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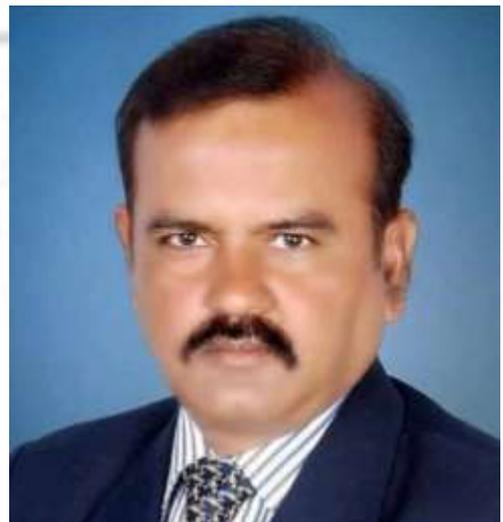


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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal provide dedicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

CASE COMMENTARY – “HEMICA RANI SINGH V. NATIONAL MEDICAL COMMISSION”

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ABSTRACT

The case Hemica Rani v. National Medical Commission of India was about a citizen who completed her medical education outside India but wanted to practice medicine in India by appearing in the Foreign Medical Graduate Examination (FMGE). Her application was rejected by the authorities, as she appeared in the exam without completing her school studies. The Delhi High Court ruled that under section 13 (4B) of the Indian Medical Council Act 1956, the eligibility certificate should be obtained before admission to the medical course in a foreign country. Analogous rules and post facto will not do; this is a requirement that must be followed in letter when foreign medical professionals approach the registrar for listing in India.

BACKGROUND

The judgment of the case of Hemica Rani Singh v. National Medical Commission and others was given by the Delhi High Court on 4th June 2024 before Justice C. Hari Shankar. It was a significant addition to the jurisprudence dealing with foreign medical graduates (FMG) and the regulatory framework governing the foreign professionals to practice medicine in India. The dispute revolves around the rejection of the sink application for an eligibility certificate by the commission.

The petitioner, Hemica Rani Singh, was an Indian citizen born in the foreign country of the Philippines in In 1955, to Indian parents, she also completed her secondary School in education in the Philippines in 2011. She also completed 4 4-year Bachelor of Science BS course and a Doctor of Medicine MD program at Davao Medical School Foundation, which was a recognized medical College in the Philippines, in which she graduated in 2019. She also cleared the newly introduced (k12) program to avoid issues and obtain a certificate from the Commission and the Association of Indian Universities (IAU).

Despite this qualification, Singh's application for eligibility was rejected by the National Medical Commission on 27 November 2021 because she joined the medical course before completing her secondary schooling, which is equivalent to class 12 in India. The rejection made her approach the daily high court under Article 226 of the Indian Constitution for secure recognition to pursue her medical career in India.

The case talks about the struggle faced by the Indian student pursuing the medical course abroad, especially in the jurisdiction that is the first from India's 10+2 system. It raises the question about eligibility regulations, timing of obtaining eligibility, and the extent of equivalence between the Indian and foreign education systems.

The context of this case should also be placed in the context of India's perpetual dearth of seats for medical education, compelling thousands of Indian students to visit nations like the Philippines, Russia, China, Ukraine, and Eastern Europe to seek medical education. More than 23,000 Indian students take the FMGE annually, according to figures from the Ministry of Health and Family Welfare. Yet the pass rate is below 20%, a mirror of not just variation in curricula but also of the ¹ Strict requirements are imposed by the Indian regulatory system. The Hemica Rani Singh case thus indicates not just an individual's plight but a problem of the system where transnational education, qualification recognition, and the conflict between safeguarding public health and pursuing students' desires come into play.

Medical Council of India v. Indian Doctors from Russia Welfare Association (2002) 3 SCC 696 considered difficulties of Indian students holding medical qualifications from Russia in becoming registered to practice in India. The Supreme Court instructed that students who gained foreign medical qualifications before March 15, 2002, shall be covered under guidelines providing minimum eligibility and that their degrees be accepted for registration as medical practitioners in the granting nation. They also must pass a screening examination in India to register with the MCI, with no concessions on eligibility standards.

¹ <https://share.google/3CsJK3UpuQ4mkIVxM>
<https://share.google/LTcDpreTDvdaPhNHd>

LEGAL CONFLICT

The legal dispute was whether Hemica Rani Singh was entitled to receive an eligibility certificate from the National Medical Commission (NMC) even though he had not attended before the admission into her foreign course.

National Medical Commission (NMC) argued that. Under section 13 (4B) of the Indian Medical Council Act 1956, amended in 2001, no Indian citizen could be admitted to a foreign medical institution without obtaining a post-qualification and eligibility certificate. Since the petitioner failed to obtain a certificate before rolling in the MD course in the Philippines, she was not eligible to appear for FMGE in India.

The petitioner argued that she has followed the educational requirements of the Philippines. The BS course and MD degree constitute a valid pathway for education in the Philippines. Completion of the K12 program placed qualifications on par with the Indian 10th and +2 standard. The national medical commission's rejection was to ignore the reality of the foreign education system, which will affect students who studied abroad.

This conflict is a confrontation of two principles: the doctrine of strict compliance with statutes and the principle of legitimate expectations. The claim of the petitioner was predicated on the fact that her reliance on accepted institutions overseas and subsequent completion of K-12 constituted substantial compliance. Conversely, the position of the NMC was that of one of rigorous regulatory compliance, justified because it had to ensure that individuals commencing medicine in India received foundational education to the same standard as in India. This conflict has existed before; Indian courts have frequently had to strike a balance between justice for the individual and the public health and safety imperatives. ²

The Delhi High Court in the case of Sanjeev Gupta v. Union of India (2008) considered whether the production, holding, and sale of psychotropic substances not covered in Schedule I of the NDPS Rules but added in the NDPS Act's Schedule amount to an offence under Section 8(c) of the NDPS Act. The Court held that such psychotropic substances, only those named in Schedule I of the NDPS Rules, fall within the ambit of the prohibition under Section 8 of the

² <https://share.google/LcXJuNFq7JozxKG00>
<https://share.google/LTcDpreTDvdaPhNHd>

NDPS Act. Accordingly, such activities concerning such substances would not be attracted to penal provisions unless the substance is scheduled under both legal schedules, indicating a more restricted approach to regulation and making clear the interrelation between the NDPS Act and NDPS Rules.

LEGAL ISSUES

Whether an Indian citizen who has already obtained a medical qualification from a foreign Medical institute without obtaining an eligibility certificate in India can subsequently be issued an eligibility certificate and be permitted to appear in the FMGE?

Whether the BS course, which is completed in the Philippines, can be equated with the Indian class 11 and 12th education curriculum for eligibility purposes.

Whether an eligibility certificate can be issued retrospectively after completing a medical degree abroad.

Whether public notices and clarification issued by the National Medical Commission (NMC) could provide relief to students who had enrolled abroad in Bona fide Reliance on prevailing norms.

These problems are important because they attack the very essence of India's recognition system for medical qualifications. Were retrospective recognition to be allowed, it would eliminate the deterrent effect of Section 13(4B). On the other hand, not accepting foreign systems of equivalence might unjustly punish legitimate students. The judgment thus had to walk on a tightrope between upholding system integrity and fairness.

In *Ishan Kaul v. Medical Council of India* (Delhi HC, 2007), the Delhi High Court considered the time limit for acquiring an Eligibility Certificate under Section 13(4B) of the Indian Medical Council Act. The petitioner, a foreign medical graduate, requested permission to sit for the Foreign Medical Graduate Examination (FMGE), though he did not acquire the certificate before admission. The Court held that the eligibility certificate should be obtained before taking admission in any foreign medical course, and an application after graduation is not allowed. This interpretation upholds pre-admission requirements and preserves the integrity of Indian medical qualification recognition. The Court also recommended legislative changes

to handle emerging educational streams.³

KEY LEGAL PROVISIONS

The following legal provisions were Central to the case:

1. Section 13 (4B) of the IMC Act (inserted in 2001):

Prohibits Indian citizens from obtaining admission in a foreign medical institution without first acquiring an eligibility certificate from the MCI/NMC. If they said to do so, they are barred from appearing in the FMGE.

“In case any such person attains such qualification without appending such eligibility certificate, he shall not be eligible to appear in this screening test.”

2. Section 13 (4A) of the IMC Act 1956:

Language: An Indian citizen with a foreign medical qualification must qualify for the FMGE before registration.

3. Graduate medical education regulations, 1997 (regulation 4):

Prescribe eligibility nouns for admission to the MBBS course in India, including completion of class 12 with physics, chemistry, biology, and English.

4. Screening test regulation, 2002 (regulation 4):

It was FMG’s responsibility to process and obtain an eligibility certificate before admission in a foreign institution to appear for FMGE.

5. Public notices of NMC (2022 and 2023):

Clarified the status of BS courses in the Philippines, acknowledging them as pre-med but recognizing them after 2021. Provided conditional relief to students who had already enrolled before the regulatory change.

6. Eligibility requirement for admission in foreign medical institution regulations, 2002:

Mandate that Indian students aspiring to study medicine abroad must obtain an eligibility certificate before leaving India.

The legislative purpose of these provisions is obvious: to have a baseline parity in medical education standards. The 2001 amendments to the IMC Act came after reports of widespread concern that students were matriculating into foreign medical institutions

³ <https://share.google/7pBa4wG1jkMa0pmVp>
<https://share.google/XinDDc6apFda7U5gO>
<https://share.google/LTeDpreTDvdaPhNHd>
<https://share.google/SogG1geqVsRaACK4I>

with ⁴Sub-standard admission requirements, and then finding it difficult in India. The 2002 regulations supported this by introducing a gatekeeping mechanism through Eligibility Certificates. Therefore, the Hemica Rani Singh case must be understood in the context of a larger effort to normalize quality in medical education.

The Supreme Court in *Priya Gupta v. State of Chhattisgarh* (2012) 7 SCC 433 revealed serious irregularities, nepotism, and manipulation in Chhattisgarh MBBS admissions. The Court held officials had manipulated the regulatory schedule and awarded seats to less deserving candidates, thereby defeating the principle of merit, prejudicing deserving students, and lowering confidence in public institutions. The ruling held that admissions based on favoritism violate the principle of merit. The Court ordered disciplinary action against erring officials, awarded damages to affected students, and stressed strict compliance with Supreme Court orders and Medical Council rules to ensure transparency and fairness in medical admissions.

COURT'S REASONING AND DECISION

The daily High Court, after analyzing the admission from both sides, must be repetitive and hold that: interpretation of section 13 (4 B):

Justice see Harry Shankar I passed that the statute was explicit. Wants to petition and already graduated, she could not decline that we get in a retrospective method, where that certificate had to be received before admission, including a foreign course.

Timing of eligibility certificate:

Both regulation 4 of the screening text regulation and section 13 (4B) used the term “had obtained “which implicitly tells that the certificate was to be received three years before the point in time.

“The certificate has to be obtained before joining the medical course abroad. If it's not obtained at that stage, it cannot be obtained later.”

Equivalence of BS course:

The petitioner argued that the beer course was equivalent to India's class 11 and 12. God help that the equal must be recognized before her admission in the foreign post, which was not the

⁴ <https://share.google/F6mXqzekYuhUtU7KM>
<https://share.google/LTcDpreTDvdaPhNHd>
<https://share.google/1JTce7YUQKSsirpbD>

case at the time she joined.

Reliance on precedent:

The Delhi I quote the president of the Supreme Court decision in *Medical Council of India v. Indian doctors from Russian Welfare Association* (2002), which mentioned that students must obtain an eligibility certificate before proceeding abroad after 15th March 2002.

It also referred to its own president in the case of *Ishan Kaul v. Medical Council of India*. Where it stated that:

“The candidate must also satisfy the eligibility requirements mentioned in the eligibility regulation and obtain an eligibility certificate from MCI before he proceeds abroad to take admission.”

No scope for post facto regulation:

The Delhi High Court rejected that an AIU equivalence certificate or a subsequent completion program of K-12 could overcome the original defect of not completing secondary schooling of classes 11 and 12 in India. The NLC decision was upheld by the court, and the court states that the petitioner was not entitled to appear for FMGE.

The rationale of the Court reflects a judicial philosophy based on textualism and deference to regulation. The courts did not fashion equitable exceptions, noting that such relaxation would open the floodgates for thousands of students who would seek retrospective approval. Rather, it pinned responsibility firmly upon prospective students to comply before exiting India.

In *Christian Medical College v. Union of India* (2014) 2 SCC 305, the Supreme Court upheld the constitutional legitimacy of rendering National Eligibility cum Entrance Test (NEET) a general test of admission for all medical and dental schools, including minority-run schools. The Court held that NEET constitutes a reasonable limitation on the rights of minority institutions under Articles 19(1)(g) and 30 of the Constitution, reconciling minority rights and merit admissions. It emphasized that recognition rules and affiliation rules are binding for all institutions and do not infringe upon constitutional protection, but ensure transparency and uniformity in medical education. The judgment-maintained government regulation of medical admissions while allowing minority status within the limit of the law.

SIGNIFICANCE OF THE CASE

The judgment carries an important note to the students studying foreign courses.

Reaffirmation of street compliance:

It states that the regular requirements under section 13 (4B) and the screening test regulations are mandatory and not just procedural

Impact of Indian students abroad:

There is a lack of Indian students pursuing medical courses in countries like the Philippines, China, Russia, and Ukraine. The rule states that failure to apply for an eligibility certificate before admission to a course may permanently bar one from practicing medicine in India.⁵

Judicial deference to policy:

The High Court held that it could not rewrite battery requirements for equitable consideration, underscoring judicial restraint in regulatory matters.

Scholars have observed that the case illustrates a larger judicial trend toward prioritizing systemic integrity over individual adversity in education law. Although this encourages predictability, it has also sparked issues about fairness. For example, the proportionality doctrine, frequently called on in administrative law, was not invoked here. According to critics, strict insistence on procedure should not thwart the reasonable hopes of students who proceeded in good faith. Proponents counter that the medical profession's unique role in safeguarding lives justifies an uncompromising approach.

CURRENT LEGAL FRAMEWORK

FMGE (SCREENING TEST):

The Indian citizens who completed the air course abroad must pass the FMGE conducted by the National Board of Examinations.

Public notices (2022 and 2023):

Provides an exception to the students who completed their course in the Philippines before 18 November 2021, but instead requires them to undergo an additional one-year internship in

⁵ <https://share.google/p0dr2xtA6D1K6Yckx>.
<https://share.google/N665aKVlhBrpTCdc8>
<https://share.google/NMZkp0RhK4BfVsPco>
<https://share.google/wQ1dz9c4setbhYxA6>.

India.

NMC's FMGL regulations, 2021:

It recognized the BS course in the Philippines as a qualifying way.

It also mandates a requirement of 54 months of course time and one year of internship for equivalence in the Bachelor of Medicine and Bachelor of Surgery (MBBS) in India. ⁶

Eligibility certificate requirement:

It mandates the certificate requirement before admission to an overseas course for all Indian students from 2002 onwards.

In 2023, the NMC reaffirmed in public announcements that equivalence will be rigorously tested. The 2021 FMGL Regulations also brought in the conditions of foreign medical education being conducted in English and internship being done within the same nation of study. These are examples of how India is trying to meet international best practices while still safeguarding local healthcare standards.

CONCLUSION

The Hemica Rani Singh case starkly illustrates the difficulties between individual equities and Indian medical regulation. While Hemica's academic journey complied with foreign requirements, the framework of section 13 (4bB) has no scope for post-factor validation.

Students aspiring to study a medical course abroad should obtain approval according to Indian law before their admission to the course.

The court should be bound by statutory language and cannot relax the mandatory regulation for sympathy reasons.

In conclusion, the judgment is a landmark reaffirmation of the primacy of the surgery complaints over equitable considerations in the field of Medical education regulations. ⁷

It is both a cautionary tale for prospective FMG and a call for policymakers to create a more transparent, harmonized, and student-friendly framework in this sensitive area of healthcare law.

Finally, this ruling is a seminal restatement of the supremacy of statutory compliance over equitable concerns in the realm of regulation of medical education. It is at once a warning to potential FMGs and a clarion call to policymakers to develop more transparent, harmonized, and student-centric models in this delicate field of healthcare law.

