure its dissemination among students and faculty.

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iii. The Association shall conduct regular **orientation programs, seminars, and awareness workshops** to promote understanding and compliance with professional ethics.

CHAPTER VIII

VALIDITY, RENEWAL, SUSPENSION AND REVOCATION

51. Period of Validity. –

i. Every **Accredited Healthcare Professional License (AHPL)** and **Certificate of Practice (COP)** issued under this Act shall remain valid for a period of **five years** from the date of issue, unless suspended or revoked earlier.

ii. Every **Institutional Accreditation Certificate** granted to an institution, hospital, or training centre shall likewise remain valid for a period of **five years**, subject to interim review and audit.

iii. The validity of all certificates shall be clearly indicated on the face of each license, accompanied by the **Digital Verification Code (DVC)** for online authentication.

iv. Continuation of validity shall be conditional upon the maintenance of standards and compliance with the provisions of this Act and regulations made thereunder.

52. Renewal of License and Accreditation. –

i. Applications for renewal shall be submitted **not less than ninety days before** the date of expiry of the license or accreditation.

ii. The renewal application shall be accompanied by—

a. Proof of continuing compliance with prescribed norms;

b. Record of **Continuing Professional Development (CPD)** or training activities;

c. Updated institutional data or employment details; and

d. Payment of renewal fee as prescribed.

iii. The **Registrar** or **Accreditation Board (AB)**, as the case may be, shall verify the documents and approve renewal within **sixty days** of receipt of complete application.

iv. Renewal may be denied where—

a. The applicant has been found guilty of misconduct or non-compliance;

b. Audit or inspection reports reveal serious deficiencies; or

c. Renewal fee or documentation is incomplete or falsified.

v. On approval, a **Renewed License or Accreditation Certificate** bearing a new DVC and updated validity period shall be issued and recorded in the NPAR Register.

53. Interim Review and Surveillance Audit. –

i. All registered professionals and accredited institutions shall be subject to **periodic surveillance audits** conducted by the **Accreditation and Compliance Regulation Council (ACR)** or its authorized committees.

ii. The surveillance audit shall assess—

a. Maintenance of quality standards and ethical compliance;

b. Implementation of QMS and SOPs;

c. Financial, academic, and administrative integrity; and

d. Proper use of NAHPA name, logo, and certification marks.

iii. Findings of the audit shall be communicated to the concerned professional or institution with recommendations for improvement or corrective action.

iv. Persistent non-compliance may lead to suspension or downgrading of accreditation status under Section 54.

54. Suspension of License or Accreditation. –

i. The **Governing Council**, acting on the recommendation of the **Professional Monitoring and Ethics (PME)** Division or the **Accreditation Board**, may suspend a license or accreditation if—

a. Any provision of this Act, rule, or regulation has been violated;

b. False, misleading, or forged information was supplied;

c. Audit reports reveal serious quality or ethical lapses; or

d. The holder has been convicted of an offence involving moral turpitude.

ii. Suspension shall remain in force for such period as may be specified in the order, ordinarily not exceeding **one year**, unless extended by reasoned decision.

iii. During suspension, the licensee or institution shall cease to exercise all rights or privileges under the Act.

iv. The suspension order shall be entered in the **Suspension / Revocation Register (Form-IV)** and communicated to all concerned authorities.

v. The affected person or institution may submit representation within **thirty days** for reconsideration or review.

55. Revocation and Cancellation. –

i. The **Governing Council** may revoke or cancel any license or accreditation if—

a. The holder fails to rectify deficiencies within the suspension period;

b. Fraud, misrepresentation, or repeated violations are established;

c. The professional is permanently debarred from practice; or

d. The institution ceases to exist or closes operations without notice.

ii. The order of revocation shall specify the reasons and shall take effect from the date of publication in the NPAR Register.

iii. Upon revocation, the name of the professional or institution shall be **struck off** from the relevant register, and the DVC shall be permanently deactivated.

iv. All rights, privileges, and entitlements under this Act shall cease from the date of revocation.

56. Restoration after Suspension or Revocation. –

i. Any professional or institution whose license or accreditation has been suspended or revoked may apply for **restoration** after fulfilling all compliance conditions and payment of prescribed penalties.

ii. The application for restoration shall include—

a. Proof of corrective measures undertaken;

b. Updated compliance report or audit certificate; and

c. Undertaking to abide by the Code of Professional Accountability (COPA).

iii. The **Accreditation and Compliance Regulation Council (ACR)** may, after due inquiry, restore such license or accreditation with or without conditions.

iv. Upon restoration, a new license or certificate shall be issued with a fresh validity period and DVC, and the name shall be reinstated in the NPAR Register.

57. Voluntary Surrender. –

i. Any professional or institution may voluntarily surrender its license or accreditation by submitting a written declaration to the Registrar.

ii. Upon acceptance of such surrender, the Registrar shall record the entry in the NPAR Register and issue an acknowledgment of closure.

iii. Voluntary surrender shall not absolve the professional or institution of any liability for acts or omissions committed prior to the date of surrender.

58. Appeal against Suspension or Revocation. –

i. Any person or institution aggrieved by an order of suspension or revocation may prefer an **appeal to the Executive Council (EC)** within **sixty days** of receipt of the order.

ii. The EC may, after giving an opportunity of hearing, confirm, modify, or set aside the order appealed against.

iii. The decision of the Executive Council shall be **final and binding**, and shall be recorded in the official proceedings of NAHPA.

59. Public Notification. –

i. All suspensions, revocations, and restorations under this Chapter shall be **notified on the official NAHPA portal** and in the **Annual Accreditation and Disciplinary Report**.

ii. Such notifications shall include only essential particulars—name, NPAR ID, status of license, and effective date—without disclosing confidential details.

iii. The Registrar shall maintain an updated **Public Register of Valid and Suspended Licenses** accessible to all stakeholders.

CHAPTER IX

RECOGNITION OF SPECIALISATIONS AND SKILLS

60. Classification of Allied and Healthcare Professions. –

i. For the purposes of registration and accreditation under this Act, the allied and healthcare professions shall be classified into the following broad categories, namely:—

a. **Clinical and Diagnostic Sciences** – including Medical Laboratory Technology, Radiology, Imaging, Pathology, and Diagnostic Techniques;

b. **Therapeutic and Rehabilitation Sciences** – including Physiotherapy, Occupational Therapy, Speech Therapy, Optometry, and related disciplines;
c. **Emergency and Critical Care Services** – including Emergency Medical Technicians (EMT), Critical Care Assistants, and Ambulance Paramedics;
d. **Public Health and Community Services** – including Health Educators, Public Health Supervisors, and Community Health Workers;
e. **Biomedical and Technical Support Services** – including Biomedical Engineering, Instrumentation, and Operation Theatre Technology;
f. **Allied Administration and Informatics** – including Hospital Administration, Health Record Management, and Health Information Technology; and
g. **Any other category** as may be notified by the **Governing Council (GC)** from time to time.

ii. The classification shall be aligned with the **National Skills Qualification Framework (NSQF)** and the **National Occupational Standards (NOS)** approved by NCVET and related agencies.

61. Recognition of Specialisations. –

i. The **Accreditation and Compliance Regulation Council (ACR)** shall identify, define, and approve various *specialisations and sub-specialisations* for the purposes of professional registration.

ii. Each specialisation shall be assigned a unique **Specialisation Code** corresponding to the NPAR database and license entries.

iii. Recognition of a new specialisation may be initiated—
a. By proposal from the Governing Council;
b. By representation from professional associations or universities; or
c. On the recommendation of the Accreditation Board (AB).

iv. Every recognition proposal shall include the **scope of practice, qualification standards, training outcomes, and ethical boundaries** of the proposed specialisation.

v. The decision of the Governing Council, published through official notification, shall be final and binding for registration purposes.

62. Levels of Competence. –

i. The professional levels under each recognised category shall correspond to the following hierarchy in accordance with NSQF:

a. **Level-3 to Level-5:** Skilled Technicians and Assistants;

b. **Level-6:** Diploma or Advanced Diploma Professionals;

c. **Level-7:** Graduate Allied Health Professionals;

d. **Level-8:** Post-Graduate and Specialist Professionals;

e. **Level-9 and above:** Research, Education, and Administrative Experts.

ii. Competence levels shall determine the **scope of independent practice, supervision, and teaching rights** of a professional.

iii. The Association may, through regulation, prescribe equivalence matrices mapping qualifications, experience, and skill outcomes to the respective levels.

63. Equivalence and Mutual Recognition. –

i. The Association may, with the approval of the Governing Council, enter into **Mutual Recognition Agreements (MRAs)** with statutory councils, universities, or international professional bodies for reciprocal recognition of qualifications and licenses.

ii. For the purpose of equivalence, the following parameters shall be considered:

a. Curriculum alignment with NSQF/NOS;

b. Duration and intensity of training;

c. Clinical and practical exposure; and

d. Accreditation status of the awarding institution.

iii. Professionals holding equivalent or higher-level qualifications from recognised institutions shall be eligible for direct registration under NPAR, subject to verification of authenticity and ethical record.

iv. Any qualification not covered by MRA may be evaluated individually by the **Equivalence Evaluation Committee** constituted under the ACR.

64. Certification of Additional Skills. –

i. Registered professionals may acquire additional or cross-disciplinary skills through certified short-term or modular programs approved by NAHPA.

ii. Such programs shall be registered under the **Skill Upgradation Scheme (SUS)** and recorded in the NPAR under the professional's profile.

iii. Additional skill certification shall not alter the base license category but may enhance employability, eligibility for higher grade, or renewal points.

iv. Institutions conducting additional skill training shall obtain prior approval from the **Accreditation Board (AB)** and follow prescribed curriculum guidelines.

65. Specialist and Consultant Recognition. –

i. The Association may recognise certain professionals as **Specialists or Consultants** upon fulfilment of the following conditions:

a. Possession of an advanced qualification (Level-8 or above) in the relevant discipline;

b. Minimum of **five years of professional experience** after primary registration;

c. Demonstrated contribution in research, innovation, or training; and

d. Favourable ethical and disciplinary record.

ii. Recognition as Specialist/Consultant shall be notified in the NPAR Register and reflected in the renewed license.

iii. Specialists may be authorised to supervise, train, and evaluate subordinate professionals within their discipline.

iv. Consultant recognition shall be valid for a period of **five years** and subject to re-evaluation upon renewal.

66. Upgradation and Downgrading. –

i. A registered professional may apply for **upgradation of category or level** upon obtaining higher qualification or certification recognised by NAHPA.

ii. The Registrar, upon verification of documents and experience, may approve such upgradation and issue an amended license.

iii. Conversely, the ACR may **downgrade or restrict** a professional's practice level if evidence of incompetence, negligence, or violation of scope of practice is established.

iv. All such changes shall be updated in the NPAR Register and notified through digital verification records.

67. Publication and Review of Recognised Skills. –

i. The Association shall maintain and publish an updated **Schedule of Recognised Specialisations and Skill Categories** on its official portal.

ii. The Schedule shall specify:

a. Approved disciplines;

b. Qualification requirements;

c. Scope of practice;

d. Duration of recognition; and

e. Corresponding NSQF/NOS mapping.

iii. The Governing Council shall review the Schedule **every three years**, or earlier if required, to incorporate emerging technologies and healthcare innovations.

iv. Obsolete or redundant skill categories may be phased out by notification after giving reasonable notice to affected members and institutions.

CHAPTER X

DIGITAL VERIFICATION AND E–CERTIFICATE REGULATION

68. Establishment of Digital Verification System. –

i. The **National Allied & Healthcare Professional Association (NAHPA)** shall establish a secure and centralised **Digital Verification and Certification System (DVCS)** for the issue, authentication, and verification of all licenses, certificates, and accreditation records.

ii. The DVCS shall form an integral component of the **National Professional Accreditation Record (NPAR)** and shall operate through encrypted cloud infrastructure approved by the Governing Council.

iii. The system shall ensure **real–time validation** of credentials through QR code, digital signature, or **Digital Verification Code (DVC)** embedded on each certificate.

iv. The DVCS shall be developed in compliance with national digital governance policies, including **Information Technology Act, 2000**, and **Digital Personal Data Protection Act, 2023**.

69. Form and Format of E–Certificates. –

i. All licenses, certificates, and accreditation documents issued under this Act shall be generated electronically in the prescribed **e–certificate format (Form–V)**.

ii. Each e–certificate shall contain—

a. Full name and NPAR ID of the holder;

b. Category of license or accreditation;

c. Date of issue and validity period;

d. DVC or QR code for verification;

e. Digital signature of the competent authority; and

f. Seal of the Association.

iii. No manually signed or printed certificate shall be considered valid unless simultaneously registered and verified through the DVCS.

iv. Duplicate copies shall be issued only through the e–certificate portal, bearing identical verification credentials.

70. Digital Verification Code (DVC). –

i. The **DVC** shall be a unique alphanumeric code automatically generated at the time of certificate issuance through the DVCS.

ii. The DVC shall be securely encrypted and shall enable—

a. Verification of authenticity;

b. Retrieval of key certificate details; and

c. Validation through mobile and web–based platforms.

iii. DVC data shall not be alterable by any person except the Registrar or authorised digital officer designated by NAHPA.

iv. Tampering, duplication, or unauthorised generation of DVCs shall constitute **digital malpractice** punishable under this Act and relevant cyber–laws.

71. Integration with National Digital Platforms. –

i. The DVCS shall be interoperable with national and state digital systems including—

a. **DigiLocker** of the Government of India;

b. **Skill India Digital Portal**;

c. **National Academic Depository (NAD)**; and

d. Any other approved authentication system.

ii. NAHPA may execute technical MoUs with government agencies for mutual exchange of verified credential data while ensuring privacy and security compliance.

iii. Professionals and institutions may voluntarily link their NAHPA credentials with their DigiLocker or other approved national identity systems for ease of verification.

72. Cyber Security and Data Protection. –

i. The Association shall adopt **advanced encryption, firewall, and multi–factor authentication** systems to secure the NPAR and DVCS databases against unauthorised access.

ii. All digital records shall be stored in accordance with the provisions of the **Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011**.

iii. Data backups shall be maintained at multiple secure locations, with access restricted to authorised personnel only.

iv. Every data breach, suspected intrusion, or loss of information shall be immediately reported to the **Data Security and Compliance Officer (DSCO)**, who shall initiate remedial and investigative measures.

v. The **Registrar** shall maintain a **Cyber Incident Log Register** and submit quarterly reports to the Governing Council.

73. Responsibilities of Digital Officers. –

i. The Governing Council shall appoint qualified **Digital Officers** and **System Administrators** to manage and supervise the DVCS.

ii. Their duties shall include—

a. Generation and validation of DVCs;

b. Management of the e–certificate database;

c. Implementation of cyber security protocols;

d. Coordination with government digital platforms; and

e. Maintenance of server integrity and data privacy.

iii. Any negligence or misuse of digital authority shall invite disciplinary action, including termination and prosecution.

74. Verification by Public Authorities. –

i. All public departments, employers, and institutions may verify the authenticity of any NAHPA license or certificate directly through the **official online verification portal**.

ii. Such verification shall be treated as **legally valid and equivalent** to physical attestation or notarisation.

iii. No officer or employer shall demand physical copies once a certificate is digitally verified through DVC or QR authentication.

iv. Verification requests may also be processed through **Application Programming Interface (API)** integration, where approved.

75. Confidentiality and Access Control. –

i. Only authorised officers of NAHPA shall access the full database of registered professionals and institutions.

ii. Public access shall be restricted to essential details such as—

a. Name of the professional or institution;

b. NPAR ID;

c. License status (Active / Suspended / Expired); and

d. Validity period.

iii. Disclosure of personal information, financial data, or disciplinary proceedings shall be prohibited except under lawful authorisation or judicial order.

76. Audit of Digital Records. –

i. The Governing Council shall cause an **Annual Digital Audit** of the NPAR and DVCS systems through an independent IT–security auditor.

ii. The audit shall evaluate—

a. Data accuracy and integrity;

b. Cybersecurity measures;

c. Compliance with data–protection laws; and

d. System resilience and disaster recovery capacity.

iii. The auditor's report shall be placed before the Executive Council and a summary thereof published in the **Annual Compliance Report** of NAHPA.

77. Legal Validity of Electronic Records. –

i. All licenses, certificates, notices, and communications generated under the DVCS shall be deemed **legally valid electronic records** within the meaning of Section 4 of the **Information Technology Act, 2000**.

ii. The use of digital signatures by authorised officers shall have the same legal effect as handwritten signatures.

iii. The electronic records maintained by NAHPA shall be admissible as **primary evidence** in any legal, regulatory, or disciplinary proceeding.

78. Offences and Penalties. –

i. Any person who—

a. Forges or alters any e–certificate or DVC;

b. Gains unauthorised access to the NPAR or DVCS database;

c. Uses the credentials of another person fraudulently; or

d. Publishes or transmits false accreditation data—

shall be deemed guilty of **digital malpractice** under this Act.

ii. Such offence shall be punishable with—

a. Cancellation of registration or accreditation;

b. Penalty as may be prescribed by regulation; and

c. Prosecution under the provisions of the **Information Technology Act, 2000**, and other applicable laws.

iii. In the case of an institution, the responsible officer–in–charge shall be personally liable unless it is proved that the act was committed without his or her knowledge or consent.

CHAPTER XI

REGULATION OF PRACTICE AND USE OF PROFESSIONAL TITLES

79. Authorized Use of Titles. –

i. No person shall use any title, description, designation, or abbreviation implying qualification or registration under this Act unless he or she—

a. Holds a valid **Accredited Healthcare Professional License (AHPL)** issued by NAHPA; and

b. Is duly registered in the **National Professional Accreditation Record (NPAR)** with an active **NPAR ID**.

ii. Only registered members may use the following authorized titles, as applicable to their category of practice:

a. *Accredited Allied Healthcare Professional*;

b. *Certified Paramedical Practitioner*;

c. *Registered Diagnostic or Technical Assistant*;

d. *Licensed Healthcare Technician*; or

e. Such other title as may be notified by the Governing Council.

iii. The use of prefixes or suffixes such as **"Dr.", "Consultant", "Specialist", "Registered Practitioner"**, or any equivalent term shall be permissible only when expressly approved by NAHPA in accordance with prescribed qualification and recognition norms.

iv. Every registered professional shall display his or her **License Number and NPAR ID** conspicuously at the place of practice and on all official documents, prescriptions, and reports.

80. Prohibition of Misuse of Titles. –

i. No person shall—

a. Falsely claim to be registered or licensed under this Act;

b. Use any name, title, or designation likely to mislead the public regarding his or her qualification or recognition;

c. Impersonate any other registered professional; or

d. Advertise, represent, or practise in any field not covered under his or her authorized scope.

ii. The use of words such as **"National", "Government", "Statutory Council", "Medical Council", or "Health Commission"** by any private entity, institution, or person without approval shall be deemed a violation of this Act.

iii. Misuse of NAHPA emblem, seal, or logo shall be punishable by cancellation of registration and prosecution under applicable laws.

iv. Institutions or employers permitting such misuse shall be held jointly liable unless corrective action is promptly taken upon notice.

81. Scope of Practice. –

i. Every registered professional shall engage only in such functions, duties, and responsibilities as are consistent with his or her **qualification, specialization, and registration level**.

ii. The scope of practice shall be defined in accordance with the following parameters:

a. Level of academic qualification and certification;

b. Clinical or technical competency;

c. Institutional accreditation and supervision requirements; and

d. National Occupational Standards (NOS) relevant to the role.

iii. Performance of procedures or duties beyond one's authorised scope shall be treated as **professional misconduct** and shall invite disciplinary action under this Act.

iv. A professional may perform additional or cross-disciplinary functions only after obtaining **written authorisation** from the Association through an endorsed amendment to the license.

82. Institutional and Employment Practice. –

i. All healthcare establishments, hospitals, diagnostic laboratories, and training institutions shall employ only such professionals as are **duly registered under NPAR** and hold valid licenses.

ii. Employers shall verify the credentials of all employees through the **Digital Verification Code (DVC)** prior to appointment or contract renewal.

iii. Institutions shall maintain a **Register of Licensed Professionals** engaged in their services and shall submit quarterly updates to NAHPA.

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iv. Employment of unlicensed or suspended practitioners shall render the institution liable to penalties, including withdrawal of accreditation or empanelment.

83. Practice by Unregistered Persons. –

i. No person shall engage in, or offer to engage in, any allied or healthcare service for remuneration or otherwise unless duly registered and licensed under this Act.

ii. Any person who contravenes this provision shall be guilty of **unauthorised practice** and shall be liable to—

a. Immediate cessation of activity;

b. Monetary penalty as prescribed by the Governing Council; and

c. Debarment from future registration for a period not exceeding **five years**.

iii. Repeated offence shall be punishable by permanent debarment and prosecution under relevant state or national laws.

84. Practice in Multiple Jurisdictions. –

i. A professional registered under NPAR may practise in any part of India, subject to the local rules of the respective **Regional Chapter (RC)**.

ii. For practice abroad, professionals shall obtain **International Verification Endorsement (IVE)** from NAHPA, certifying authenticity of credentials.

iii. Reciprocal recognition of licenses with foreign professional councils shall be governed by **Mutual Recognition Agreements (MRA)** executed under Chapter IX.

iv. No professional shall claim international validity of license unless specifically endorsed for that jurisdiction.

85. Professional Identity and Branding. –

i. Every professional and institution shall use the name and logo of NAHPA strictly in accordance with the **Identity Usage Guidelines** issued by the Governing Council.

ii. Branding or display of association marks shall not create any impression of government ownership or statutory authority.

iii. Institutions or professionals violating these branding rules shall be subject to suspension of affiliation and removal of logo usage rights.

86. Restrictions on Commercial Endorsements. –

i. No registered professional shall endorse, promote, or advertise any drug, product, or commercial service in exchange for remuneration or personal benefit.

ii. Any educational, public health, or social awareness campaign involving NAHPA–registered professionals shall obtain prior approval from the **Executive Council (EC)**.

iii. Endorsement or partnership in a manner that misuses NAHPA's name or implies governmental approval shall be deemed a **serious ethical violation**.

87. Verification of Professional Status. –

i. Any person, organisation, or public authority may verify the professional status of a license holder through the **official NPAR portal**.

ii. Verification shall be available using:

a. NPAR ID number;

b. License number; or

c. Digital Verification Code (DVC).

iii. The verification result shall indicate:

a. Name and category of professional;

b. Validity period; and

c. License status (Active / Suspended / Revoked).

iv. The verification record shall be deemed **official confirmation** of the professional's standing and may be relied upon for employment, audit, or regulatory purposes.

88. Penalties for Misuse or False Representation. –

i. Any professional, institution, or individual who misrepresents their registration status, issues false credentials, or practises under a forged license shall be liable to:

a. Immediate cancellation of license;

b. Penalty up to ₹5,00,000 or as determined by the Governing Council; and

c. Criminal prosecution under relevant provisions of the **Indian Penal Code** and the **Information Technology Act, 2000**.

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ii. The Governing Council may also direct publication of such violations in the official portal and notify concerned authorities.

iii. In cases of institutional complicity, the **Head of Institution** shall be deemed responsible unless proven otherwise.

CHAPTER XII

NATIONAL DATABASE, TRANSPARENCY AND REPORTING

89. Establishment of National Database. –

i. The **National Allied & Healthcare Professional Association (NAHPA)** shall maintain a comprehensive **National Database** of all professionals, institutions, and stakeholders registered or accredited under this Act.

ii. The database shall be integrated with the **National Professional Accreditation Record (NPAR)** and shall include information relating to—

a. Licensed professionals with active and inactive status;

b. Accredited institutions and empanelled centres;

c. Suspended or revoked registrations; and

d. Disciplinary proceedings and audit outcomes.

iii. The National Database shall serve as the **central source of verified information** for the public, employers, government agencies, and regulatory bodies.

iv. The Registrar shall be responsible for maintaining the database and ensuring regular updates, accuracy, and security of information.

90. Data Entry and Record Maintenance. –

i. All entries in the National Database shall be made through the **official NAHPA portal** by authorised officers.

ii. Each record shall contain—

a. Name, address, and NPAR ID;

b. Category and specialization;

c. License validity and renewal status; and

d. Institutional or employment affiliation.

iii. Changes in particulars such as address, employment, or qualification shall be updated by the license holder within **thirty days** of such change.

iv. Periodic data validation and record reconciliation shall be conducted by the **Institutional Data and Record Cell (IDRC)** under the supervision of the Registrar.

91. Transparency and Public Access. –

i. The National Database shall be made publicly accessible through a **Digital Transparency Portal** managed by NAHPA.

ii. The following information shall be made available for public viewing:

a. Name and NPAR ID of registered professionals;

b. Category, qualification, and status (Active / Suspended / Expired);

c. Accredited institutions and their accreditation validity;

d. Annual compliance or audit summary; and

e. Any other non-confidential information approved by the Governing Council.

iii. Personal data such as contact details, identity numbers, or disciplinary case materials shall not be published, except as permitted by law or authorised by the professional concerned.

iv. The Governing Council may prescribe **data access tiers** distinguishing between public, institutional, and regulatory access levels.

92. Annual Reports and Returns. –

i. The Registrar shall prepare and submit an **Annual Accreditation and Registration Report** to the **Executive Council (EC)** within three months after the close of each financial year.

ii. The report shall contain—

a. Total number of registered professionals and institutions;

b. Renewals, suspensions, and revocations during the year;

c. Details of inspections, audits, and compliance reviews;

d. Statistics on disciplinary actions and appeals;

e. Financial statements and expenditure summary; and

f. Policy recommendations for improvement.

iii. The Executive Council shall place the report before the **Governing Council (GC)** for approval and publication.

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iv. The approved report shall be uploaded on the official website of NAHPA for public access.

93. Periodic Institutional Returns. –

i. Every accredited institution shall submit **bi-annual performance returns** in prescribed format to NAHPA through the official portal.

ii. The returns shall include—

a. Enrolment and examination data;

b. Training hours and course outcomes;

c. Faculty and staff details;

d. Placement and alumni information; and

e. Compliance with quality and ethical standards.

iii. Failure to submit such returns within the prescribed time may result in suspension of accreditation or penalties.

iv. Institutions shall preserve all supporting documents for a minimum period of **five years** for audit and verification.

94. Audit and Evaluation. –

i. The **Accreditation and Compliance Regulation Council (ACR)** shall conduct an **Annual Compliance Audit** of all records, finances, and administrative operations under this Act.

ii. The audit shall verify—

a. Accuracy of registered data;

b. Authenticity of issued licenses;

c. Institutional compliance with accreditation norms; and

d. Proper utilisation of funds and grants.

iii. An independent **External Auditor**, approved by the Governing Council, shall be appointed every third year to review the digital and financial records of NAHPA.

iv. The audit findings shall be recorded in the **Annual Compliance Report (ACR)** and published for stakeholder reference.

95. Publication of Notices and Notifications. –

i. All official notifications, circulars, and disciplinary decisions shall be published on the official website and, where necessary, in the **Official Gazette or National Register of Accreditation Notices (NRAN)**.

ii. Publication shall constitute **due notice** to all members and institutions concerned.

iii. No decision, order, or directive shall be considered invalid merely by reason of electronic publication in lieu of print notification.

iv. NAHPA may also disseminate notices through registered email, SMS, or digital dashboards linked to member profiles.

96. Data Integrity and Accountability. –

i. Every officer handling data entry, modification, or verification shall be personally responsible for maintaining the integrity and accuracy of records.

ii. Any manipulation, deletion, or unauthorised alteration of data shall constitute **professional misconduct and data tampering**, punishable by removal from service and prosecution under cyber laws.

iii. The **Registrar** shall maintain a **Record Alteration Logbook** to track all data changes, time stamps, and user credentials.

iv. The **Executive Council** shall conduct random data integrity checks at least **twice a year**.

97. Statistical and Research Reports. –

i. NAHPA shall compile statistical data derived from the NPAR for use in **policy planning, workforce analysis, and skill development**.

ii. Aggregate data may be shared with ministries, councils, or academic researchers after anonymisation and ethical clearance.

iii. Such data shall not include personal or identifiable information unless explicitly authorised and consented to by the concerned professional.

iv. The Association shall publish periodic **National Allied Health Statistics Reports** to inform government and public policy.

98. Right to Information and Transparency Policy. –

i. NAHPA shall adopt a **Transparency and Information Disclosure Policy** consistent with the principles of openness, accountability, and privacy protection.

ii. Information shall be furnished to applicants in accordance with timelines and procedures notified by the Governing Council.

iii. Confidential or sensitive information shall be exempted from disclosure if its release—

a. Compromises patient or institutional privacy;

b. Endangers security or investigation; or

c. Conflicts with applicable data protection laws.

iv. Every denial of information shall be accompanied by written reasons and shall be subject to review by the **Executive Council**.

99. Performance Review and Public Feedback. –

i. NAHPA shall maintain a **Public Feedback and Grievance Module** within the NPAR portal to collect suggestions, complaints, or feedback from citizens, students, and institutions.

ii. The data so collected shall be analysed annually to assess performance, transparency, and stakeholder satisfaction.

iii. The summary of feedback and corrective actions taken shall be published in the **Annual Review Statement**.

100. Digital Archiving and Record Preservation. –

i. All digital records and documents generated under this Act shall be archived for a minimum period of **ten years**, unless otherwise directed.

ii. Archival storage shall comply with metadata standards ensuring retrievability, authenticity, and readability over time.

iii. Upon expiry of the retention period, obsolete records may be securely deleted or transferred to the **National Digital Archives** with the approval of the Governing Council.

iv. Destruction of records without authorisation shall constitute a serious breach and attract disciplinary action.

CHAPTER XIII

GRIEVANCE REDRESSAL AND DISCIPLINARY MECHANISM

101. Establishment of Grievance Redressal System. –

i. The **National Allied & Healthcare Professional Association (NAHPA)** shall establish a formal **Grievance Redressal System (GRS)** for the purpose of receiving, processing, and resolving complaints and disputes under this Act.

ii. The GRS shall be managed by a dedicated **Grievance Redressal Committee (GRC)** constituted by the **Executive Council (EC)**, comprising –

a. One senior officer of NAHPA as **Chairperson**;

b. One legal expert or retired judicial officer;

c. One representative from the **Professional Monitoring and Ethics (PME)** Division;

d. One registered professional of senior grade; and

e. One public representative, nominated by the Governing Council.

iii. The Committee shall function independently and maintain confidentiality in all proceedings.

iv. The **Registrar** shall act as the **Member–Secretary** of the GRC and shall be responsible for record keeping and communication.

102. Jurisdiction of the Grievance Redressal Committee. –

i. The GRC shall have jurisdiction to entertain complaints relating to –

a. Misconduct or negligence by registered professionals;

b. Deficiencies in institutional services;

c. Irregularities in registration, licensing, or accreditation;

d. Delay or denial of legitimate benefits;

e. Breach of ethical standards; and

f. Any other grievance arising out of the administration of this Act.

ii. The GRC shall not entertain –

a. Anonymous or frivolous complaints;

b. Matters pending before a court of law; or

c. Issues outside the scope of this Act.

103. Filing of Complaints. –

i. Any aggrieved person, student, professional, or institution may file a complaint before the GRC in **Form–VI** along with –

a. Full particulars of the complainant and respondent;

b. Statement of facts and relief sought; and

c. Supporting documents and evidence.

ii. Complaints may be filed –

a. Online through the official **Grievance Portal** of NAHPA; or

b. In writing at the head or regional offices of the Association.

iii. A nominal **processing fee**, as prescribed, shall accompany every complaint except where exempted in public–interest matters.

iv. Upon receipt, the Registrar shall issue an **Acknowledgement Number** and forward the complaint for preliminary scrutiny within **seven working days**.

104. Preliminary Scrutiny and Admission. –

i. The GRC shall conduct a preliminary examination to determine whether the complaint is maintainable.

ii. If the complaint is found prima facie valid, a notice shall be issued to the respondent within **fifteen days**.

iii. Complaints lacking substance or jurisdiction shall be rejected at the preliminary stage with brief recorded reasons.

iv. Where the matter involves complex professional or technical issues, the GRC may seek an expert opinion from the **Accreditation Board (AB)** or **PME Division** before admission.

105. Procedure for Inquiry. –

i. The GRC shall follow principles of **natural justice** and afford both parties an opportunity to present their case, produce evidence, and be heard.

ii. Hearings may be conducted physically or through video conferencing, as circumstances permit.

iii. The GRC shall have powers to –

a. Summon documents and witnesses;

b. Direct inspection of records;

c. Seek clarification from concerned officers; and

d. Recommend interim relief measures, if necessary.

iv. The inquiry shall ordinarily be completed within **ninety days** from the date of admission of complaint.

v. The proceedings shall be recorded in writing and preserved in digital format as part of the official grievance record.

106. Findings and Recommendations. –

i. Upon conclusion of inquiry, the GRC shall submit a **reasoned report** containing –

a. Summary of allegations and defence;

b. Findings on each issue;

c. Recommendations for disciplinary or corrective action; and

d. Time frame for implementation.

ii. The report shall be forwarded to the **Executive Council (EC)** for decision and enforcement.

iii. The EC may –

a. Accept the findings in full;

b. Modify or partially accept them; or

c. Remand the case for further inquiry.

iv. The decision of the EC shall be communicated to both parties within **thirty days** of receipt of the report.

107. Disciplinary Measures. –

i. Based on the recommendation of the GRC or PME Division, the EC or Governing Council may impose one or more of the following penalties –

a. Written warning or censure;

b. Monetary fine as prescribed;

c. Suspension of license or accreditation;

d. Revocation of registration; or

e. Debarment for a fixed or permanent period.

ii. In cases involving institutions, the following additional measures may be imposed –

a. Withdrawal of accreditation or empanelment;

b. Restriction on new admissions or programs;

c. Publication of violation notice; or

d. Referral to competent authorities for legal action.

iii. All disciplinary orders shall be entered in the **Suspension and Penalty Register (Form–VII)** and published in the **Official Portal** of NAHPA.

108. Appeal and Review Mechanism. –

i. Any person aggrieved by the decision of the Executive Council may prefer an **appeal to the Governing Council (GC)** within **sixty days** of communication of such decision.

ii. The GC shall constitute an **Appellate Committee** comprising at least three senior members, including one external expert, to review the appeal.

iii. The Appellate Committee shall examine records, provide opportunity of hearing, and may –

a. Uphold the decision appealed against;

b. Modify or reduce the penalty; or

c. Set aside the decision with appropriate directions.

iv. The order of the Governing Council on such appeal shall be **final and binding**, subject only to judicial review by a competent court.

109. Protection of Whistle–blowers. –

i. Any person who, in good faith, discloses information about misconduct, corruption, or violation under this Act shall be protected against victimisation.

ii. The identity of the whistle–blower shall not be disclosed without his or her consent, except where required by law.

iii. Any person who retaliates or threatens a whistle–blower shall be subject to disciplinary proceedings and penalties.

110. Time Limits for Disposal. –

i. All grievances and appeals shall, as far as possible, be disposed of within the following time limits –

a. Admission of complaint – within **15 days**;

b. Inquiry and report – within **90 days**;

c. Decision and communication – within **30 days** thereafter; and

d. Appeal disposal – within **60 days** of filing.

ii. Where delay occurs due to exceptional reasons, the GRC or EC shall record such reasons in writing.

111. Record of Proceedings. –

i. The Registrar shall maintain complete digital records of all complaints, hearings, and decisions under this Chapter.

ii. Such records shall form part of the **Permanent Case Archive** of NAHPA and may be used for research, policy review, or legal reference.

iii. Summaries of major disciplinary actions shall be included in the **Annual Report** under Chapter XII.

112. Finality and Enforcement of Orders. –

i. All orders passed by the Executive Council or Governing Council under this Chapter shall be enforceable throughout India.

ii. Non–compliance with such orders shall constitute professional misconduct and may attract additional penalties.

iii. The Registrar shall monitor implementation of orders and submit compliance reports to the Executive Council.

CHAPTER XIV

COORDINATION WITH GOVERNMENT AND STATUTORY COUNCILS

113. National and State Coordination. –

i. The **National Allied & Healthcare Professional Association (NAHPA)** shall function as a recognised **non-statutory professional coordinating body**, working in alignment with national and state authorities responsible for healthcare, skills, and education.

ii. NAHPA shall maintain official liaison with –

a. The **Ministry of Health and Family Welfare (MOHFW)**;

b. The **Ministry of Skill Development and Entrepreneurship (MSDE)**;

c. The **National Commission for Allied and Healthcare Professions (NCAHP)**;

d. The **National Council for Vocational Education and Training (NCVET)**; and

e. Other government agencies, universities, or boards relevant to allied and healthcare professions.

iii. The objective of such coordination shall be to ensure **policy harmony, data sharing, quality enhancement, and mutual recognition** of professional standards.

iv. NAHPA shall cooperate with State Governments and their departments in implementing regional programmes, inspections, and public health initiatives.

114. Advisory and Consultative Role. –

i. The Association may, upon invitation or reference, provide technical or professional advice to any Ministry, Department, or statutory body on matters relating to:

a. Allied healthcare manpower planning;

b. Curriculum design and competency frameworks;

c. Accreditation standards and quality benchmarks;

d. Skill development and continuing education; and

e. Ethical regulation and professional discipline.

ii. NAHPA may nominate representatives to sit on advisory panels, expert groups, or task forces constituted by Central or State Governments.

iii. Such representatives shall act in consultative capacity and shall not exercise statutory powers unless expressly delegated by government notification.

115. Memoranda of Understanding (MoUs) and Partnerships. –

i. The Governing Council may enter into **Memoranda of Understanding (MoUs)** with –

a. Central and State Ministries;

b. Statutory Councils and Regulatory Boards;

c. Universities, Research Bodies, and Skill Agencies; and

d. International organisations and professional associations.

ii. Each MoU shall specify objectives, scope, obligations of parties, funding (if any), and mechanisms for monitoring performance.

iii. Copies of executed MoUs shall be filed with the **Executive Council (EC)** and published in the **Annual Report** for transparency.

iv. International MoUs involving data exchange or credential recognition shall be executed only after obtaining due clearance from the **Governing Council** and, where required, the Government of India.

116. Recognition by Statutory Authorities. –

i. The Association may apply for or obtain recognition, registration, or empanelment from statutory bodies or ministries as –

a. A Professional Accreditation Organisation;

b. An Awarding or Assessment Body; or

c. A Sectoral Partner for skill development.

ii. Recognition so granted shall not convert NAHPA into a statutory authority but shall authorise it to perform designated functions under government supervision.

iii. All recognitions and designations shall be prominently published in the **Official Gazette or NAHPA portal** for public reference.

117. Coordination with NCVET and NCAHP. –

i. NAHPA shall align its frameworks, standards, and quality protocols with those approved by the **National Council for Vocational Education and Training (NCVET)** and the **National Commission for Allied and Healthcare Professions (NCAHP)**.

ii. Collaboration may include –

a. Cross-recognition of qualifications and training outcomes;

b. Joint accreditation or inspection missions;

c. Exchange of data and audit reports; and

d. Participation in policy consultations and review committees.

iii. Any dispute or inconsistency between NAHPA guidelines and NCVET/NCAHP norms shall, as far as possible, be resolved through mutual consultation and notification of agreed revisions.

118. Liaison with Universities and Educational Boards. –

i. NAHPA may establish cooperative arrangements with universities, open boards, and examining bodies for integration of allied health education within formal academic frameworks.

ii. Such cooperation may cover –

a. Curriculum harmonisation;

b. Joint certification or credit transfer;

c. Research and publication projects; and

d. Faculty development and assessment.

iii. The Association may recognise institutional collaborations with bodies such as the **Central Board of Open Schooling and Examination (CBOSE)**, **State Health Universities**, and other equivalent academic authorities.

iv. Academic tie-ups shall not dilute NAHPA's independent regulatory powers but shall strengthen its role as a quality assurance partner.

119. Reporting to Government. –

i. The Governing Council shall submit an **Annual Liaison Report** to the concerned Ministries summarising –

a. Major collaborative activities;

b. Accreditation statistics and quality outcomes;

c. Recommendations for national manpower planning; and

d. Proposals for regulatory or policy reform.

ii. The report shall also highlight emerging trends, challenges, and areas requiring governmental support or intervention.

iii. Copies of the report shall be placed on record with both the **MOHFW** and **MSDE** for policy reference.

120. Joint Inspections and Enforcement. –

i. NAHPA may participate in **joint inspections** or monitoring visits with statutory councils or government departments for evaluation of institutions or professional standards.

ii. The scope of such inspections shall be defined through prior coordination, ensuring non-duplication of effort.

iii. The findings of joint inspections shall be binding on all participating bodies unless otherwise reviewed by mutual agreement.

121. Exchange of Information and Records. –

i. NAHPA may exchange verified data, reports, and statistics with ministries, councils, or recognised organisations for official purposes.

ii. All such exchanges shall observe –

a. Data confidentiality;

b. Authenticity of information; and

c. Compliance with the **Digital Personal Data Protection Act, 2023** and allied regulations.

iii. Information received in confidence from government departments shall not be disclosed without prior consent.

122. State Chapters and Regional Coordination Centres. –

i. The Association may constitute **State Chapters** or **Regional Coordination Centres (RCCs)** to facilitate decentralised implementation of this Act.

ii. Each RCC shall coordinate with respective State Health, Education, or Skill Departments for –

a. Institutional inspections and audits;

b. Data collection and reporting; and

c. Organisation of awareness, training, and outreach programmes.

iii. The jurisdiction, powers, and duties of State Chapters shall be defined by the Governing Council through regulations.

iv. Reports of all RCCs shall be consolidated annually and submitted to the **Executive Council** for review.

123. Government Support and Representation. –

i. The Government of India or any State Government may, on request, nominate representatives to the Governing Council or Advisory Boards of NAHPA for coordination and oversight.

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ii. NAHPA may receive grants, project funding, or technical assistance from the government, subject to utilisation in accordance with approved objectives and audit norms.

iii. Acceptance of such support shall not affect the Association's autonomous or non-statutory character.

CHAPTER XV

FINANCIAL AND ADMINISTRATIVE PROVISIONS

124. Establishment of the Fund. –

i. The **National Allied & Healthcare Professional Association (NAHPA)** shall establish and maintain a **General Fund** to be known as the **National Allied Health Fund (NAHF)**.

ii. The Fund shall comprise –

a. All fees, charges, and subscriptions received under this Act;

b. Grants, donations, and contributions from government or other bodies;

c. Income derived from investments, publications, or consultancy services; and

d. Any other receipts as may be approved by the Governing Council.

iii. The Fund shall be used exclusively for the purposes of –

a. Implementation of this Act and its regulations;

b. Accreditation, inspection, and professional development activities;

c. Research, publication, and digital infrastructure; and

d. Administrative and operational expenditure of the Association.

iv. The Fund shall be operated under joint signatures of the **Chairman** and **Registrar**, or such officers as may be authorised by the Governing Council.

125. Classification of Accounts. –

i. The accounts of the Association shall be classified under the following heads:

a. **General Revenue Account** – for income and recurring expenditure;

b. **Capital Account** – for acquisition of property, infrastructure, or equipment;

c. **Project and Research Account** – for government-funded or sponsored activities;

d. **Institutional Development Fund (IDF)** – for grants to affiliated or

accredited institutions; and

e. **Professional Welfare Account** – for benefits, insurance, or relief to registered members.

ii. Transfers between accounts shall be made only with prior approval of the **Executive Council (EC)** and ratification by the **Governing Council (GC)**.

126. Receipts and Expenditure. –

i. All receipts of the Association shall be deposited in a **scheduled bank** approved by the Governing Council.

ii. No expenditure shall be incurred except in accordance with the budget and financial powers delegated by the GC.

iii. The financial powers shall be distributed as follows –

a. **Chairman** – sanction up to ₹10,00,000 for routine expenditure;

b. **Executive Council** – sanction up to ₹50,00,000 for approved programs;

c. **Governing Council** – sanction beyond ₹50,00,000 or for special projects.

iv. Proper vouchers and records shall be maintained for every transaction, duly verified and counter-signed by the **Registrar**.

v. All payments exceeding ₹1,00,000 shall, as far as practicable, be made through digital transfer or crossed cheque.

127. Budget Preparation. –

i. The **Registrar**, in consultation with the **Finance Officer**, shall prepare an **Annual Budget Estimate** for the ensuing financial year and submit it to the **Executive Council** not later than **31st January** each year.

ii. The Budget shall include –

a. Projected income and expenditure;

b. Allocations for specific programs and departments;

c. Reserve and development funds; and

d. Contingency and administrative provisions.

iii. The **Governing Council** shall review and approve the budget with or without modifications before **31st March**.

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iv. No expenditure shall be made outside the approved budget except with the prior sanction of the Governing Council.

128. Fees and Charges. –

i. The Association shall prescribe and revise, from time to time, the fees and charges payable under this Act for –

a. Registration, renewal, and licensing;

b. Accreditation and inspection;

c. Certification and verification;

d. Appeals, grievances, and audits; and

e. Any other service rendered by the Association.

ii. Fee structures shall be approved by the **Executive Council** and notified publicly on the official portal.

iii. Concessions or exemptions may be granted to –

a. Public charitable institutions;

b. Students or practitioners from economically weaker sections; or

c. Government-sponsored projects, as approved by the GC.

129. Grants and Donations. –

i. The Association may receive grants, subsidies, or endowments from –

a. The Central or State Government;

b. International agencies or charitable foundations; or

c. Private contributors and donors, subject to approval by the Governing Council.

ii. All grants and donations shall be credited to the **National Allied Health Fund (NAHF)** and utilised strictly for the purpose for which they are given.

iii. The Association shall maintain a **Register of Grants and Donations** indicating source, purpose, and utilisation status.

iv. Acceptance of foreign contributions, if any, shall comply with the **Foreign Contribution (Regulation) Act, 2010 (FCRA)** and allied rules.

130. Audit of Accounts. –

i. The accounts of the Association shall be audited annually by a **Chartered Accountant or Audit Firm** appointed by the Governing Council.

ii. The audit shall verify –

a. Correctness of income and expenditure;

b. Proper maintenance of vouchers and ledgers;

c. Utilisation of funds in accordance with approved objectives; and

d. Compliance with financial norms and internal controls.

iii. The audited financial statements shall include –

a. Balance Sheet;

b. Income and Expenditure Account; and

c. Notes on Accounts and Auditor's Report.

iv. The **Registrar** shall submit the audited accounts to the **Executive Council** for consideration, and thereafter to the **Governing Council** for adoption.

v. A copy of the approved audit report shall be published in the **Annual Report** of NAHPA and placed on the official website.

131. Internal Financial Controls. –

i. The Association shall maintain internal controls to ensure transparency and accountability in financial transactions, including –

a. Segregation of duties;

b. Periodic financial reconciliation;

c. Dual authorisation of payments; and

d. Quarterly financial review by the **Finance Sub–Committee**.

ii. Surprise audits or financial inspections may be conducted by the **Executive Council** at any time.

iii. Any irregularity or misuse of funds detected shall be reported immediately to the **Governing Council**, with recommendations for disciplinary or legal action.

132. Custody of Property and Records. –

i. The movable and immovable properties of the Association shall vest in the **Governing Council**, which shall hold them in trust for the objectives of this Act.

ii. The **Registrar** shall be responsible for the safe custody of –

a. Official seals and certificates;

b. Title deeds and agreements;

c. Financial documents and vouchers; and

d. Electronic data and backups.

iii. No property shall be sold, leased, or mortgaged without the prior sanction of the Governing Council and, where necessary, approval of the Government.

133. Annual Report and Presentation. –

i. The **Executive Council** shall prepare an **Annual Administrative and Financial Report** summarising –

a. Major activities and achievements of the year;

b. Financial performance and audit outcomes;

c. Accreditation, licensing, and compliance statistics; and

d. Future policy and development plans.

ii. The report shall be presented to the **Governing Council** for adoption and subsequently published for public information.

iii. A copy of the Annual Report shall be transmitted to the **Ministry of Health and Family Welfare (MOHFW)** and the **Ministry of Skill Development and Entrepreneurship (MSDE)** for record and coordination.

134. Financial Misconduct and Penalties. –

i. Any officer, employee, or institution found guilty of financial irregularity, misappropriation, or falsification of accounts shall be subject to –

a. Immediate suspension or removal from service;

b. Recovery of loss or damages;

c. Cancellation of registration or accreditation; and

d. Criminal prosecution under applicable laws.

ii. The Governing Council may, where appropriate, refer such cases to law enforcement or anti-corruption agencies for further action.

CHAPTER XVI

MISCELLANEOUS, TRANSITIONAL AND FINAL PROVISIONS

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135. Power to Make Regulations. –

i. The **Governing Council (GC)** of the **National Allied & Healthcare Professional Association (NAHPA)** shall have the power to make such regulations, by-laws, or procedural rules as may be necessary to carry out the purposes of this Act.

ii. Without prejudice to the generality of the foregoing power, such regulations may provide for –

a. Forms and procedures for registration, licensing, and renewal;

b. Accreditation and inspection standards;

c. Conduct of examinations and assessments;

d. Code of Professional Accountability (COPA);

e. Grievance and disciplinary procedures;

f. Digital verification, data management, and record-keeping protocols;

g. Fee structure and payment schedules; and

h. Any other matter required to be prescribed under this Act.

iii. All regulations made under this section shall be laid before the **Executive Council (EC)** for approval and shall come into force upon publication on the official NAHPA portal.

136. Power to Issue Directions and Circulars. –

i. The **Chairman**, with approval of the **Executive Council**, may issue such general or special directions, guidelines, and circulars as are considered necessary for the efficient administration of this Act.

ii. All officers, institutions, and registered professionals shall comply with such directions in letter and spirit.

iii. Directions inconsistent with the Act or regulations shall be void to the extent of inconsistency.

137. Power to Relax or Exempt. –

i. The **Governing Council** may, in exceptional circumstances and for recorded reasons, relax the application of any rule or requirement under this Act to –

a. Charitable or public-interest institutions;

b. Individuals serving in remote or emergency healthcare projects; or

c. National missions approved by the Government of India.

ii. Such relaxation shall not undermine the basic objectives or ethical principles of the Act.

138. Transitional Arrangements. –

i. All registrations, accreditations, or recognitions granted by NAHPA or its predecessor organisations prior to the commencement of this Act shall be deemed valid for the remaining period of their tenure.

ii. Within **one year** from the date of enforcement of this Act, every such existing professional or institution shall –

a. Migrate to the **National Professional Accreditation Record (NPAR)** system; and

b. Obtain an official **NPAR ID** and **Digital Verification Code (DVC)**.

iii. All committees, councils, and officers functioning immediately before commencement shall continue until reconstituted under the new provisions.

139. Protection of Actions Taken in Good Faith. –

i. No suit, prosecution, or other legal proceeding shall lie against the Association, its officers, or members for anything which is done or intended to be done in good faith under this Act or the regulations made thereunder.

ii. Protection under this section shall not apply to acts of fraud, corruption, or wilful misconduct.

140. Delegation of Powers. –

i. The Governing Council may delegate, by order in writing, any of its powers or functions under this Act to –

a. The Executive Council;

b. The Registrar;

c. Regional Chapters or Officers; or

d. Any Committee constituted for specific purposes.

ii. Every such delegation shall be subject to such conditions, limitations, or directions as may be specified by the Governing Council.

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141. Interpretation of the Act. –

i. In case of any ambiguity or dispute regarding the interpretation of any provision of this Act or regulations made thereunder, the decision of the **Governing Council**, recorded in writing, shall be final.

ii. Where the provisions of this Act conflict with those of any other non-statutory rule or guideline, the provisions of this Act shall prevail to the extent of such conflict.

142. Repeal and Savings. –

i. All prior rules, orders, circulars, or notifications issued by NAHPA or any predecessor body inconsistent with the provisions of this Act are hereby repealed or deemed to have been superseded.

ii. Notwithstanding such repeal, any action taken or order issued under the previous framework shall be deemed valid if not inconsistent with this Act.

143. Penalties for General Offences. –

i. Whoever contravenes any provision of this Act or fails to comply with lawful orders or directions issued thereunder shall, where no specific penalty is provided, be liable to –

a. A monetary fine not exceeding ₹1,00,000 for the first offence;

b. A fine up to ₹5,00,000 for each subsequent offence; and

c. Suspension or revocation of registration, as the case may be.

ii. The Governing Council may prescribe compounding procedures for minor offences by notification.

144. Power to Remove Difficulties. –

i. If any difficulty arises in giving effect to the provisions of this Act, the **Governing Council** may, by general or special order, take such measures as appear necessary or expedient for the purpose of removing the difficulty.

ii. No such order shall be made after the expiry of **two years** from the date of commencement of this Act.

145. Reforms and Periodic Review. –

i. The Governing Council shall undertake a **comprehensive review** of the functioning of this Act once every **five years**.

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ii. Such review shall assess –

a. Institutional efficiency;

b. Stakeholder satisfaction;

c. Emerging healthcare trends; and

d. Required policy amendments.

iii. Based on review findings, the Council may recommend appropriate reforms or revisions to the regulatory framework.

146. Commencement and Enforcement. –

i. This Act shall come into force on such date as the **Governing Council** may, by notification published on the official portal or in the gazette, appoint.

ii. Different dates may be appointed for different provisions, chapters, or regions as may be necessary for phased implementation.

147. Short Title for Citation. –

This enactment may be cited as the **"National Professional Accreditation and Healthcare Licensing Regulation Act, 2025 (Non-Statutory)"**, promulgated under the aegis of the **National Allied & Healthcare Professional Association (NAHPA)**.

CHAPTER XVII

OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

148. General Offence. –

i. Any person, professional, or institution who contravenes, disobeys, or fails to comply with any provision of this Act, regulation, or lawful order issued thereunder, shall be guilty of a **general offence**.

ii. Unless otherwise specifically provided, every general offence shall be punishable with –

a. A monetary fine not exceeding **₹1,00,000 (One Lakh Rupees)** for the first offence; and

b. For every subsequent offence, a fine up to **₹5,00,000 (Five Lakh Rupees)** or suspension of registration for a period not exceeding **two years**, or both.

149. Offence of False Representation. –

i. Any person who –

a. Falsely claims to be registered, accredited, or licensed under this Act;

b. Uses any title, designation, emblem, or DVC without authority; or

c. Impersonates a registered professional –

shall be guilty of **false representation**.

ii. Such offence shall be punishable with –

a. Immediate cancellation of application or registration;

b. Fine not less than **₹2,00,000** and which may extend to **₹10,00,000**; and

c. Prosecution under relevant provisions of the **Indian Penal Code, 1860** and the **Information Technology Act, 2000**.

iii. The Governing Council may also publish the name of the offender in the official portal or public notice.

150. Offence of Unauthorised Practice. –

i. Any person who, not being registered or licensed under this Act, engages in or offers to engage in any allied or healthcare service for remuneration or otherwise shall be guilty of **unauthorised practice**.

ii. Such offence shall be punishable with –

a. Fine which may extend to **₹5,00,000**;

b. Seizure or cancellation of any fraudulent license or certificate; and

c. Permanent debarment from future registration.

iii. In the case of an institution employing or promoting unregistered practitioners, the **Head of Institution** shall be deemed guilty unless due diligence is proven.

151. Offence of Institutional Misconduct. –

i. Any accredited or empanelled institution shall be deemed guilty of **institutional misconduct** if it –

a. Fails to maintain prescribed standards;

b. Submits false data, results, or reports;

c. Engages in examination or admission irregularities; or

d. Permits malpractice, plagiarism, or unethical activity on its premises.

ii. Punishment for institutional misconduct may include –

a. Suspension or withdrawal of accreditation;

b. Monetary penalty up to **₹10,00,000**;

c. Blacklisting for a period not exceeding **five years**; and

d. Publication of violation notice on the NAHPA portal.

iii. Repeat offenders may be permanently debarred from recognition.

152. Digital and Cyber Offences. –

i. Any person who –

a. Forges, alters, or fabricates any digital certificate or DVC;

b. Gains unauthorised access to the NPAR or DVCS database;

c. Transmits or publishes false accreditation data; or

d. Tampers with e-records –

shall be guilty of a **digital malpractice** offence.

ii. Such offence shall be punishable with –

a. Fine not less than **₹2,00,000** and up to **₹15,00,000**;

b. Revocation of digital access and registration; and

c. Criminal prosecution under the **Information Technology Act, 2000** and related laws.

iii. If committed by an employee or officer of NAHPA, such offence shall additionally attract **dismissal from service** and **permanent debarment**.

153. Offence of Financial Misappropriation. –

i. Any officer, employee, or institution who –

a. Misuses or diverts funds;

b. Submits falsified accounts or vouchers;

c. Accepts illegal gratification; or

d. Fails to account for public or association funds –

shall be guilty of **financial misconduct**.

ii. Such offence shall be punishable with –

a. Recovery of misappropriated amounts with interest;

b. Fine up to **₹20,00,000**;

c. Permanent disqualification from holding any office in NAHPA; and

d. Prosecution under **Prevention of Corruption Act, 1988**, where applicable.

154. Offence of Non-Compliance with Orders. –

i. Any person or institution that wilfully fails to comply with lawful orders, directions, or inspection notices issued by NAHPA shall be guilty of **non-compliance**.

ii. Such offence shall attract –

a. Fine up to **₹1,00,000** for each instance of default; and

b. Suspension or withdrawal of accreditation or license, as determined by the Governing Council.

155. Continuing Offences. –

i. Where an offence under this Act is of a continuing nature, the offender shall be liable to an additional fine of **₹5,000 per day** during which the offence continues after conviction.

ii. The Governing Council may, after due notice, suspend the license of any person continuing in violation beyond **30 days** of the first order.

156. Compounding of Minor Offences. –

i. The **Executive Council (EC)** may, by notification, authorise compounding of minor administrative or procedural offences upon payment of a prescribed composition fee.

ii. Compounding shall not apply to offences involving –

a. Fraud or forgery;

b. Misrepresentation or impersonation; or

c. Professional negligence causing harm to public health.

iii. Compounded cases shall be entered in the **Offence Register** and counted for future disciplinary evaluation.

157. Offences by Companies or Societies. –

i. Where an offence under this Act is committed by a company, society, or institution, every person in charge of and responsible for its conduct shall be deemed guilty, unless he or she proves that the offence was committed without their knowledge or that due diligence was exercised.

ii. In addition to individual penalties, the corporate entity shall be liable to a fine not exceeding **₹25,00,000** and cancellation of accreditation or registration.

158. Cognizance of Offences. –

i. No court shall take cognizance of any offence under this Act except upon a written complaint made by –

a. The **Registrar** or authorised officer of NAHPA; or

b. A person aggrieved, after exhaustion of internal appeal.

ii. Offences under this Act shall be deemed **non-cognizable and bailable**, except those involving fraud, forgery, or financial embezzlement.

iii. Proceedings shall be tried by a **Metropolitan Magistrate or Judicial Magistrate First Class**, as per the Code of Criminal Procedure, 1973.

159. Jurisdiction and Limitation. –

i. Offences shall be triable within the jurisdiction where the act was committed or where the headquarters of NAHPA is situated.

ii. No prosecution shall be initiated after **three years** from the date on which the offence first came to the knowledge of the Association, unless otherwise ordered by the Governing Council.

160. Recovery of Fines and Penalties. –

i. All fines imposed under this Act shall be recoverable as arrears of land revenue or by deduction from deposits or security furnished by the offender.

ii. The Registrar shall maintain a **Penalty Collection Register** and ensure timely recovery.

iii. Funds so recovered shall be credited to the **National Allied Health Fund (NAHF)** for welfare and compliance activities.

161. Bar of Civil Jurisdiction. –

i. No civil court shall entertain any suit or proceeding in respect of any matter which the **Governing Council**, **Executive Council**, or any authority under this Act is empowered to determine.

ii. Nothing in this section shall bar the jurisdiction of High Courts under Articles 226 and 227 of the Constitution of India.

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162. Publication of Convictions. –

i. The Governing Council may cause to be published, on the official portal and annual report, the name, address, and particulars of any professional or institution convicted under this Act.

ii. Such publication shall serve as public notice of disqualification or suspension.

163. Immunity for Cooperation. –

i. Any person who voluntarily reports misconduct, submits evidence, or assists in investigation shall be granted immunity from prosecution for minor associated offences, at the discretion of the Governing Council.

ii. Such immunity shall not extend to offences involving intentional fraud, corruption, or endangerment of public health.

164. Enforcement and Execution of Penalties. –

i. The **Registrar**, under direction of the **Executive Council**, shall execute and enforce all penalties, recoveries, or suspensions ordered under this Chapter.

ii. Orders of penalty or cancellation shall take effect immediately upon digital publication in the **National Professional Accreditation Record (NPAR)**.

iii. Compliance and restoration proceedings shall be verified by the **Professional Monitoring and Ethics (PME)** Division and reported to the Governing Council.

CHAPTER XVII

TRANSITIONAL PROVISIONS AND REPEAL

165. Continuation of Existing Registrations and Accreditations. –

i. All licenses, certificates, and accreditations granted by the **National Allied & Healthcare Professional Association (NAHPA)** or any of its predecessor bodies prior to the commencement of this Act shall, unless inconsistent with its provisions, be deemed to have been issued under the corresponding provisions of this Act.

ii. Such existing registrations shall remain valid until the date of their expiry and shall thereafter be renewed only under the procedures prescribed herein.

iii. The **Registrar** shall, within a period of **twelve months** from the commencement of this Act, migrate all existing records and data into the **National Professional Accreditation Record (NPAR)** system.

166. Migration to the NPAR and Digital Verification System. –

i. All previously registered professionals and institutions shall be required to obtain an official **NPAR Identification Number (NPAR ID)** and **Digital Verification Code (DVC)** within a period of one year from the date of notification.

ii. Any license or certificate not converted to NPAR format within the specified period shall, after due notice, be deemed **inactive** until renewed or migrated.

iii. The **Registrar** shall issue appropriate guidelines for the digital conversion, authentication, and verification of legacy records.

iv. Institutions holding provisional accreditation shall be granted temporary access to the NPAR system for transition, subject to compliance with new standards within the stipulated time.

167. Continuance of Officers and Committees. –

i. All officers, committees, and councils functioning immediately before the commencement of this Act shall, unless reconstituted earlier, continue to discharge their duties until new bodies are formed under these provisions.

ii. Such continuation shall not exceed a period of **six months**, unless specifically extended by the **Governing Council (GC)**.

iii. All actions taken or decisions made by such continuing bodies shall be deemed valid and effective as if made under the corresponding provisions of this Act.

168. Transfer of Assets, Liabilities and Records. –

i. All assets, funds, records, liabilities, rights, and obligations of the **pre-existing association, council, or body corporate** administering allied and healthcare professional matters prior to this Act shall stand transferred to and vest in the **National Allied & Healthcare Professional Association (NAHPA)**.

ii. Such transfer shall take effect automatically upon commencement, without further deed or instrument.

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iii. All contracts, agreements, and proceedings by or against the predecessor entity shall continue as if made or commenced by NAHPA.

169. Revalidation of Ongoing Processes. –

i. All applications, appeals, inquiries, inspections, or disciplinary proceedings pending before the date of commencement shall be deemed to have been instituted under this Act and shall be continued accordingly.

ii. Any order, decision, or recommendation made under the previous framework shall remain in force until modified or superseded under this Act.

iii. Where any form or process under the earlier framework differs from those prescribed herein, the Governing Council may, by order, specify the mode of adaptation.

170. Repeal of Inconsistent Instruments. –

i. All previous rules, by-laws, circulars, notifications, or directions of the Association inconsistent with the provisions of this Act are hereby **repealed**.

ii. Notwithstanding such repeal, anything done or action taken under the repealed instruments shall, in so far as it is not inconsistent with this Act, be deemed to have been done or taken under the corresponding provisions of this Act.

iii. The repeal of prior instruments shall not affect –

a. Any right, privilege, obligation, or liability acquired or incurred before such repeal;

b. Any penalty or punishment incurred in respect of any offence committed before commencement; or

c. Any investigation, legal proceeding, or remedy in respect of such rights or liabilities.

171. Saving of Pending Rights and Obligations. –

i. All disciplinary, financial, or administrative liabilities existing prior to the enforcement of this Act shall continue until finally disposed of.

ii. Recovery, enforcement, or penalty proceedings initiated under earlier regulations shall be deemed valid and enforceable as if commenced under this Act.

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iii. The Governing Council may, by order, direct any such case to be transferred or concluded under the procedure herein prescribed.

72. Transitional Rule-Making Power. –

i. The **Governing Council** may, by notification, frame **Transitional Rules** to remove procedural difficulties during the first implementation phase of this Act.

ii. Such rules may include –

a. Timelines for migration of records;

b. Transitional provisions for inspection and accreditation;

c. Temporary validation of previous certificates; and

d. Delegation of interim powers to the **Executive Council (EC)** or **Registrar**.

iii. All transitional rules shall cease to have effect upon completion of full implementation or after a maximum of **two years** from commencement, whichever is earlier.

173. Commencement and Enforcement. –

i. This Act shall come into operation on such date as the **Governing Council (GC)** may, by notification published on the official portal, appoint.

ii. Different dates may be appointed for different Chapters or provisions to facilitate phased implementation.

iii. The Association may issue **Implementation Schedules and Circulars** to guide transition across all state and regional chapters.

174. Citation and Short Title. –

This enactment shall be cited as the **"National Professional Accreditation and Allied Healthcare Transitional Regulation, 2025"**, forming part of the **National Professional Accreditation and Healthcare Licensing Regulation Act, 2025 (Non-Statutory)** framed under the aegis of the **National Allied & Healthcare Professional Association (NAHPA)**.

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National Allied and Healthcare Professional Association

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