



The Gazette of Meghalaya

EXTRAORDINARY

PUBLISHED BY AUTHORITY

No. 46

Shillong, Tuesday, March 4, 2025

13th Phalguna, 1946 (S. E.)

PART-V

GOVERNMENT OF MEGHALAYA

MEGHALAYA LEGISLATIVE ASSEMBLY SECRETARIAT

NOTIFICATION

The 3rd March, 2025.

No.LB.28/LA/2025/2. – The Meghalaya State Investment Promotion & Facilitation (Amendment) Bill, 2025 introduced in the Meghalaya Legislative Assembly on the 3rd March, 2025 together with the Statement of Objects and Reasons is published under Rule 71 of the Rules of Procedure and Conduct of Business in the Meghalaya Legislative Assembly for general information.

**MEGHALAYA STATE INVESTMENT PROMOTION & FACILITATION
(AMENDMENT) BILL, 2025**

A

Bill

to amend the Meghalaya State Investment Promotion & Facilitation Act, 2024 (Act No. 6 of 2024).

Be it enacted by the Legislative of the State of Meghalaya in the Seventy Sixth year of the Republic of India as follows:-

**Short title and
Commencement**

1. (1) This Act may be called the Meghalaya State Investment Promotion & Facilitation (Amendment) Act, 2025.
- (2) It shall come into force on the date of its publication in the Official Gazette.

Amendment of Section 2.

2. Existing sub-section (vi) to sub-section (xix) of Section 2 shall be renumbered as sub-section (vii) to sub-section (xx) and a new section (vi) shall be added, as follows:-

(vi) "Autonomous District Councils" means Khasi Hills Autonomous District Council (KHADC), Jaintia Hills Autonomous District Council (JHADC), Garo Hills Autonomous District Council (GHADC)".

Amendment of Section 4.

3. (1) The existing sub-section (1) to sub-section (8) of Section 4 shall be renumbered as sub-section (2) to sub-section (9) and a new sub-section (1) shall be added, as follows:-

"(1) The Nodal Agency will be responsible for promoting the investment ecosystem in the State and taking up all activities relating to setting up Industrial or service sector undertakings and the promotion of economic development in the State. This includes conducting investment facilitation, events, roadshow across the country and internationally, creation of land-banks through direct purchase of land or other means, and setting up of the offices."
- (2) In existing Section 4 after sub-section (9) a new sub-section (10) shall be added, as follows,-

"(10) The Invest Meghalaya Authority shall submit proposals for Customized Package of incentives for investments exceeding Rs. 100 crores to the State Cabinet for approval."

Amendment of Section 8.

4. Sub-section 2 (a) of Section 8, shall be omitted and substituted as follows:

"(a) Subject to the overall control and superintendence of the Government, the Governing Council shall provide overall policy guidance and directions under this Act, ensuring that the

- incentives under the policies will be provided to the industries who are creating employment for local people (individuals domicile of Meghalaya)".
- Amendment of Section 9.** 5. The existing clause (h) of sub-section (2) of Section 9 of the principal Act shall be omitted.
- Amendment of Section 13.** 6. (1) Section 13, shall be omitted and substituted as follows:
- "The Combined Application Form(s) (CAF) shall be prescribed, along with such fees, *in lieu* of existing forms prescribed under applicable Acts and Industrial Policy, as notified from time to time. All appropriate authorities shall accept such CAF for processing and issue of required clearances."
- (2) After the existing *proviso* of Section 13 a new *proviso* shall be inserted as follows;
- "Provided further that where any form and fee has been prescribed for such clearances in any Acts or Rules enacted by the District Councils, the application shall be submitted only in that very form along with that fee to be submitted."
- Amendment of Section 34.** 7. The Section 34, shall be omitted and substituted as follows:
- "This Act shall not be in derogation of the Meghalaya Transfer of Land (Regulation) Act, 1971."
- Amendment of the name Invest Meghalaya Authority (IMA)** 8. The name "Invest Meghalaya Authority (IMA)" in the principal Act wherever appearing shall be substituted by "Meghalaya Investment Promotion Authority (MIPA)".

CONRAD K. SANGMA,
Chief Minister in-charge
Planning Investment Promotion &
Sustainable Development Department.

ANDREW SIMONS
Commissioner & Secretary,
Meghalaya Legislative Assembly.



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PART-IIA

GOVERNMENT OF MEGHALAYA
DISTRICT COUNCIL AFFAIRS DEPARTMENT

NOTIFICATION

The 3rd March, 2025.

No.DCA.25/2025/81. - In exercise of the powers conferred under sub-rule (1) of Rule 20 *read* with sub-rule (1) of Rule 19 of the Assam and Meghalaya Autonomous Districts (Constitution of District Councils) Rules, 1951 as amended by the Khasi Hills Autonomous District Council and on the advice of the Chief Executive Member, Khasi Hills Autonomous District Council, the Governor of Meghalaya is pleased to appoint the following Members of District Council as Executive Members of the said Council as indicated against each:-

- | | | |
|--|---|------------------|
| 1. Shri Winston Tony Lyngdoh | - | Executive Member |
| 2. Smti. Aibandaplin F. Lyngdoh Nonglait | - | Executive Member |
| 3. Shri Powel Sohkhet | - | Executive Member |
| 4. Shri Seiborlang Warbah | - | Executive Member |
| 5. Smti. Deiti H. Majaw | - | Executive Member |
| 6. Shri Pynkhraboklin Kharjahnin | - | Executive Member |
| 7. Shri Isynei Hinge | - | Executive Member |

C. V. D. DIENGDOH,
Commissioner & Secretary to the Government of Meghalaya,
District Council Affairs Department.



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PART-IIA

GOVERNMENT OF MEGHALAYA
DISTRICT COUNCIL AFFAIRS DEPARTMENT

The 4th March, 2025.

CORRIGENDUM

No.DCA.25/2025/83. - Please *read* "**Shri Powell Sohkhet**" instead of **Shri Powel Sohkhet** and "**Smti. Deity H. Majaw**" instead of **Smti. Deiti H. Majaw** appearing in this Department's Notification **No.DCA.25/2025/81**, dated 3rd March, 2025.

R. KHARBIKHIEW,
Deputy Secretary to the Govt. of Meghalaya,
District Council Affairs Department.



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PART-IIA
GOVERNMENT OF MEGHALAYA
LAW (B) DEPARTMENT

The 4th March, 2025.

CORRIGENDUM

No.LL(B)28/2017/Part-I/46. - In this Department's Notification No.LL(B).28/2017/Part-1/38, dated 26th September, 2024, notifying the Meghalaya Goods & Services Tax (Amendment) Act, 2024, please *read* -

1. "Act" instead of "Bill" wherever it appeared in sub-section (1) of Section 1.
2. Figure "4" is inserted for the marginal heading "Insertion of new Section 122A".

S. K. SANGMA,
Deputy Secretary to the Govt. of Meghalaya,
Law (B) Department.



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PART-IIA

GOVERNMENT OF MEGHALAYA HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 4th March, 2025.

No.Health.231/2024/6. – The Mandatory Medical Public Services Policy for Medical Students (UG/PG) pursuing academic curriculum under State Government Sponsorship/In-Service Quota Seats is hereby published for general information.

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

The Government of Meghalaya, with the objective of providing quality medical care to the public and addressing the gap between the demand and supply of medical professionals, hereby envisages a policy to mandate the undergraduate and postgraduate medical students to serve in the public sector.

The Government of Meghalaya, till date has no policy in place to regulate the mandatory public service of the medical professionals trained under the state-sponsored quotas but regulation is being made through executive orders and notifications.

The existing mechanism is based solely on executive orders issued through notifications, namely:

- Notification No.Health.163/2007/5, dated September, 2007.
- Notification No.Health.27/2016/Pt/106, dated 19th April, 2016.
- Letter No.Health 46/2017/40, dated June 20, 2017.
- Notification No.Health/2021/124, dated 25th June, 2024.

However, persistent challenges, including the inequitable distribution of doctors, inadequate incentives for service in rural areas, and restrictions on employment in mission hospitals, necessitate a comprehensive

policy revision. Accordingly, the "**Mandatory Medical Public Service Policy**" is hereby instituted to establish a structured, equitable, and legally enforceable framework that ensures alignment between the state's healthcare needs and the professional aspirations of medical graduates, thereby securing accessible and affordable healthcare services across Meghalaya.

1. **Executive Summary:** A significant number of private and mission hospitals operate across the state, providing essential healthcare services to the poor and marginalized communities.

However, the existing '**Mandatory Medical Public Service Policy**' mandates that doctors who have availed MBBS and postgraduate (PG) seats through the State Government's Quota must serve in government healthcare institutions and designated non-profit healthcare institutions as identified under this policy, thereby restricting their ability to work in non-profit/Mission hospitals.

A considerable number of bonded doctors have joined government service upon completion of their MBBS or PG degree, as applicable. Their postings are determined based on requirements assessed by the Director of Health Services (MI). However, the actual impact of this exercise in remote and rural areas may be suboptimal, as many in-service doctors are either preparing for postgraduate studies or face challenges in commuting due to the lack of residential accommodations near their workplaces and therefore not actually posted in needy areas.

Conversely, there are doctors who, due to personal or professional zeal, prefer to serve in mission hospitals, thereby contributing to healthcare delivery in Meghalaya. Additionally, some doctors seek to enhance their clinical expertise by pursuing senior residency at NEIGRIHMS. Both mission hospitals and NEIGRIHMS play a crucial role in catering to a significant patient population from across Meghalaya, providing quality healthcare services and assisting the State Health & Family Welfare Department in managing patient load.

Given this context, the rigid imposition of the '**Mandatory Medical Public Service Policy**' on MBBS and postgraduate doctors, compelling them to exclusively work in government setups, may inadvertently defeat the very purpose for which the bond mechanism was originally established. The fundamental objective of such a policy is to ensure that doctors return to Meghalaya, contribute to healthcare services, and provide affordable healthcare while reducing out-of-pocket expenditures for the citizens of the state.

Therefore, a review of the existing system is imperative to introduce a revised framework that balances the state's healthcare needs with the professional aspirations of medical graduates, while ensuring equitable distribution of healthcare services across Meghalaya.

2. Definition:

- a) **Bond-Cum-Agreement:** A legally enforceable contract between the State Government and candidates enrolling in the Undergraduate (MBBS) program under State Government sponsorship or in-service doctors pursuing a Postgraduate Degree/Diploma under the State Quota in Meghalaya. It stipulates the obligations, service commitments, and penalties for non-compliance, ensuring the fulfillment of designated service requirements within the State.
- b) **State Quota Seats:** State Quota Seats refer to MBBS seats allocated to the State of Meghalaya through the Central Pool by various institutions, including the Government of Assam, Government of Tripura, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong, and Regional Institute of Medical Sciences (RIMS), under the Ministry of Health & Family Welfare (MoH & FW), Government of India.

Additionally, State Quota Seats include MBBS seats allocated by P. A. Sangma International Medical College (PIMC), a private institution affiliated with the University of Science & Technology Meghalaya (USTM).

- c) **Underserved Areas:** Remote, rural, hilly, or difficult-to-reach locations that experience significant shortages of healthcare services, infrastructure, and medical professionals. These areas are defined by limited access to essential healthcare facilities, insufficient availability of specialized medical care, and a disproportionately high patient-to-doctor ratio.
- d) **Undergraduate Studies (UG-MBBS):** A professional medical degree regulated by the National Medical Commission (NMC), comprising academic and clinical training over and a half year, including a one-year compulsory internship, qualifying graduates to practice medicine or pursue further specialization.
- e) **Postgraduate Studies:** Advanced medical education and training undertaken after obtaining an MBBS degree, leading to specialization in a specific medical field. It includes Diploma, Master's (MD/MS) and super-specialty (DM/MCh) programs/degree regulated by the National Medical Commission (NMC).
- f) **Competent Authority:** refers to the Director of Health Services (Medical Institute) empowered by Health & Family Welfare Department to make decisions, grant approvals, or take actions within a specific jurisdiction or area of responsibility.

3. Objective of the Revised Policy:

- a) The policy aims to ensure the equitable distribution of doctors across the state, including rural and underserved areas, by implementing targeted incentives for those committed to serving in peripheral hospitals.
- b) The policy aims to retain medical graduates within the state by providing incentives and career opportunities, thereby reducing migration to other regions or the private sector.
- c) Recognizing the essential contribution of mission hospitals to public healthcare, the policy includes provisions for exemptions allowing doctors to fulfill their service obligations in recognized non-profit healthcare institutions, thereby strengthening healthcare accessibility and affordability.
- d) Establishing structured career development pathways by incorporating mechanisms that allow medical professionals to pursue postgraduate studies while fulfilling their bond obligations, ensuring both professional growth and service commitment.
- e) Enhancing compliance and monitoring mechanisms by implementing a robust tracking system to ensure adherence to the 'Mandatory Medical Public Service Policy', effectively monitoring bonded doctors, and enforcing penalties for noncompliance.
- f) Ensuring equitable access to affordable healthcare for all citizens of Meghalaya while reducing out-of-pocket healthcare expenditures.

4. Bond Conditions:

- a) The bond shall apply to all candidates admitted under MBBS, DNB, MD/MS, PG Diploma, BDS, MDS under Government of Meghalaya seats allocated by the Ministry of Health & Family Welfare, Govt. of Assam, Govt. of Tripura, RIMS Imphal, NEIGHRIMS, PIMS for any other courses as may be adopted and notified by the State from time to time.
- b) No admission of any kind shall be granted without the prior submission of the prescribed bond, which shall be duly enforced and ensured by the Director of DHS (MI), Meghalaya. All candidates are required to furnish a bond upon being allotted a College, following successful counselling.
- c) Upon completion of any of the aforementioned courses, candidates shall be required to serve in a designated health institution within the State for a period of five (5) years of service for MBBS graduates, three (3) years for PG specialists, and one (1) year for NBE Diploma (2 years course).

- d) Upon completion of five (5) years of service for MBBS graduates, three (3) years for PG specialists, and one (1) year for PG Diploma in accordance with the bond provisions, both direct and in-service doctors shall be released from their bond obligations.
- e) The Meghalaya Medical Council (MMC) shall not issue a No Objection Certificate (NOC) for registration in any other state unless clearance is obtained from the Director of DHS (MI), Meghalaya, confirming compliance with the bond conditions.
- f) Candidates who leave the course before its completion, resulting in the lapse of a seat, shall be liable to a monetary penalty. Additionally, they shall be required to refund the stipend or salary received up to the date of their departure. The applicable penalty amount shall be determined and revised from time to time.
- g) The MMC shall not register doctors violating the bond agreement and disregard policy norms.
- h) In the event that a candidate secures an opportunity for higher studies immediately upon completion of the MBBS course, the candidate will ensure prior approval from the DHS (MI). The candidate must submit a declaration in the form of an affidavit before the Judicial Magistrate First Class (JMFC) as per the format prescribed in Appendix 01. A copy of the affidavit shall be forwarded to the Director of DHS (MI), Meghalaya.
- i) Candidates who secure MBBS and PG seats through the All-India quota or other state quota seats based on merit will be exempt from the purview of the policy.
- j) Additionally, if a candidate who completes the MBBS course under the State Quota pursues PG seats, the MBBS bond period will still apply, and the candidate will be required to serve the bond period in the state.

For the purpose of this provision, "higher studies" shall refer to postgraduate education, super-specialty courses, or any other programs recognized under the Regulations of the National Medical Commission (NMC). However, this exemption shall not apply to residency or fellowship programs pursued outside the State of Meghalaya.

5. Procedure for Execution of Bond:

- a) The bonds shall be executed on a non-judicial stamp paper of ₹ 50/- and shall not require registration.
- b) The bond shall be signed by the candidate AND parents/legal guardian.
- c) The bonds shall be collected centrally by the State Counselling Committee at the time of provisional admission/state counseling and shall be handed over to the respective institution after final admission.

6. Mandatory Service Obligation:

- a) All MBBS graduates admitted under the State Quota shall be required to serve for a minimum period of five (5) years in government hospitals or recognized mission hospitals.
- b) Postgraduate (PG) specialists shall be required to fulfill a three (3) year service obligation in district hospitals or approved mission hospitals.
- c) PG Diploma students will be required to complete a One (1) year service obligation at district hospitals or approved mission hospitals.
- d) The '**Mandatory Medical Public Service Policy**' prescribes the following mandatory service obligations for medical graduates under State Quota sponsorship in Meghalaya:

- **Undergraduate (MBBS Graduates):** Required to serve for three (3) years in PHC's before transitioning to District Hospitals or Community Health Centers (CHCs) with comprehensive health care delivery across all levels, with a bond amount of ₹ 30 lakhs.
- **Postgraduate (PG) Specialists:** Required to serve for three (3) years in District Hospitals across multiple districts and rural healthcare facilities, with a bond amount of ₹ 1 crore.
- **PG Diploma:** Required to serve one year (1 year) in across multiple District Hospitals and rural healthcare facilities with a bond amount of ₹ 20,00,000.00 (Rupees twenty lakhs) only.

7. **Exemptions for Service in Non-Profit and Central Government Hospitals:**

Recognizing the vital role of non-profit hospitals in providing essential medical services in rural and underserved areas, this policy grants exemptions from bond obligations to doctors serving in such notified institutions. These organizations often face challenges in attracting and retaining medical professionals due to infrastructural and resource constraints. To support doctors who voluntarily commit to serving under these conditions, exemptions shall be applicable as per the provisions of this policy.

7.1 Criteria for exemption under the 'Mandatory Medical Public Service Policy':

- a) Non-profit Hospital
- b) Charitable Hospital
- c) Central Government Institute offering senior residency and tutor for the State of Meghalaya which advances the skill level for the doctors of the state.
- d) Hospitals operating in rural and underserved areas.
- e) Hospital providing affordable healthcare services and reducing Out of Pocket Expenditures of the people of Meghalaya.

7.2 A list of the exempted facilities will be notified the Health & family Welfare Department, Government of Meghalaya from time to time.

The successful implementation of the '**Mandatory Medical Public Service Policy**' requires coordinated efforts from the Health Department, medical institutions, and other stakeholders. Regular inspections and performance evaluations will be conducted to ensure compliance with the policy. All institutions included in the exempted list shall be required to submit an annual report to the Director of DHS (MI) by the current financial year, certifying that bonded doctors are satisfactorily fulfilling their service obligations. Additionally, upon completion of the stipulated service period, these institutions must submit a bonded service completion report to the DHS (MI) for record-keeping and any necessary action.

- a) The DHS (MI) will be responsible for overseeing policy implementation and ensuring compliance with service obligations.
- b) A digital tracking system will be implemented to monitor the deployment and retention of bonded doctors.
- c) Doctors found violating their bond agreements will face legal consequences and restrictions on future government employment.
- d) An annual review of the policy will be conducted to assess its effectiveness and make necessary adjustments.
- e) A dedicated grievance redressal mechanism will be established to address concerns from medical professionals regarding their service commitments.
- f) Collaboration with mission hospitals and non-profit healthcare institutions will be strengthened to facilitate seamless integration of exempted doctors.

Appendix 01:**AFFIDAVIT****(Before the Judicial Magistrate First Class)***(For candidates selected for higher study immediately after completion of Post Graduation)*

I Dr. aged about
 son/daughter of S-
 residence of
 do here by solemnly affirm
 and state as follows:-

1. That I was admitted to the PG DIPLOMA/ DNB/ DrNB/ MD/ MS/ MDS / DM/ MCH Course (strike out which is not applicable) in the subject in the college in the academic session /
2. That I had executed a bond with bond condition to serve the state for two years after completion of the course failing which I will be liable to pay a monetary penalty equivalent to double the amount of stipend/ salary received by me during the period of three years of study.
3. That I am aware that in case of exigency I may be deployed in any post as and when required.
4. (tick which one is applicable from the following)
 1. That after the completion of my course on Dt. I am again selected for higher study in subject in Medical College, in the academic session /
 2. That I want to participate in the selection process for and if I am not selected I will submit all my documents received to the authority and continue in the bond service to fulfil the conditions of bond.
5. That the higher study course is a years course and I will complete it in the year and that this course satisfies the conditions mentioned in Bond format and Resolution.
6. That I undertake that after completion of the higher study course I will serve the state for two years and in case of default all the conditions of the bond executed earlier will be applicable to me including the monetary penalty.
7. That this affidavit is made for submission before the concerned authority as and when required.
8. That, the contents of this affidavit are true to the best of my knowledge and belief.

DEPONENT

(NB: To be typed on appropriate stamp paper)