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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 2nd May, 2025.

No.Health.337/2017/Pt/47. – In accordance with the provisions of the Meghalaya Medical Attendance (Amendment) Rules, 2025 under Rule 9 Sub-rule (1A), ' classification of diseases, the following list of diseases as Annexure-1 are classified in the fields of different branches of Medicine for the purpose of medical reimbursement.

JORAM BEDA,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

ANNEXURE-I
[See Rule 9(1A)]
CLASSIFICATION OF DISEASES

List of Diseases Under The Different Categories (Dental Department)					
Sl.no.	Common Diseases	Common Procedures of Dental Treatment	Severe Diseases, Chronic Diseases, Major Interventions, including Complicated Dental Procedure & continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Caries	Extraction	Chronic Peri odontic diseases	Benign Tumours including jaw bones	Cellulitis(Ludwig's Angina)
2	Gingivitis	Restorations (Composite, GIC)	Fracture of Jaw Bone	Cleft lip, Cleft Palate	
3	Pre Cancerous Lesions of oral mucosa	Oral Prophylaxis	Cystic Lesions of Jaw Bones	Abnormal Frevi	
4	Complicated Impaction	Extraction(Impaction)	Malignant Lesions including Jaw Bones	TMJ Problems	
5	Oro Dental Fistulas	RCT, Pulpotomy, Pulpectomy	Osteomyelitis of Jaw Bones	Trigeminal Neuralgias	
6	Oral Sub Mucous Fibrosis	Post and Core	Gingivectomy	Bell's Palsy	
7	Malocclusion and traumatic bites	Fluoride Application	Apicoectomy	Cleft lip, Cleft Palate	
8	Dento Alveolar abscesses and granulomas	Pit and Fissure Sealant	RPD	Sialolithiasis	
9	Edentulous Conditions	Implant supported Crowns	FPD	Developmental defects of teeth and jaw	
10	Periodontitis	Implant Supported Bridges	Closed Reduction of Fracture	Avulsed teeth due to trauma	
11		Biopsy	Open Reduction of Fracture		
12		Complete Denture	Wire Fixation		
13		Crowns and Bridges	Implant Placement (Single stage and two stages)		
14			Immediate Implant Placement		
15			Dental Veneers		
16			Wisdom Tooth Removal		
17			Tumour Removal		
18			Oral Cancer Treatment		

List of Diseases Under The Different Categories (Dermatology)				
Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Fungal Infection	Psoriasis	Pityriasis Rubra Piliaris	Adverse Drug Reaction
2	Eczema	Vitiligo	Genodermatosis	Toxic epidermal Necrolysis
3	Alopecia Areata	Atopic Dermatitis	Pyoderma Gangrenosum	Steven Johnson Syndrome
4	Furuncle Folliculitis	Chronic actinic dermatitis	Darrier's dise	Pemphigus Vulgaris
5	Pityriasis Alba	Lichen Planus Pigmentosus	Bullous Pemphigous	Erythroderma
6	Pityriasis versicolor	Actinomycosis	Hidradentitis Suppurativa	Generalised Pustular Psoriasis
7	Pityriasis Rosea	Lupus Vulgaris		Staphylococcal Scalded sun
8	Urticaria	Tuberculosis Varrucosa		Streptococcal Toxic Shock Syndrome
9	polymorphic Light Eruption	Systemic Sclerosis		
10	Lichen Planus	Ichthyosis		
11	Lichen Simplex	Chronic Atinic dermatitis		
12	Hypertrrophoc scar	Onchomycosis		
13	Keloid			
14	Sporotrichosis			
15	Chromoblastomycosis			
16	Verruca Vulgaris			
17	Herpes Zoster			
18	Varicella			
19	Genital Warts			
20	yogenic Granuloma			
21	Seborrheic Dermatitis			
22	Molluscum Contagium			
23	Hormonal Acne			
24	Rosacea			
25	Lichenoid Dermatitis			
26	Contact Dermoiditis			
27	Discoid Lupus			
28	Erythosis Multiforme			

List of Diseases Under the Different Categories-Neurology				
Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, Including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Seizure disorder Chronic daily headache(Migraine/Tension type/Cluster)	AIDP/CIDP	Chorea	Cerebrovascular accident/Stroke
2	Transient ischemic attack	Alzheimer Disease	Friedreich ataxia	Head injury-Severe (SDH/EDH/Skull fracture)
3	Peripheral nerve disease	Multiple Sclerosis	Muscular dystrophy	Cerebral aneurysm/Subarachnoid hemorrhage
4	Parkinson disease	Neurosarcoidosis	Primary lateral sclerosis	Meningitis
5	Spondylolisthesis/Spondylosis	Acute disseminated encephalomyelitis		Encephalitis
6	Foot drop	Syringomyelia		Brain abscess
7	Vasculitic neuropathy	Chiari malformation		Status epilepticus
8	Tic	Motor neuron disease		Myelitis/Transverse Myelitis
9	Periodic paralysis			Spinal cord Injury
10	Neuralgia			Cavernous sinus thrombosis
				Myasthenia crisis
				Brain tumor/cancer

List of Diseases Under the Different Categories-cardiovascular disease				
Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, Including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Atrial septal defect	Takayasu's disease	Brugada syndrome	Acute coronary syndrome
2	Ventricular septal defect	Aortic aneurysm	Torsades de pointes	Heart failure
3	Eisenmenger syndrome	Aortic dissection	Lown Ganong levine syndrome	Complete heart block
4	Dilated cardiomyopathy	Sick sinus syndrome	Long QT syndrome	Pacemaker malfunction
5	Hypertrophic cardiomyopathy	1 st and 2 nd degree heart block	Ashman phenomenon	Ventricular tachycardia
6	Peripartum cardiomyopathy	Tetralogy of fallots	Holt oram syndrome	Paroxysmal supraventricular tachycardia
7	Cor pulmonale	Wolf Parkinson white syndrome		
8	Valvular heart disease (AR,AS,TR,TS,MR, MS,PR,PS)			Severe Pericardial effusion/cardiac tamponade
9	Deep vein thrombosis			Myocarditis
10	Peripheral vascular disease			
11	Atrial fibrillation			
12	Atrial flutter			

Respiratory Diseases			
Sl No.	Common diseases	Chronic diseases	Rare diseases
1	Asthma	Bronchiectasis	Lung Ca
2	COPD	Occupational lung diseases	Idiopathic pulmonary fibrosis
3	Tuberculosis		Sarcoidosis
4	Pneumonia		Alpha 1 antitrypsin deficiency
5	Bronchitis		Primary ciliary dyskinesia
6	Common cold pneumonia		Non tuberculous mycobacterial infection
7	Pleurisy		Langerhans cell histiocytosis
8	Pneumothorax		Interstitial lung disease
10	Pleural effusion		Cystic fibrosis
11	Lung abscess		Lymphangioleiomyomatosis
12	Infections-SARs cov2		Pulmonary alveolar proteinosis
13	Acute respiratory distress syndrome		Pulmonary amyloidosis
14	Pulmonary arterial hypertension		Radiation pneumonitis
15	Obstructive sleep apnea		Silicosis
			Pneumoconiosis

LIST OF DISEASES [ENDOCRINOLOGY]

COMMON DISEASES	SEVERE DISEASES; CHRONIC DISEASES; MAJOR INTERVENTIONS INCLUDING CONTINUING LONG TERM TREATMENT	RARE DISEASES	EMERGENCY LIFE THREATENING CASES
1			
DIABETES MELLITUS(DM)			
1 TYPE 2 DM	1. TYPE 2 DM WITH DIABETIC RETINOPATHY 2. TYPE 2DM WITH DIABETIC NEUROPATHY 3. TYPE 2 DM WITH DIABETIC KIDNEY DISEASE 4. TYPE 2 DM WITH CAD 5. TYPE 2 DM WITH STROKE 6. TYPE 2 DM WITH PAD		1. DIABETIC KETO ACIDOSIS 2. HYPEROSMOLAR HYPERGLYCEMIC STATE
2 TYPE 1 DM	1. TYPE 1 DM WITH DIABETIC RETINOPATHY 2. TYPE 1 DM WITH DIABETIC NEUROPATHY 3. TYPE 1 DM WITH DIABETIC KIDNEY DISEASE 4. TYPE 1 DM WITH CAD 5. TYPE 1 DM WITH STROKE 6. TYPE 1 DM WITH PAD	MATURITY ONSET DIABETES OF YOUNG (MODY)	
3 GESTATIONAL DM			
3 SECONDARY DM TO CHRONIC PANCREATITIS			
2			
THYROID			
PRIMARY HYPOTHYROIDISM - HASHIMOTO THYROIDITIS	PRIMARY HYPOTHYROIDISM - CONGENITAL	PRIMARY HYPOTHYROIDISM - DRUG INDUCED	1. MYXOEDEMA COMA
NON-TOXIC DIFFUSE GOITRE	THYROID CANCER		2. THYROID CRISIS OR STORM
NON-TOXIC MULTINODULAR GOITRE	RADIATION INDUCED HYPOTHYROIDISM		
GRAVES' DISEASE			
TOXIC MULTINODULAR GOITRE			
TOXIC ADENOMA / NODULE			
THYROIDITIS			

3		ADRENAL	
	ADDISON'S DISEASE	PHAECHROMOCYTOMA	ADDISONIAN CRISIS
	CUSHING'S SYNDROME	CONGENITAL ADRENAL HYPERPLASIA	
	BILATERAL ADRENAL HYPERPLASIA	GITTELMAN'S SYNDROME	
	ADRENAL INCIDENTALOMA	BARTTER'S SYNDROME	
	PRIMARY HYPERALDOSTERONISM	ADRENAL CARCINOMA	
4			
BONES AND PARATHYROID			
	OSTEOPOROSIS	PRIMARY HYPERPARATHYROIDISM	1. HYPO CALCEMIA
	OSTEOMALACIA	HYPOPARATHYROIDISM	2. HYPER CALCEMIA
	VITAMIN D DEFICIENCY	RICKETS	
	RECURRENT RENAL STONES		
5			
PITUITARY AND HYPOTHALAMUS			
	PROLACTINOMA	LYMPHOCYTIC HYPOPHYSITIS	1. PITUITARY APOPLEXY
	EMPTY SELLA	CRANIOPHARYNGIOMA	2. SIADH
	HYPERPRLACTINAEMIA (NOT DUE TO TUMOUR/CYST)	RATHKE'S CLEFT CYST	
		SHEEHAN'S SYNDROME	
6			
PANCREAS AND GI SYSTEM			
	HYPOGLYCEMIA	INSULINOMA	
		OTHER NEUROENDOCRINE TUMOUR	

7		REPRODUCTIVE SYSTEM	
CONSTITUTIONAL DELAYED PUBERTY	PRIMARY AMENORRHOEA		PRECOCIOUS PUBERTY
POLYCYSTIC OVARIAN SYNDROME	PREMATURE OVARIAN FAILURE		
SECONDARY AMENORRHOEA			
GALACTORRHOEA			
GYNAECOMASTIA			
8			
OTHER ENDOCRINE DISORDERS AND ENDOCRINE SYNDROMES			
SHORT STATURE	GROWTH HORMONE DEFICIENCY		KLINFELTER'S SYNDROME
TURNER'S SYNDROME			MEN-1
OBESITY			MEN-2
HYPERCHOLESTEREMIA			SYNDROMIC SHORT STATURE

HAEMATATOLOGY			
SI. No.	COMMON DISEASES	SEVERE DISEASES; CHRONIC DISEASES, MAJOR INTERVENTIONS INCLUDING CONTINUING LONG-TERM TREATMENT	EMERGENCY
1	Iron deficiency anemia	Thalassemia Syndromes	Sickle cell anemia Sickle cell crisis
2	Anemia due to blood loss	Bone Marrow Failure (Myelodysplastic syndrome, Aplastic anemia)	Inherited hemolytic anemia Acquired hemolytic anemia
3	Anemia of chronic disease	All Myeloproliferative Syndromes	Thrombotic Thrombocytopenic Purpura, Hemolytic Uremic Syndrome
4	Megaloblastic anaemia	All Leukaemias and Lymphomas	Disseminated Intravascular Coagulation
5		Idiopathic Thrombocytopenic Purpura (ITP)	Arterial 7 Venous Thrombosis
6		Hemophilia A & B	
INFECTIOUS DISEASES			
SI. No.	COMMON	SEVERE DISEASES.....LONG TERM CARE	EMERGENCY
1	Acute febrile illness	Infective Endocarditis	Acute febrile encephalopathy due to any cause
2	Upper Respiratory Tract Infections	Chronic Pyelonephritis	Febrile Neutropenia
3	Community acquired pneumonia	Chronic/ Recurrent Meningitis	Lung/ Liver abscess
4	Scrub Typhus		Tularemia Rabies
5	Enteric Fever		Spontaneous Bacterial Peritonitis
6	Acute gastroenteritis		Infections in the immunocompromised group of patients
7	STDs, HIV		
8	Viral Hepatitis		
9	Tuberculosis		
10	Common parasitic infections		
11	Malaria, Dengue		
12	Leptospirosis		

List Diseases Under The Different Categories (ENT)				
SL.NO.	Common Diseases	Severe diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Cellulitis	Nasol Labial Cyst Excision	Encephalocele/ MeningoEncephalocele	Profuse Epistaxis
2	Deviated Nasal Septum	FESS	Stenosis/ Atresia Of Nasal Nares	Ludwig Angina
3	Nasal Vestibulitis	Oroantral Fistula Closure	CSF Rhinorrhoea	Peritonsillar Abscess
4	Septal Haematoma	Endoscopic Dacryocystectomy	Younger's Operation	Retropharyngeal Abscess
5	Septal Abscess	Surgery For External Submucosal Fibrosis	Cochlear Implant	Parapharyngeal Abscess
6	Nasal septum perforation	ORIF Of Fracture Facial Bones	Choanal atresia	Severe Laryngo Tracheal Trauma
7	Acute Rhinitis	Surgical Resculpturing Of Fibrous Dysplasia	Obstructive sleep apnoea syndrome	Acute LaryngoTracheo Bronchitis
8	Chronic Rhinitis	Marsupialisation /Excision Ranula Under GA	Invasive fungal sinusitis	Stridor
9	Acute Sinusitis	Styloidectomy	Malignant otitis externa	Tracheostomy
10	Chronic Sinusitis	Cholesteatoma		Severe Tonsillitis
11	FB Nose	Rigid/ flexible Bronchoscopy		Severe Laryngitis / Epiglottitis
12	Allergic Rhinitis	Rigid/ flexible Bronchoscopy		FB Air passages
13	Nasal Poly	MicroLaryngeal Surgery(MLS)		Post tonsillectomy bleeding
14	Epistaxis	Surgery for Hiatus hernia		Airway obstruction due to any cause
15	Soft tissue injuries face head, neck	Meniere's Diseases		Diphtheria
16	Rhino Scleroderma	Abscess In Relation To Mastoid Infection and CSOM		Meningitis
17	Antral Lavage	Osteoma excision under GA		
18	Fracture Nasal bone reduction (LA)	Hearing Aids		
19	Ulcer Of Oral Cavity	Sq. Cell Ca of external ear / face		
20	Tongue tie Release	Basal cell Ca of external ear/ face		
21	Glossitis/ Oral Nucostris/Stomatitis	Melanoma of external ear / face		
22	Submucous Fibrosis	Ca maxilla		
23	Mucocele Excision	Ca Lip		
24	Leukoplakia Of Oral Cavity	Ca BM		
25	Parotitis	Ca Tongue		

SL.NO.	Common Diseases	Severe diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
26	Sialadenitis/Sislectasis	Ca Head palate		
27	Marsupialization Of Ranula Under LA	Ca alveolus		
28	Acute Tonsillitis	Ca Floor Of Mouth		
29	Chronic Tonsillitis	Ca Retro Molar Trigone		
30	Acute Pharyngitis	Ca Nasopharynx		
31	Chronic Pharyngitis	Ca Tonsil		
32	Parotid Abscess	Ca Pharyngeal Wall		
33	Tonsilolith	Ca PFS		
34	Acute Laryngitis / Epiglottitis	Ca Post Cricoid		
35	Chronic Laryngitis/Epiglottitis	Ca Larynx		
36	Vocal Nodules/ Polyp	Ca Oesophagus		
37	Stygalgia/ Eagle syndrome	Ca Salivary Gland		
38	GERD/ Reflux Oesophagitis	Juvenile Nasopharyngeal Angiofibroma		
39	Hiatus Hernia	Debridement under GA		
40	CHL	Myringoplasty		
41	SNHL	Stapedectomy		
42	BBPV / Vertigo	Myringotomy With Grommet Insertion		
43	Migraine	Tympanotomy		
44	Preauricular Sinus /Abscess	Tympanoplasty		
45	Perichondritis Of Pinna	Mastoidectomy		
46	Perichondrial Effusion	Otoplasty		
47	Avulsion Of Pinna	Laryngectomy		
48	Otitis Externa	Skull Base Surgery		
49	FB Ear	Facial Nerve Decompression		
50	Impacted Wax	Septoplasty		
51	ETD	Submucosal Resection (SMR)		
52	ASOM	Septo - Rhinoplasty		
53	CSOM	Rhinoplasty Non Cosmetic		
54	AOM	Fracture nasal bone reduction under GA		

SL.NO.	Common Diseases	Severe diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
55	Com	Intranasal diathermy		
56	Mastoiditis	Septal Perforation Repair		
57	Bell's palsy/ facial nerve palsy	Lateral Rhinotomy		
58	Tinnitus	Cranial Facial Resection		
59	Otalgia	Caldwell Luc Surgery		
60	I&D Of Abscess /Haematoma under LA	Angiofibroma Excision		
61	Excision Of Keloid Under LA	Endoscopic Hypophysectomy		
62	Soft Tissue Injury/ Laceration Repair Under La	Endoscopic Optic Nerve Decompression		
63	Excision of Dermoid/Sebaceous cyst under LA	Decompression Of Orbit		
64	Excision OF Haemangioma under LA	Tonsillectomy		
65	Excision of Papilloma under LA	Uvulo- palatoplasty		
66	Excision Of Naevus Under La	Oscilloplasty		
67	Excision Of Neurofibroma Under La	Mastoidectomy and osiculoplasty		
68	Furuncle/ Boil	Endolymphatic sac decompression		
69	Excision Of Lipoma Under La	Diagnostic endoscopy under GA		
70	Debridement Under La	Vidianneurectomy for vasomotor rhinitis		
71	PTA	Submandibular duct lithotomy		
72	Impedence With Stapedial Reflex	Adenoidectomy		
73	Short Increment Sensitivity Index	Palato – pharyngoplasty		
74	Multiple Hearing Assessment Test	Pharyngoplasty		
75	Speech Discrimination Score	Direct laryngoscopy including biopsy under GA		
76	Speech Assessment	OESOPHAGOSCOPY WITH FB REMOVAL UNDER GA		
77	Speech Therapy Per Session	Excision of cystic hygroma		
78	Cold Caloric Test	Excision of branchial cyst/sinus		
79	Removal of FB Nose	Excision of pharyngeal diverticulum		
80	Removal Of FB Ear	Excision of carotid body tumor		
		Excision of cervical rib		

SL.NO.	Common Diseases	Severe diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
81	Syringing (ear)	Wedge excision of Ca lip		
82	Punch / Wedge Biopsy Under LA	Superficial parotidectomy		
83	Polyp Removal Of Ear Under LA	Total parotidectomy		
84	Polyp Removal Of Nose Under La	Repair of parotid duc		
85	Diagnostic Endoscopy Under LA	Excision of submandibular gland		
86	Nasal Packing Anterior	Hemithyroidectomy		
87	Nasal Packing Posterior	Partial thyroidectomy		
88	Ear Lobe Repair	Sub totalthyroidectomy		
89	Videolaryngoscopy	Total thyroidectomy		
90		Enucleation of thyroid adenoma		
91		Total thyroidectomy with block dissection		
92		Excision of lingual thyroid		
93		Excision of thyroglossal Cyst/ fistula (Sistrunk operation)		
94		EXCISION OF parathyroid adenoma/ carcinoma		
95		Laryngectomy		
96		Laryngopharyngectomy		
97		Hyoid suspension		
98		Genioplasty		
99		Phono Surgery		
100		Laryngofissure closure		
101		Tracheal stenosis excision		
102		Excisional biopsy under GA		
103		Benign tumour excision under GA		
104		Temporal bone subtotal resection		
105		Modified radical neck dissection		
106		Carotid body tumor excision		
107		Total Laryngectomy		
108		Flap reconstructive surgery		

SL.NO.	Common Diseases	Severe diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
109		Parapharyngealtumor excision		
110		Excision of maxilla		
111		Excision of mandible segmental		
112		Mandibulectomy		
113		Partial glossectomy		
114		Hemiglossectomy		
115		Total Glossectomy		
116		Combined Mandibulectomy and Neck Dissection(Commando Operation)		
117		Block Dissection of Cervical Lymph Nodes		
118		Pharyngectomy andb reconstruction		
119		Surgery for CP Angle Tumours		
120		Surgery for Globus Tumour of Jugular bulb		
121		Maxillofacial Surgery Non Cosmetic		
122		Turbinectomy/Turbinate Diathermy		

List Of Diseases under Immunology

Sl. No.	COMMON DISEASES	SEVERE DISEASES; CHRONIC DISEASES, MAJOR INTERVENTIONS INCLUDING CONTINUING LONG-TERM TREATMENT	RARE DISEASES	EMERGENCY LIFE THREATENING CASES
1	Urticaria	Systemic Lupus	Eosinophilic Fasciitis	Anaphylaxis
2	Allergic Rhinitis	Erythematosis		
3	Acute Rheumatic fever	Rheumatoid Arthritis	Mixed connective tissue disease	
4		Systemic Sclerosis	Granulomatosis with polyangiitis	Proliferative forms of lupus nephritis
5	Osteoarthritis	Sjogren's Syndrome	Microscopic Polyangiitis	Scleroderma renal crisis
6	Gout	Ankylosing Spondylitis	Eosinophilic Granulomatosis with polyangiitis	
7	Fibromyalgia	Antiphospholipid Syndrome	Polyarteritis Nodosa	
8		Reactive Arthritis	Giant cell arteritis	
9		Psoriatic Arthritis	Takayasu Arteritis	
10		Sarcoidosis	Behcet's Disease	
11			Dermatomyositis	
12			Polymyositis	
13			IgG4 Related Disease	
14			Pseudogout (Calcium Pyrophosphate Deposition Disease)	

Respiratory Diseases			
Sl No.	Common diseases	Chronic diseases	Rare diseases
1	Asthma	Bronchiectasis	Lung Ca
2	COPD	Occupational lung diseases	Idiopathic pulmonary fibrosis
3	Tuberculosis		Sarcoidosis
4	Pneumonia		Alpha 1 antitrypsin deficiency
5	Bronchitis		Primary ciliary dyskinesia
6	Common cold pneumonia		Non tuberculosis mycobacterial infection
7	Pleurisy		Langerhans cell histiocytosis
8	Pneumothorax		Interstitial lung disease
10	Pleural effusion		Cystic fibrosis
11	Lung abscess		Lymphangiomyomatosis
12	Infections-SARs cov2		Pulmonary alveolar proteinosis
13	Acute respiratory distress syndrome		Pulmonary amyloidosis
14	Pulmonary arterial hypertension		Radiation pneumonitis
15	Obstructive sleep apnea		Silicosis
			Pneumoconiosis

List of Diseases Under The Different Categories (Surgery)				
Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Gall Stones	Obstructive Jaundice due to GBD Stones/CBD Stones	Hydatid Cysts of Liver /Lungs	Acute Cholangitis due to GBD/CBD Stones
2	Appendicitis	Renal stones with CKD	Renal Cell Carcinoma	Acute Necrotizing Pancreatitis/Haemorrhagic Pancreatitis
3	Renal Stones/Ureteric Stones	Chronic Pancreatitis with Type 2 DM	Bladder Cancer	Acute Bowel Obstruction with Septicaemia
4	Pancreatitis	Obstructed /Strangulated Hernias	Testicular Cancer	Head Injury/Intracranial Haematoma, Extra Dural Haematoma, Sub Dural Haematoma
5	Inguinal Hernia	Chronic Non Healing Ulcers	Penile Cancer	Polytrauma/Chest Trauma/Abdominal Trauma due to RTA/Fall/Assault
6	Hydrocele	Breast Cancer	Ano Rectal Cancer	Stab injuries in shock
7	Diabetic Foot	Relapsing Pancreatitis with PseudoCyst of Pancreas	Cholangio carcinoma	Strangulated Hernias
8	Fibroadenosis	Benign Thyroid Disorders	HCC	
9	Benign Cystic Lesions	Gastric Cancer	BCC	
10	Vesical Calculus	Oesophageal Cancer	Thyroid Cancers	
11	Haemorrhoids	Ventral Hernias	Adrenal Tumours	
12	Fistula-in-ano	Pancreatic Cancer	Meckel's Diverticulum	
13	Fissure-in-ano	Umbilical Hernia		
14	Varicocele			
15	Phimosis			
16	Paraphimosis			
17	Urinary Tract Infection			
18	Acute Epididymorchitis			
19	Hollow Viscus Perforation			
20	Duodenal Ulcer			
21	Gastric Ulcer			

Sl. No.	COMMON DISEASES	SEVERE DISEASES, CHRONIC DISEASES, MAJOR INTERVENTIONS, INCLUDING CONTINUING LONG TERM TREATMENT	RARE DISEASES	EMERGENCY LIFE THREATENING CASES
		Keratitis		
		Scleratis		
		Arteritic		
		Anterior Ischaemic Optic Neuropathy		
		Papilloedema		
		Laber's Optic Neuropathy		
		Protopsis		

List of Diseases Under The Different Categories (Pediatrics)				
Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing long term Treatment	Rare Diseases	Emergency Life Threatening Cases
1	Neonatal jaundice	Asperger Syndrome	Cystic Fibrosis	Severe Perinatal Asphyxia
2	Neonatal sepsis	Retinopathy of Prematurity	Muscular Dystrophy	Neonatal Shock
3	IUGR	Childhood disorder Syndrome	Haemophilia A and B	Prematurity with RDs
4	Neonatal Hypoglycaemia/Neonatal seizures	Childhood Schizophrenia	Alpha 1 Antitrypsin Deficiency	Tension Pneumothorax
5	Congenital anomalies cleft lip and palate/CTEV	tracheo Esophageal Fistula	Fabry's Disease	Acute Severe Exacerbation of Asthma
6	ASD	Gastrochisis/Omphalocele	Gaucher's Disease	Pediatric Shock
7	VSD	congenital Hydrocephalus	Krabbe Disease	Anaphylaxis
8	PDA	Genetic Disorders and Syndromes	Maple Urine Disease(MSUD)	Overdose/Poisoning
9	Congenital pneumonia	Metabolic Disorders/IEMS	Phenylketonuria	Near Drowning
10	Bronchiolitis	Hearing Impairment	Urea Cycle Disorders	Atrial Flutter
11	Bronchial asthma	Visual Impairment	Lysosomal Storage Disorders	Foreign Body Airway
12	Reactive Airway Disease	Learning Disability	Glycogen Storage Disease	Acute Epiglottitis
13	Tuberculosis	Progressive Degenerative Disorders	Tyrosinaemia	Respiratory Failure due to any cause
14	Pneumonia/LRTI	Childhood Aphasia	Muskulo Skeletal Disorders	Severe ALTB
15	Tonsillitis	Congenital Glaucoma/Cataract	Osteogenic Imperfecta	Cardiac tamponade
16	Pharyngitis/TB	ICH and PVL in Newborn	Congenital Myasthenic Syndrome	V-FIB/Pulseless V Tach
17	RHD	RETT Disorder	Congenital Myotonia Syndrome	Supra ventricular tachycardia
18	Acute Kidney Injury	HIE	Congenital Scoliosis	Heart Block
19	AKD	Hyaline Membrane Disease	Hypophosphatemic Rickets	Hypertensive Urgency
20	Glomerulonephritis	Meconium aspiration syndrome	Prader Will Syndrome	Congestive Heart Failure
21	Nephrotic syndrome	Persistent Pulmonary Hypertension of Newborn	Russell Silver Syndrome	Hepatic Encephalopathy
22	UTI	Diaphragmatic Hernia	Angelman Syndrome	Acute Kidney Injury
23	Recurrent UTI	Necrotising enterocolitis	Ataxia-Telengectasia	Pulmonary edema
24	Posterior Urethral Valves	kernicterus	Fragile X Syndrome	status epilepticus
25	Phimosis	haemorrhagic Disease of newborn	Von Willebrand Disease	Traumatic Brain Injury

Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
26	Hydronephrosis	Juvenile Dermatomyositis	Immunodeficiency	Polytrauma in Children
27	Nephrolithiasis	Behcet's Disease		Rabies
28	Hemolytic Uremic Syndrome	Kawasaki Disease		
29	Henoch Schonlein Purpura	Pyloric stenosis		
30	Urinary Retention	Intestinal atresia, stenosis, malrotation		
31	Hemorrhagic Cystitis	Hirschsprung disease		
32	LPD	Intussusception		
33	AGE/Retroviral Diarrhoea	Ulcerative Colitis		
34	Viral Hepatitis	Crohn's disease		
35	Enteric fever	Chronic malnutrition		
36	Infantile Fever	acute appendicitis		
37	Constipation	Anorectal malformation		
38	Nocturnal enuresis	Inguinal Hernias		
39	PICA	Acute pancreatitis		
40	SAM/PEM	chronic Pancreatitis		
41	Obesity	Cholestasis		
42	Autism	wilson's Disease		
43	Downs Syndrome	Liver Abscess		
44	ADHD	drug and toxin induced Liver Injury		
45	Speech and Language Delay	Portal Hypertension		
46	Dental caries	ascites		
47	Viral Coryza	Peritonitis		
48	Scrub Typhus	Bacterial tracheitis		
49	Dengue	Bronchiectasis		
50	Scarlet Fever	Interstitial Lung Disease		
51	Hand foot mouth disease	Empyema/pleural effusion		
52	Measles	Pneumo Mediastinum/Pneumothorax		
54	Mumps	pulmonary atresia		
55	Malaria	Tricuspid atresia		

Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
56	Kala Azar	Double Outlet Right ventricle		
57	TORCH Infection	TAPVC		
58	Worm Infestation	single Ventricle		
59	Iron deficiency anaemia	Truncus Arteriosus		
60	Idiopathic Thrombocytopenic Purpura	Hypoplastic Left bHeart Syndrome		
61	Epistaxis	Transposition of Great Arteries		
62	AFP due to any cause	Ebstein Anomaly		
63	Febrile Seizures	Eisengmenger Syndrome		
64	Neurocysticercosis	Infective Endocarditis		
65	tuberculoma	Dilated Cardiomyopathy		
66	ASOM	hypertrophic Cardiomyopathy		
67	CSOM	Restrictive Cardiomyopathy		
68	Laryngitis	Pseudotumour Cerebri		
69	Pharyngitis	Brain Abscess		
70	Laryngomalacia	Viral Meningoencephalitis		
71	Conjunctivitis	Acute Bacterial Meningitis		
72	Otitis Externa	Acute Stroke syndrome		
73	Peritonsillar Abscess	Congenital Anomalies of CNS		
74	Angioedema	Disorders of Sex Development		
75	Retropharyngeal Abscess	Diabetes Insipidus		
76	Sinusitis	End stage Renal Disease		
77	Viral Rhinitis/Allergic Rhinitis	Renal tubular acidosis		
78	Scabies	Polycystitis Kidney Disease		
79	Varicella ZosterHyperthyroidism	Pyelonephritis		
80	Hyperthyroidism	Toxic Nephropathy		
81	Hypothyroidism	Interstitial Nephritis		
82	Diabetes	IgA Nephropathy		

Sl.no.	Common Diseases	Severe Diseases, Chronic Diseases, Major Interventions, including continuing Long term Treatment	Rare Diseases	Emergency Life Threatening Cases
83	Mellitus	Cystic Hygroma		
84	Septic Arthritis	Lymphangiomas		
85	Vitamin D Deficiency	Hemangiomas		
86	Vitamin A Deficiency	neoplasms of Liver		
87	Drug/snake Bite	Retino Blastoma		
88	Diphtheria	Neuroblastoma		
89	Burn/Scalds	Lymphomas		
90		Leukamias		
91		TTP		
92		Hereditary Clotting Factor Deficiency		
93		Pancytopenias		
94		Sickle Cell Disease		
95		Thalasemias syndromes		
96		Myocarditis		
97		Polycythemias		
98		Juvenile idiopathic Arthritis		
99		wilm's tumour		
100		Childhood SLE		
101		DIC		
102		Renal Vein Thrombosis		

List of Diseases under the Different Categories [Obstetrics and Gynaecology]				
Sl No.	COMMON DISEASES	SEVERE DISEASES, CHRONIC DISEASES, MAJOR INTERVENTIONS, INCLUDING CONTINUING LONG TERM TREATMENT	RARE DISEASES	EMERGENCY LIFE THREATENING CASES
1	Normal Delivery	Obstructed labour	Peripartum Cardiomyopathy	Ruptured Ectopic Pregnancy
2	Incomplete abortion	Fetal distress	Inversion of Uterus	Ruptured Uterus
3	Missed Abortion	Oligo Hydramnios	Uterine Perforation	Uncontrolled PPH
4	Ante Natal Check Up	Placenta Praevia	Vulval Haematoma	Placenta Accreta
5	Previous LSCS(Without any other indications)	Chorioamnionitis	Broad Ligament Haematoma	Eclampsia
6		Molar Pregnancy		
7		Pre labour Rupture oof Membranes		
8		Multiple Pregnancy		
9		Cord Prolapse		
10		Hand Prolapse		
11		PPH		
12		Retained placenta		
13		Preterm labor		
14		Pre Eclampsia		
15		Tuberculosis in Pregnancy ITP		
16		Blood Dyscrasias		
17		IUFD		
18		Puerperal Sepsis		

List of Diseases under the Different Categories [ONCOLOGY]				
Sl No.	COMMON DISEASES	SEVERE DISEASES, CHRONIC DISEASES, MAJOR INTERVENTIONS, INCLUDING CONTINUING LONG TERM TREATMENT	RARE DISEASES	EMERGENCY LIFE THREATENING CASES along with Cancer
1		Carcinomas/cancer		Pancytopenia with Sepsis
2				Bleeding
3				Obstruction
4				Fistula
5				Seizures
6				Acute Respiratory Syndrome

List of Diseases under the Different Categories [GASTRO ENTEROLOGY]				
SL NO	COMMON DISEASES	SEVERE DISEASES, CHRONIC DISEASES, MAJOR INTERVENTIONS, INCLUDING CONTINUING LONG	RARE DISEASES	
			EMERGENCY LIFE THREATENING CASES	
1	ACUTE GASTROENTERITIS	CIRRHOSIS OF LIVER	ACHALASIA	UPPER GI BLEED(VARICEAL, ULCER)
2	GASTRITIS	INFLAMMATORY BOWEL DISEASE(CROHNS DISEASE, ULCERATIVE COLITIS)	VENO OCCLUSIVE DISEASES	LOWER GI BLEED
3	GERD	CANCER OF STOMACH/ OESOPHAGUS	MENETRIER'S DISEASE	CAUSTIC INGESTIONS
4	PEPTIC ULCER DISEASE(PUD)	HEPATOCELLULAR CARCINOMA	WHIPPLE'S DISEASE	ACUTE PANCREATITIS
5	ACUTE/RECURRENT PANCREATITIS	PANCREATIC CANCER AND CYSTIC LESIONS	HIRSHSPRUNG DISEASE	ACUTE CHOLECYSTITIS
6	ALCOHOL ASSOCIATED LIVER DISEASE	AUTOIMMUNE HEPATITIS	ZOLLINGER ELLISON SYNDROME	ACUTE HEPATITIS
7	ACUTE VIRAL HEPATITIS (A, B, C, D, E)	CHRONIC VIRAL HEPATITIS	EOSINOPHILIC GASTROENTERITIS	PARACETAMOL POISONING
8	ACUTE LIVER FAILURE	PORTAL VEIN THROMBOSIS	BUDD CHIARI SYNDROME	APPENDICITIS
9	CIRRHOSIS OF LIVER	RECTAL CANCER	ALFA 1 ANTITRYPSIN DEFICIENCY	ABDOMINAL TRAUMA
10	ENTERIC FEVER	NEUROENDOCRINE TUMOURS	GLYCOGEN STORAGE DISEASES	ACUTE INTESTINAL OBSTRUCTION
11	ABDOMINAL TB	ESOPHAGEAL NEUROMUSCULAR MOTILITY DISORDERS	WILSON'S DISEASE	ESOPHAGITIS
12	IRRITABLE BOWEL SYNDROME(IBS)	BARRETT ESOPHAGUS	HAEMOCHROMATOSIS	HEPATIC ENCEPHALOPATHY/COMA
13	NON-ALCOHOLIC FATTY LIVER DISEASE(NAFLD)	LIVER TRANSPLANTATION		HEPATORENAL/HEPATOPULMONARY SYNDROME
14	NON-ALCOHOLIC STEATO HEPATITIS(NASH)	MALABSORPTION SYNDROMES		HEPATIC CYST
15	INTESTINAL WORMS	CELIAC DISEASE		
16	FOOD POISONING	INTESTINAL ULCERATIONS		
17	APPENDICITIS	INTESTINAL OBSTRUCTION		
18	ASCITES WITH SPONTANEOUS BACTERIAL PERITONITIS	PRIMARY BILIARY CHOLANGITIS		
19	FOOD ALLERGIES	FEEDING AND EATING DISORDERS		
20		PRIMARY BILIARY CHOLANGITIS		

SL.	COMMON DISEASES	SEVERE DISEASES, CHRONIC DISEASES, MAJOR INTERVENTIONS, INCLUDING CONTINUING LONG	RARE DISEASES	EMERGENCY LIFE THREATENING CASES
NC				
21		OBESITY		
22		ENDOSCOPIC VARICEAL LIGATION		
23				
24				
25				

The 27th May, 2025.

No.Health.274/2007/159. - In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Meghalaya is pleased to make the following Rules regulating the method of recruitment and the conditions of Service of persons appointed to the Meghalaya AYUSH Medical Service, namely:-

THE MEGHALAYA AYUSH MEDICAL SERVICE RULES, 2025.

- 1. Short Title and Commencement:-** (1) These Rules may be called "The Meghalaya AYUSH Medical Service Rules, 2025".
(2) They shall come into force from the date of this notification in the Official Gazette.
- 2. Definitions:-** In these Rules, unless there is anything repugnant in the subject or context:-
 - (a) "Appointing Authority" means the Governor of Meghalaya.
 - (b) "Board" means the Meghalaya Medical Services Recruitment Board.
 - (c) "Commission" means the Meghalaya Public Service Commission.
 - (d) "AYUSH" means Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy;
 - (e) "BAMS" means Bachelor of Ayurvedic Medicine and Surgery (Ayurvedacharya);
 - (f) "BHMS" means Bachelor of Homoeopathic Medicine and Surgery;
 - (g) "BNYS" means Bachelor of Naturopathy and Yogic Sciences;
 - (h) "Government" means the Government of Meghalaya;
 - (i) "Governor" means the Governor of Meghalaya;
 - (j) "Member of the Service" means a member of Service, recruited under these rules;
 - (k) "NCH" means National Council for Homoeopathy;
 - (l) "NCISM" means National Commission for Indian System of Medicine;
 - (m) "Post Graduate Degree" means a Post Graduate Degree in Ayurveda and Homoeopathy after undergoing a 3 (three) years course of study and recognized by National Commission for Indian System of Medicine and National Council for Homoeopathy;
 - (n) "Official Gazette" means the Gazette of Meghalaya.
 - (o) "Service" means the Meghalaya AYUSH Medical Service constituted under these rules;
 - (p) "State" means the State of Meghalaya;
 - (q) "Schedule" means the Schedule appended to these Rules; and
 - (r) "Year" means the Calendar Year.
- 3. Constitution of the Service:-** There shall be constituted a Service to be known as the Meghalaya AYUSH Medical Service consisting of the following persons, namely:
 - (1) Persons appointed to different posts in the Service before the commencement of these Rules, and

- (2) Persons appointed to different posts in the Service in accordance with the provisions of these Rules.
- 4. Composition of the Service:-** (1) The Service shall consist of the following posts:-
- (i) Ayurvedic Physician
 - (ii) Homoeopathic Physician
 - (iii) Yoga and Naturopathy Physician
- (2) Each of the categories of posts under sub-rule (1) shall form an independent cadre.
- 5. Status:-** The status of the members of the Service holding posts under these rules shall be Gazetted Officers.
- 6. Strength of Service:-** (1) The strength and composition of the Service shall be such as may be determined by the Department from time to time.
- (2) At the commencement of these Rules, the strength of the Service and posts therein shall be as shown in **Schedule I**.
- 7. Method of Recruitment:-** Appointment to all the posts in the Service shall be made by direct recruitment on the result of the examination conducted by the Board/Commission.
- 8. Merit List and Validity of the Merit List:-** (1) The list as approved by the Board/Commission under sub-rule (4) of Rule 9 shall form the Merit List for the purpose of appointment by Direct Recruitment under Rule 7.
- (2) The Merit List shall remain in force for a period of one year unless its validity is extended with approval of the Board/Commission:
- Provided that such an extension shall not be for a total period exceeding six months.
- 9. Direct Recruitment:-** (1) Competitive Examination for direct recruitment under Rule 7 shall be held at such intervals as the Appointing Authority may, in consultation with the Board/Commission from time to time determined. The date on which and the place in which the examination shall be held, shall be fixed by the Board/Commission.
- (2) The examination shall be conducted by the Board/Commission in accordance with such syllabus as the Appointing Authority may from time to time make in consultation with the Board/Commission.
 - (3) Of the number of vacancies to be filled up on the result of each examination, there shall be reservation in favour of candidates belonging to Scheduled Castes and Scheduled Tribes to the extent and subject to the conditions as the Government may from time to time prescribed.
 - (4) On the basis of the results of the Competitive Examination, the Board/Commission shall prepare a list of all successful candidates in order of merit, which shall be determined in accordance with the aggregate marks obtained by such candidate and if two or more candidates obtain equal marks, the Board/Commission shall arrange them in order of their relative merit which shall be determined in accordance with the general suitability of the candidates for appointment to the post. The number of persons to be included in the list shall be as according to the actual vacancies likely to occur during the recruitment year. The list shall be forwarded to the Appointing Authority.

- (5) The inclusion of a candidate's name in the list confers no right to appointment unless the Appointing Authority is satisfied after such enquiry as may be considered necessary that the candidate is suitable in all respect for appointment to the post and that appointment to any post in the Service is subject to availability of vacancy.

10. Conditions of eligibility for appearing at the Competitive Examination:- In order to be eligible to compete at the examination for direct recruitment, a candidate must satisfy the following conditions as shown in Schedule II, namely:-

1. Nationality - He/She must be a citizen of India:
2. Age - He/She must have attained the age of 18 years and must not have exceeded the age of 32 years on the first day of the year in which the advertisement for the post is made:
Provided that in the case of candidate belonging to Scheduled Castes and Scheduled Tribes, the upper age limit will be subject to relaxation made by the Government from time to time:
3. Educational Qualification - He/She must possess a degree recognized by the National Council of Indian System of Medicine or National Council for Homoeopathy or Bachelor of Naturopathy and Yoga Science as specified in **Schedule-II**.

11. Disqualification for appointment to the Service:- (1) No person shall be appointed who, after medical examination as the Government may prescribe is not found to be in good mental or bodily health and free from any physical defect or infirmity which may render him unfit in the discharge of his duties.

- (2) No person shall be appointed to the service who had been convicted for any offence involving moral turpitude.
- (3) No person who has more than one spouse living shall be eligible for appointment to any post in the Service.

Provided that the Governor may, if he is satisfied that there are special grounds for doing so exempt any person from the operation of this sub-rule.

- (4) No person who attempts to enlist support for his candidature either directly or indirectly by any recommendation, either written or oral or by any other means, shall be appointed to the Service.

12. Appointment to the Service:- (1) Appointment to any post in the Service under Rule 7 shall be made by the Appointing Authority and shall be published in the Official Gazette.

- (2)(i) Subject to the provisions of sub-rule (3) and (5) of Rule 9, appointment shall be made from time to time in the order in which the names of candidates appear in the Merit List prepared under sub-rule (4) of Rule 9.

(ii) A person appointed by direct recruitment shall join within 15 days from the date of receipt of the order of appointment, failing which, and unless the Appointing Authority extend the period of joining, which shall not in any case exceed 3 months, the appointment shall be cancelled.

- (3) Appointment under Rule 7 shall be made in the order in which the names of candidates appear in the Select List approved by the Board/Commission under sub-rule (1) of Rule 8.

13. Probation:- Every person appointed to the Service under Rule 7 shall be on probation for a period of 2 (two) years:

Provided that the period of probation may, for good and sufficient reasons be extended by the Appointing Authority in any individual case by a period not exceeding 2 (two) years:

Provided further, that where a person appointed to the post in the Service could not be placed under probation for want of permanent vacancy, any period which he has rendered in a temporary capacity, may having regard to his performance be counted towards the period of probation.

- 14. Training:-** A member of the services is required to undergo such training as may be prescribed by the Government from time to time.
- 15. Discharge or Reversion:-** A member of the Service appointed by direct recruitment shall be liable to be discharge if:-
- (a) he fails to give satisfactory performance during the period of probation: or
 - (b) on any information received relating to his nationality, age, health, character and antecedents the Appointing Authority is satisfied that the probationer is ineligible or otherwise unfit for being a member of the Service.
- 16. Seniority:-** (1) The seniority of the members of the Service in any cadre appointed before the commencement of these Rules, shall be in the order in which their names appeared in the respective lists prepared and approved by the Board/Commission.
- (2) The seniority of the members of the Service appointed to different cadres after the commencement of these Rules shall be in the order in which their names appear in the Merit List prepared under sub-rule-(4) of Rule 9 and approved under sub-rule (1) of Rule 8.
 - (3) If confirmation of any member of the Service is delayed on account of his failure to qualify for such confirmation, he shall lose his seniority vis-a-vis such of his juniors in his cadre as may be confirmed earlier than him.
- 17. Confirmation:-** Confirmation of a probationer shall be made according to his seniority in that cadre subject to the following conditions:-
- (a) that he has completed the period of probation to the satisfaction of the Appointing Authority.
 - (b) that he is considered otherwise fit by the Appointing Authority, and
 - (c) subject to availability of vacancy.
- 18. Gradation List:-** There shall be prepared and published annually an up-to-date Gradation List as on 1st January consisting of the names of all members of the service, cadre-wise and drawn up in order of seniority and other particulars relating to the date of birth and appointment to the service and such other details relevant to the Service Career, shall be also indicated against each name.
- 19. Increment:-** (1) The first increment admissible to a member of the Service shall accrue on completion of 6 (six) months either on 1st January or 1st July of the year from the date of joining but subsequent increment shall be allowed only on his completion of the period of probation successfully.
- (2) Such persons referred to at sub-rule (1) of Rule 3 shall be allowed to draw increment becoming due within the period of two years from the date of commencement of these rules.
 - (3) The pay of the member of the Service on his completion of the period of probation or training prescribed shall be fixed at such a stage if he has been allowed his usual annual increments due

but he shall not be entitled to any arrear in pay on account of withholding due increments for the period prior to the date of his completion of the period of probation or training.

- (4) Members of the Service acquiring additional qualifications will be entitled to 3 (three) advance increments for having Post Graduate Degree in Ayurvedic/Homoeopathic subjects or Post Graduate Diploma in Public Health Management (PGDPHM) on State sponsored.

20. Power of the Governor to dispense with or relax any Rules:- The Governor, if satisfied that the operation of any of the provisions of these Rules causes undue hardship in any particular case or cases or results in any particular post or posts being left unfilled for want of person(s) possessing the minimum experience as specified by these rules, may dispense with or relax the requirement of any of these rules to such extent and subject to such condition, as it may consider necessary for dealing with the case in a just and equitable manner, or, for meeting the exigencies of public interest.

21. Interpretation:- If any question arises relating to the interpretation of these rules, the decision of the Government in the Health and Family Welfare Department, with the approval of Personnel and A.R. Department shall be final.

22. Repeal and saving:- All Rules, Orders, or Notifications corresponding to and in force immediately before the commencement of these rules, hereby stands repealed:

Provided that all orders made or action taken under the Rules, Order or Notification so repealed or any action taken in pursuant thereto shall be deemed to have been validly made or taken under the corresponding provisions of these Rules.

SAMPATH KUMAR,

Principal Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

SCHEDULE - I

(See sub-rule (2) of Rule 6)

Sl. No.	Name of Post	Pay Matrix Level	Number of Post.		
			Permanent	Temporary	Total
1.	Ayurvedic Physician	Level-15	9	8	17
2.	Homoeopathic Physician	-do-	17	6	23
3.	Yoga and Naturopathy Physician	-do-	0	2	2
Total Number of Posts					42

SCHEDULE - II

(See Rule 9 & Rule 10)

Sl.No.	Name of Post	Method of recruitment with percentage of vacancies to be filled up in any recruitment year by the direct recruitment or promotion	Direct Recruitment				Remarks
			Educational qualification etc required for direct recruitment	Lower age limit	Upper age limit		
1	2	3	4	5	6	7	
1.	Ayurvedic Physician	100% by direct recruitment through Meghalaya Medical Service Recruitment Board (MMSRB)/ Meghalaya Public Service Commission	BAMS/P.G. in Ayurveda subjects [Recognized by National Commission for Indian System of Medicine (NCISM)]	18 Years	32 Years (subject to relaxation for ST/SC)		
2.	Homeopathic Physician	-do-	BHMS/ P.G. Homeopathy subjects [Recognised by National Council for Homeopathy (NCH)]	-do-	-do-		
3.	Yoga and Naturopathy Physician	-do-	Bachelor of Naturopathy and Yoga Science (BNYS)	-do-	-do-		

The 30th May, 2025.

Guidelines for engagement of Director, Dean & Medical Superintendent, Shillong Medical College - 2025 on contractual basis.

No.Health. 118/2025/1.

1. Preamble:

Shillong Medical College (SMC) is being established as a state - owned institute of Medical Education and Tertiary Healthcare committed to the highest standards of teaching, research and patient care. These guidelines lay down the eligibility criteria, process, service conditions and governance framework for engaging the senior leadership of the College on a contractual basis, drawing on:

(i) National Medical Commission (NMC) Teachers' Eligibility Qualifications (TEQ) Regulations, 2022.

2. Definitions:

(i) **Governing Council:** Apex policy body of SMCMS constituted by the State Government.

(ii) **SMCMS:** Shillong Medical College Management Society.

(iii) **Search Committee:** Committee constituted *vide* Notification No. Health. 106/2014/Pt.II/53, dated 1st March, 2025 to identify and recommend candidates.

(iv) **Salary Negotiation Committee:** Committee constituted *vide* Notification No.Health.106/2014/Pt-II/62, dated 22nd May, 2025 to negotiate and recommend the salary structure for the posts of **Director Dean, and Medical Superintendent**, in case of appointment of a retired Government employee or from private sector.

3. Posts Covered:

POST	CORE ROLE	REPORTS TO
Director	Chief Executive & Academic Head	Governing Council of SMCMS
Dean	Academics & Research	Director
Medical	Hospital Administration & Clinical	Director
Superintendent	Governance	

4. Term of Appointment:

(i) **Fixed Term:** 5 years or until the incumbent attains 65 years, whichever is earlier.

(ii) **Probation:** 12 months (extendable by 6 months).

(iii) **Renewal:** Not permissible beyond 65 years. A second term (fresh) is allowed only when the incumbent has at least 2 years before reaching the age limit and secures a "Very Good" rating in performance appraisal.

5. Letter of Appointment and Contractual Agreement:

Upon and prior to assumption of office, the selected candidate shall execute a formal Contractual Agreement with the Appointing Authority, duly representing the Government of Meghalaya. This Agreement shall clearly delineate the duties, responsibilities, and performance expectations of the appointee, as well as the obligations and support commitments of the Government. The terms shall include, inter alia, provisions relating to tenure, remuneration, reporting structure, standards of professional conduct, confidentiality, conflict of interest, grounds and procedure for termination, and dispute resolution. The Agreement shall form the legal basis governing the contractual relationship between the parties and no appointee shall be deemed to have formally entered service until the execution of such Agreement.

6. Eligibility:

Criterion	Minimum Requirement
Basic Qualification	MD/MS/DNB recognised by NMC
Teaching Experience	10 years or more in a recognised medical college as teaching faculty of which at least 5 years as Professor
Age	40 - 65 years on the closing date
Research & Leadership	5 or more indexed publications (last 5yrs) and demonstrable administrative leadership of at least 500-bed hospital/medical college
Desirable	MHA/MPH/PhD; accreditation (NABH/NABH/NAAC) experience.

7. Search Committee:

Member	Designation
Chief Secretary, Meghalaya	Chairperson
Principal Secretary, H&FWD	Member
Commissioner & Secretary, H & F W	Member Secretary
Commissioner & Secretary to the Govt. of Meghalaya, Personnel & AR	Member
Director, North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS)	Member
Vice-Chancellor, Captain William Sangma University	Member

8. Methodology:

Search Committee shall recommend a panel of three suitable candidates to the Health & Family Welfare Department, Government of Meghalaya.

9. Duties & Powers:

- (i) **Director:** Strategic leadership, regulatory liaison, budget & policy, Chair academic bodies, statutory reporting to NMC.
- (ii) **Dean:** Curriculum design, examinations, faculty development, research facilitation, student welfare.
- (iii) **Medical Superintendent:** Hospital operations, quality & patient safety, biomedical engineering oversight, disaster management. The Director may delegate routine powers but retains overall accountability.

10. Remuneration, Allowances & Facilities:

- (i) In case of in-service candidates applying for the posts on deputation, he/she may be allowed to draw his own grade pay plus deputation allowance or draw the remuneration of the post.
- (ii) In case of retired employee, the pay will be the last drawn salary minus pension. This will be fixed pay without any additional allowances.
- (iii) For candidates from private sector, salary will be negotiable. This will be fixed pay without any additional allowances.

The Salary Negotiation Committee has been constituted under the Chairmanship of Principal Secretary to the Govt. of Meghalaya; Health & Family Welfare Department *vide* notification No.Health. 106/2014/Pt-II/62, dated 22nd May, 2025 for the purpose of negotiating salary in case of 10 (ii) and (iii).

11. Conduct Rules:

Incumbents are bound by the NMC's 2023 Regulations on Professional Conduct and instructions issued by the Government of Meghalaya from time - to - time. Private practice and paid consultancies are prohibited.

12. Leave Entitlement:

The appointee shall be entitled to leave in accordance with the terms and conditions of the contractual appointment, subject always to the exigencies of service and the prior approval of the competent authority. The following categories of leave shall be admissible:

- a) Casual Leave: Not exceeding fifteen (15) days in a calendar year; such leave shall be non-cumulative, non-encashable, and subject to prior sanction.
- b) Medical Leave: Not exceeding fifteen (15) days in a calendar year; subject to approval and upon submission of a valid medical certificate issued by a registered medical practitioner.
- c) Leave Without Pay (LWP): may be granted only under exceptional circumstances and at the sole discretion of the Competent Authority, provided that such leave shall not count towards the computation of tenure, service continuity, or performance appraisal.

13. Performance Management:

A Performance Appraisal Committee (PAC) headed by Commissioner & Secretary *cum* Member Secretary to the SMCMS will conduct an annual review using a KPI matrix (**Annexure B**). Ratings: Outstanding, Very Good, Good, Needs Improvement, Unsatisfactory. Two successive ratings below "Good" trigger early termination proceedings.

14. Termination:

Mode	Notice / Pay in Lieu
Resignation	3 months
Non-renewal	Not applicable beyond term.

As per CCS (CCA) like procedure; summary dismissal may be considered in case of proven misconduct following a due inquiry as per applicable procedures.

15. Legal & Regulatory Compliance Highlights:

- (i) **Age Cap:** 65 years; waiver requires State Cabinet approval. However, the age limit may be waived or relaxed in the case of individuals currently serving as Professor and Head of Department in any discipline at Shillong Medical College.
- (ii) **NMC Reporting:** Upload appointment details to NMC Faculty Portal within 15 days.
- (iii) **Audit:** Subject to State/CAG audit; financial irregularities reportable to Lokayukta.
- (iv) Upon successful appointment, the selected candidate shall enter into a contractual agreement with the Health & Family Welfare Department, Government of Meghalaya, represented by the Commissioner & Secretary to the Government.

- 16. Saving & Interpretation:** The H&FWD may issue clarifications or amendments; unresolved disputes shall be referred to the State Cabinet whose decision is final.

JORAM BEDA,

Commissioner & Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 26th May, 2025.

No.Health.364/2015/309. - As per Rule 3(2) of the Drugs and Cosmetics (Compounding of Offences) Rules, 2025 published *vide* G.S.R. 259 (E) dated 24.04.202, the Governor of Meghalaya is pleased to notify the Directorate of Health Services (MI) as Compounding Authority.

HECTOR NONGSIEJ,

Under Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.