

BHARATH HEALTHCARE LABORATORIES PRIVATE LIMITED

Pinnacle Blooms Network® · PinnacleAI — powered by GPT-OS®

THE CHARTER OF THE
**INTERNATIONAL
REHABILITATION
WORKFORCE ALLIANCE**

I R W F A

ACADEMIC · CLINICAL · RESEARCH
INDUSTRY · INSTITUTIONS · STUDENTS

A Constitutive Instrument

establishing a sovereign, member-governed alliance for the rehabilitation workforce —
India-founded and internationally open

FIRST EDITION · REVISION 1.1

MMXXVI · Hyderabad · Bhārat

UNDER THE SEAL AND MOTTO OF THE ALLIANCE — PRAJÑĀ

Because Every Child Deserves a Wonderful Life.[™]

Dedicated to the children and families of the field,
and to every parent, therapist, doctor and teacher
who carries a child toward self-sufficiency and the mainstream.

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ADOPTION

PREAMBLE

by which this Charter is declared and adopted

PREAMBLE

We, the institutions, organisations, professionals and students constituting the **International Rehabilitation Workforce Alliance**,

IN SERVICE of the right of every child to develop fully, to attain self-sufficiency, and to take a rightful place in the mainstream of society;

RECOGNISING that, for more than a century, the rehabilitation of children advanced without a unifying standard for the workforce that serves them, without a shared estate for their clinical training, and without a common commons for the research that should guide their care;

AFFIRMING that Bharath Healthcare Laboratories Private Limited, through Pinnacle Blooms Network, has established the world's first regulator-licensed developmental life-cycle — measured, validated and classified — and that this attainment is held in trust for the benefit of all children and families and for the advancement of the field;

CONSCIOUS that the empowerment of a child is the work not of one profession alone but of a whole constellation — parents and families, therapists, doctors, teachers, and the communities around them;

RESOLVED that the workforce of this field shall be skilled, ethical, inclusive and worthy of the children it serves, in keeping with the post-reform mission of the Rehabilitation Council of India and with the United Nations Convention on the Rights of Persons with Disabilities;

DETERMINED that this Alliance shall be an instrument of service and not of dominion — neutral, member-governed and independent — federating the institutions, employers and students of the field under one banner while preserving the identity and standing of each;

Do hereby adopt, establish and give unto ourselves this Charter.

THE ARTICLES

the constitution of the Alliance

ARTICLE I NAME, LEGAL STATUS AND SEAT

1. There is hereby established the International Rehabilitation Workforce Alliance (the “Alliance”), known by its acronym IRWFA.
2. The Alliance is constituted as a not-for-profit body founded under the laws of the Republic of India and intended to be open to the international community of the field; it shall possess perpetual succession and a common seal.
3. Bharath Healthcare Laboratories Private Limited (BHCL), operating Pinnacle Blooms Network, is the Anchor Institution and the Secretariat of the Alliance.
4. The registered seat of the Alliance shall be at Hyderabad, India, with such other offices, chapters and representations as the Alliance may establish.
5. The Alliance shall bear the motto PRAJÑĀ upon its seal, signifying applied wisdom in the service of the child.

ARTICLE II DEFINITIONS

1. In this Charter, unless the context otherwise requires —
 - (a) “Alliance” means the International Rehabilitation Workforce Alliance;

- (b) “Member” means any Industry & Organisation, Institution, or Student admitted under Article VI; the three together are the “Membership Classes”;
- (c) “Anchor” means Bharath Healthcare Laboratories Private Limited, operating Pinnacle Blooms Network, in its role as Anchor Institution and Secretariat;
- (d) “Council” means any of the three standing Councils — Academic, Clinical and Research — established under Article VIII;
- (e) “Fellow”, “Member” and “Scholar” mean the designations conferred under Article XII and Schedule G;
- (f) “Chapter” means a campus or regional body of members constituted under the bylaws;
- (g) “General Assembly” means the supreme deliberative organ of the Alliance under Article VII;
- (h) “Patron-President” means the eminent independent person who presides over the Alliance;
- (i) “SAÑRACHANĀ” means the architecting consortium of thirty-two expert seats described in Article IX and Schedule C;
- (j) “IFRI” means the Institutional Fit & Readiness Index defined in Schedule F; and “the Canon” means the Standards Canon adopted under Article XII and set out in Schedule D.

ARTICLE III VISION, MISSION AND OBJECTS

1. **Vision.** The Alliance envisions a rehabilitation workforce — across every discipline, institution and nation — skilled, ethical and inclusive, equal to the promise that every child can develop, become self-sufficient, and join the mainstream of society.
2. **Mission.** The Alliance shall federate the colleges, institutes, employers and students of the field under one banner; set and steward the standards by which their workforce is trained, credentialed and supported; and empower the whole constellation around the child.
3. **Objects.** The objects of the Alliance are —
 - (a) to establish, maintain and advance standards for the rehabilitation workforce, founded upon the Canon;
 - (b) to provide, accredit and expand clinical practicum and supervised training, drawing upon the largest clinical estate in the field;
 - (c) to advance research, ethical data stewardship and a shared knowledge commons;

- (d) to confer Fellowship and to operate a credible, portable system of credentials and continuing education;
 - (e) to convene industry, institutions and students, and to align demand, supply and standards;
 - (f) to widen equitable access to the workforce and its benefits, without tiering of dignity;
 - (g) to align the field to the Rehabilitation Council of India, the United Nations Convention on the Rights of Persons with Disabilities, and the Sustainable Development Goals;
 - (h) to empower parents, families, therapists, doctors, teachers and community workers as partners in the child's development; and
 - (i) to do all such lawful things as are incidental or conducive to the foregoing.
4. The income and property of the Alliance shall be applied solely towards its objects; no portion shall be distributed to any member or office-bearer save as reasonable consideration for services rendered.

ARTICLE IV FUNCTIONS AND POWERS

1. In furtherance of its objects, the Alliance shall have power —
- (a) to acquire, hold and dispose of property, and to maintain funds and registers;
 - (b) to enter into agreements, memoranda of understanding and affiliations with institutions, employers, governments and international bodies;
 - (c) to receive and apply membership contributions, sponsorship, corporate social responsibility funds, grants and endowments;
 - (d) to set and steward standards, and to confer Fellowship, credentials and continuing-education recognition;
 - (e) to accredit clinical practicum sites and to provide and supervise training;
 - (f) to convene assemblies, summits, conferences and awards, and to publish and maintain a knowledge commons;
 - (g) to establish councils, chapters, panels and committees; and
 - (h) to do all such lawful acts as are incidental or conducive to its objects.

ARTICLE V

GUIDING PRINCIPLES

1. The Alliance and its organs shall be guided at all times by the following principles —
 - (a) Service, not dominion — the Alliance exists to serve the field and the child, never to capture either;
 - (b) Independence and neutrality — the Alliance is neutral sector infrastructure, and no member, including the Anchor, shall exercise undue control;
 - (c) Equity — access to the workforce and its benefits shall be widened, in the spirit of SEVA, with no tiering of dignity;
 - (d) Lived experience — the voice of parents, families and persons with disabilities shall be present in governance, that nothing be decided about them without them;
 - (e) Evidence and measurement — the Alliance shall prefer what is measured, validated and published over what is merely asserted;
 - (f) Respect for members — the identity, autonomy and standing of every member institution shall be preserved; and
 - (g) Sovereign alignment, international openness — the Alliance shall be founded in and aligned to India's framework, and open to the institutions of the world.

ARTICLE VI

MEMBERSHIP — INDUSTRY • INSTITUTIONS • STUDENTS

1. Membership of the Alliance comprises three classes, each of equal dignity and each given its own standing within the Alliance — Industry & Organisations; Colleges & Institutions; and Students.
2. **Industry & Organisations** — being employers, health-technology and device firms, hospitals, non-governmental organisations, funders, and governmental and international bodies — shall —
 - (a) receive first access to a standards-trained talent pipeline, an employer-of-choice mark, and a voice in defining the competency standards of the field;
 - (b) contribute jobs, internships, sponsorship, real-world problem statements, and demand-side legitimacy;
 - (c) be designated Industry Member or Industry Partner; and
 - (d) hold representation upon the Workforce Board.

- 3. Colleges & Institutions** — being institutions recognised by the Rehabilitation Council of India, allied universities, and the National Institutes — shall —
 - (a) receive a Member charter and a clinically-anchored mark of distinction, uplift toward CRE-provider and accredited practicum-site standing, accreditation uplift, guaranteed student practicum at the largest clinical estate in the field, and faculty co-authorship and adjunct standing;
 - (b) contribute students, faculty, scholarship, regulatory standing and national reach;
 - (c) be designated Member Institution; and
 - (d) hold a seat in the General Assembly.
- 4. Students** — being the workforce in formation — shall —
 - (a) receive a membership identity and credential as Scholar of the Alliance, training to its standard, a guaranteed practicum, a placement pathway, carry-forward pre-CRE recognition, and a national convocation and community;
 - (b) contribute the talent that animates the whole Alliance;
 - (c) be designated Member or Scholar; and
 - (d) be represented through the Student Council and their campus chapters.
- 5.** Membership is of standing character; all members of a class enjoy equal rights and equal dignity within that class, without precedence by date of admission.
- 6.** Admission shall be granted by the Governing Board upon the recommendation of the Secretariat; in the case of Institutions, admission shall be assessed upon the IFRI.
- 7.** Every member shall observe the Code of Conduct, contribute such fees or support as the General Assembly may determine, and uphold the standards and good name of the Alliance.
- 8.** Membership shall cease upon resignation, lapse for non-observance, or expulsion under Article X; cessation shall not affect obligations accrued.

ARTICLE VII ORGANS AND GOVERNANCE

-
- 1.** The organs of the Alliance are — the General Assembly; the Governing Board; the Patron-President and Office-Bearers; the Secretariat; the three Councils; the Student Council; and the Lived-Experience Panel.

2. **General Assembly.** The General Assembly, comprising all members through their representatives, is the supreme organ; it shall meet in ordinary session annually, approve the strategy and accounts, elect the Governing Board, and amend this Charter under Article XVIII.
3. **Governing Board.** The Governing Board shall direct the Alliance between Assemblies; its composition shall represent each Membership Class together with independent members, and shall embody the conflict-of-interest firewall of Article X.
4. **Patron-President and Office-Bearers.** The Alliance shall be presided over by a Patron-President, an eminent and independent person, supported by such office-bearers as the Charter and bylaws provide.
5. **Secretariat.** The Secretariat shall conduct the operations of the Alliance; in the establishment period it shall be served by the Anchor, until the General Assembly assumes full governance under Article XIX.
6. **Student Council and Lived-Experience Panel.** There shall be a Student Council representing the campus chapters, and a Lived-Experience Panel of parents and self-advocates, each with a standing voice in the governance of the Alliance.

ARTICLE VIII

THE THREE COUNCILS — ACADEMIC • CLINICAL • RESEARCH

1. There shall be three standing Councils of the Alliance — the Academic, the Clinical and the Research Council — being the engines through which its objects are pursued, each of equal standing; their mandates are amplified in Schedule B.
2. **The Academic Council** shall steward the education of the workforce; its functions are —
 - (a) curriculum integration and the adoption of AbilityScore® and GPT-OS® as recognised teaching instruments;
 - (b) Faculty Development Programmes and master-trainer certification;
 - (c) continuing rehabilitation education and the Alliance's contribution to it; and
 - (d) the documented uplift of members' academic accreditation.
3. **The Clinical Council** shall steward the supervised formation of the workforce; its functions are —
 - (a) the design and accreditation of clinical practicum and of supervision standards;
 - (b) the deployment of the clinical estate as placement infrastructure;

- (c) competency assessment, logbooks and examinations; and
 - (d) tele-supervision and the assurance of remote-practicum quality.
4. **The Research Council** shall steward the evidence of the field; its functions are —
- (a) joint institutional review and ethical research governance;
 - (b) stewardship of the research data trust and the knowledge commons;
 - (c) co-publication and the advancement of Indian and international scholarship; and
 - (d) student research and the Alliance’s research prizes.
5. Each Council shall comprise members drawn from the Membership Classes together with the relevant seats of SAÑRACHANĀ, shall report to the Governing Board, and shall conduct its work in conformity with the Canon.

ARTICLE IX THE ARCHITECTING CONSORTIUM (SAÑRACHANĀ)

- 1. The Alliance is designed and advised by SAÑRACHANĀ, a consortium of thirty-two expert seats organised into six layers, as set out in Schedule C.
- 2. SAÑRACHANĀ is an architecting and advisory body; in the establishment period the Founder-Chairman of the Anchor shall chair it and shall be its sole adjudicator, each seat voicing its findings distinctly.
- 3. Its functions are to author the constitutive instruments of the Alliance, to advise the Governing Board, and to steward the Canon; its recommendations take effect upon the adjudication of the Chair and, where required, the approval of the Board.

ARTICLE X CONDUCT, ETHICS, INDEPENDENCE AND DISCIPLINE

- 1. **Independence.** The Alliance is neutral sector infrastructure; it shall not be operated for the private advantage of any member, and the Anchor shall hold its role in trust for the field.
- 2. **Conflict-of-interest firewall.** Where the Anchor, or any member, is also a beneficiary of a decision of the Alliance, the matter shall be conducted at arm’s length, fully disclosed, and determined by the independent members of the Governing Board.

3. **Code of Conduct.** A Code of Conduct shall bind every member, office-bearer and seat; it shall protect children, uphold professional ethics, and forbid any act that brings the Alliance into disrepute.
4. **Discipline and ombudsman.** The Alliance shall maintain an Ombudsman and a disciplinary process observing the principles of natural justice, by which breaches are addressed and the aggrieved are heard and protected.

ARTICLE XI

CHILD SAFEGUARDING AND DATA PROTECTION

1. The Alliance places the safety and dignity of children above every other interest; every member, programme and activity shall observe the highest standards of child protection and safeguarding.
2. The Alliance, its members and its platform shall process personal data — and in particular the data of children — only upon a lawful basis and with verifiable consent, in conformity with the Digital Personal Data Protection Act 2023 and the principles of ethical, FAIR data stewardship.
3. No data of a child shall be used for any purpose incompatible with that child's development and welfare; the research data trust shall be governed accordingly.

ARTICLE XII

STANDARDS, CREDENTIALING AND THE FELLOWSHIP

1. The Alliance adopts and shall maintain the Standards Canon set out in Schedule D as the foundation of its work, and shall align its instruments to that Canon.
2. Credentialing of persons shall be operated in conformity with the principles for bodies certifying persons, with valid and defensible assessment.
3. The Alliance may confer the designations Fellow (FIRWFA), Member (MIRWFA) and Scholar, together with such honours and grades as the bylaws and Schedule G provide.
4. Institutions shall be assessed and tiered upon the Institutional Fit & Readiness Index set out in Schedule F.
5. The Alliance shall pursue the recognition of its credentials beyond India, through mutual-recognition pathways consistent with the relevant international instruments.

ARTICLE XIII
EQUITY AND ACCESS (SEVA)

1. The Alliance shall widen access to the rehabilitation workforce and its benefits, in the spirit of SEVA — Social Equity in Valuable Access — without any tiering of dignity.
2. The Alliance shall establish scholarship and assisted-access provisions for students of merit and of need, and shall favour reach into underserved, rural and tribal regions through its digital and remote-supervision capabilities.
3. Equity of access shall be a standing measure of the Alliance's performance, reported to the General Assembly.

ARTICLE XIV
FINANCE, ASSETS AND AUDIT

1. The Alliance shall be funded by membership contributions, sponsorship, corporate social responsibility, grants, endowment and the lawful proceeds of its activities.
2. The finances of the Alliance shall be maintained separately from, and shall not be dependent upon, the balance sheet of the Anchor.
3. The accounts of the Alliance shall be audited annually by an independent auditor and presented to the General Assembly.
4. No part of the assets or income shall enure to the private benefit of any member; the assets are subject to the asset-lock of Article XVIII.

ARTICLE XV
**RELATIONSHIP WITH THE REHABILITATION COUNCIL OF INDIA
AND PUBLIC AUTHORITIES**

1. The Alliance complements, and does not supplant, the Rehabilitation Council of India and the statutory and governmental authorities of the field; it claims no regulatory authority reserved to them.
2. The Alliance shall work in alignment with the mandate and post-reform mission of the Rehabilitation Council of India, and shall seek recognition, accreditation and partnership with public authorities at the national, state and international levels.
3. Nothing in this Charter shall be construed to derogate from any law, or from the authority of any competent regulator.

ARTICLE XVI
DECISION-MAKING, QUORUM AND VOTING

1. Decisions shall be taken by the organ competent under this Charter; ordinary decisions shall be by simple majority of those present and voting.
2. A quorum for the General Assembly and the Governing Board shall be as the bylaws provide, ensuring the representation of more than one Membership Class.
3. Matters reserved by this Charter — amendment, dissolution, and the admission of international classes of member — shall require a special majority of not less than two-thirds.
4. Voting rights shall be exercised in a manner that prevents the domination of the Alliance by any single member or class.

ARTICLE XVII
OFFICIAL LANGUAGE AND AUTHENTIC TEXTS

1. The official working language of the Alliance is English; in keeping with its commitment to linguistic access, the Alliance shall make its principal instruments available in the languages of its members and in the languages of India recognised under the Eighth Schedule.
2. Where this Charter is rendered into other languages, the English text shall prevail in case of divergence, save as the General Assembly may otherwise determine in declaring authentic texts.

ARTICLE XVIII
AMENDMENT AND DISSOLUTION

1. This Charter may be amended by a special majority of the General Assembly, upon notice, provided that no amendment shall offend the Guiding Principles of Article V.
2. The Alliance may be dissolved only by a special majority of the General Assembly.
3. Upon dissolution, the assets remaining after satisfaction of liabilities shall not be distributed among the members but shall be transferred to one or more bodies having objects similar to those of the Alliance — the asset-lock.

ARTICLE XIX
TRANSITIONAL AND ESTABLISHMENT PROVISIONS

1. This Charter shall come into force upon its adoption by the Members.
2. During the establishment period, the Anchor shall serve as Anchor Institution and Secretariat and shall convene the first organs of the Alliance, until the General Assembly is constituted and assumes full governance.
3. The first cohort of Members shall be drawn in priority from the institutions of highest fit upon the IFRI, including the Centres of Excellence of the Rehabilitation Council of India.
4. The architecture of the Alliance having been certified complete, the Alliance shall proceed to its operational establishment — the appointment of seats and office-bearers, and the securing of the Coalition of Schedule E.

THE SCHEDULES

membership, councils, consortium, standards and instruments

SCHEDULE A

THE THREE MEMBERSHIP CLASSES AND THEIR BENEFITS

Class	What membership confers	What the member brings	Designation
Industry & Organisations	First access to a standards-trained talent pipeline; an employer-of-choice mark; a seat on the Workforce Board; a voice in defining competency standards; CSR and UNCRPD alignment.	Jobs, internships, sponsorship, real-world problem statements, and demand-side legitimacy.	<i>Industry Member</i>
Colleges & Institutions	A Member charter and a clinically-anchored mark of distinction; uplift toward RCI CRE-provider and practicum-site standing; NAAC / NBA uplift; guaranteed student practicum at the largest clinical estate and a placement pathway; faculty co-authorship and adjunct standing; a seat in the General Assembly.	Students, faculty, scholarship, RCI standing, and national reach.	<i>Member Institution</i>
Students	A membership identity and credential — Scholar, IRWFA; training to the standard (AbilityScore® / GPT-OS®); a guaranteed practicum; a placement pathway into the Industry class; carry-forward pre-CRE points; a national	The talent that powers the whole system.	<i>Member / Scholar</i>

Class	What membership confers	What the member brings	Designation
	convocation and community.		

SCHEDULE B**THE THREE COUNCILS — MANDATES**

Council	Mandate
Academic Council	Curriculum integration; electives; AbilityScore® / GPT-OS® as teaching instruments; Faculty Development Programmes; continuing rehabilitation education; accreditation uplift.
Clinical Council	Practicum design and accreditation; supervision standards and ratios; the clinical estate as placement infrastructure; competency assessment and logbooks; tele-supervision.
Research Council	Joint institutional review; the research substrate and knowledge commons; ethical data stewardship; co-publication pathways; student-research prizes.

SCHEDULE C**SAÑRACHANĀ — THE THIRTY-TWO-SEAT ARCHITECTING CONSORTIUM**

The expert consortium that designs and advises the Alliance, organised into six layers, the Founder-Chairman as Chair and sole adjudicator. The roster denotes the consortium's expert chairs and their designate profiles, pending formal appointment.

#	Member	Designation	Layer
1	Dr. Aravind Raghunathan	Doctrine & Strategy Architect	I
2	Adv. Nandita Krishnan	Legal Architect (Vehicle & Constitution)	I
3	Mr. Jairaj Menon	Governance & Independence Architect	I
4	Ms. Ritika Bhandari	Risk, Ethics & Compliance Architect	I
5	Dr. Sharad Deshpande	RCI & Statutory Affairs Strategist	II
6	Prof. Meenakshi Sundaram	Academic & Curriculum Architect	II
7	Dr. Harish Patel	Accreditation & Quality Architect (NAAC / NBA)	II
8	Dr. Kavya Nair	Competency & Credentialing Architect	II
9	Dr. Revathi Balasubramanian	Clinical Training & Practicum Architect	III
10	Dr. Soumya Banerjee	Research & Publications Architect	III

#	Member	Designation	Layer
11	Mr. Rohan Malhotra	Workforce, Industry & Employer Architect	III
12	Dr. Leela Krishnamurthy	Global Standards & WHO / Professional-Bodies Liaison	III
13	Mr. Aditya Varma	Membership & Stature Architect	IV
14	Ms. Sneha Reddy	Student Engagement & Chapters Architect	IV
15	Mr. Karan Bhatt	Technology & Platform Architect (TherapySphere™)	IV
16	Ms. Ira Kapadia	Brand, Convening & Communications Architect	IV
17	CA Dhruv Agarwal	Finance & Sustainability Architect	V
18	Dr. Suhasini Rao	Government, Policy & International Architect	V
19	Ms. Naina Kulkarni	Data Governance, Privacy & Research-Data Architect	V
20	Dr. Mahesh Pillai	Monitoring, Evaluation & Impact (M&E / SDG) Architect	V
21	Dr. Anjali Verma	Equity, Accessibility & UNCRPD (SEVA) Architect	VI
22	Smt. Lakshmi Prasad	Lived-Experience / Parent & Self-Advocate Panel	VI
23	Mr. Sandeep Choudhary	Onboarding, Targeting & Member-Operations Architect	VI
24	Pandit Raghava Avadhāni	Vedic Strategic-Timing Advisor	VI
25	Dr. Vikram Anand	Global Mobility & Mutual-Recognition Architect	II
26	Dr. Priya Sundararajan	Assessment, Examination & Psychometrics Architect	II
27	Dr. Ramesh Iyer	Multidisciplinary Clinical Disciplines Architect	III
28	Mr. Arnav Saxena	Telerehabilitation & Digital-Delivery Architect	III
29	Ms. Bhavana Rao	Multilingual, Localization & Linguistic-Access Architect	VI
30	Prof. Geetha Subramanian	Faculty Development & Train-the-Trainer Architect	II
31	Dr. Mohan Devraj	Multi-Stakeholder & Community-Workforce (HITL) Architect	VI
32	Adv. Shalini Mehta	Professional Ethics, Conduct & Ombudsman	I

#	Member	Designation	Layer
		Architect	

SCHEDULE D

THE STANDARDS CANON

The world's-best frameworks and standards upon which the Alliance is founded, grouped by domain.

Domain	Frameworks & Standards
Rehabilitation & disability	WHO ICF; WHO Rehabilitation Competency Framework; WHO Rehabilitation 2030 & the Global Rehabilitation Alliance; UN CRPD; the SDGs (3, 4, 8, 10); RPwD Act 2016; RCI Act 1992.
Clinical & professional education	WFOT Minimum Standards; World Physiotherapy education standards; ASHA / IALP standards; WHO Health Workforce 2030.
Education, qualification & credentialing	ISO 21001; ISO/IEC 17024; Outcome- & Competency-Based Education; Bologna / ECTS-style credit articulation; NEP 2020; NSQF; National Credit Framework.
Assessment, mobility & recognition	Standards for Educational & Psychological Testing (AERA/APA/NCME); OSCE methodology; WHO Global Code on International Recruitment; UNESCO Global Convention on Recognition of Qualifications (2019); ENIC-NARIC.
Research & data	ICMR National Ethical Guidelines; GCP; Declaration of Helsinki; CONSORT / STROBE / PRISMA; FAIR data principles; HL7-FHIR; ICD-11; ICHI; SNOMED CT.
Tele-delivery, community & access	ATA / WHO tele-rehabilitation guidelines; ISO 13131; WHO Community-Based Rehabilitation Guidelines; UDID & accessibility standards.
Governance, quality & assurance	ISO 9001; ISO 27001 / 27701; ISO 42001 (AI management); ISO 37301 (compliance); EFQM / Baldrige; Theory of Change / LogFrame; not-for-profit governance codes.

SCHEDULE E

THE CONVENING COALITION

The real-world coalition convened to legitimise and launch the Alliance, that its banner may transcend its convener.

- **An independent Patron-President** — a nationally eminent figure to preside — the piece that makes the banner transcend any single member.

- **Anchor National Institutes** — the apex manpower-development bodies that set curricula and train the trainers.
- **Lighthouse colleges** — a curated first cohort from the Centres of Excellence, whose names draw the field.
- **Industry anchors** — flagship employers, hospital networks, health-technology firms and CSR foundations that fund and hire.
- **Legal & accreditation counsel** — for the not-for-profit vehicle, intellectual property, and accreditation.
- **Government & policy allies** — MSJE / DEPwD, state Health and Women & Child departments, and a UNCRPD / WHO touchpoint.
- **Pinnacle Blooms Network (BHCL)** — the Anchor Institution & Secretariat — the clinical estate, the standard, the research substrate, and the operational core.

SCHEDULE F

THE INSTITUTIONAL FIT & READINESS INDEX (IFRI)

The IFRI is a 0-1000 instrument by which candidate member institutions are assessed and tiered, constructed symmetric with AbilityScore® and the SAMASTHĀ Site Index, and applied against the published register of the Rehabilitation Council of India and the roster of its Centres of Excellence.

Axes of assessment. Course fit (the disciplines and qualifications offered); proximity to the clinical estate (the feasibility of high-quality practicum and supervision); and reputation and throughput (standing, accreditation and graduate volume).

Tiers. Tier 1 — anchor institutions of highest fit, approached first; Tier 2 — regional cohorts; Tier 3 — the national long tail, reached through the digital and remote-supervision model. The Index governs the sequence of onboarding, that the apex and the first cohort be secured before the field at large.

SCHEDULE G

DESIGNATIONS AND THE SEAL

The Alliance confers the following designations and bears the following seal.

- **Fellow of the Alliance — FIRWFA** — conferred upon distinguished members and individuals for contribution to the field and the Alliance.
- **Member of the Alliance — MIRWFA** — the standing designation of admitted professional and institutional members.
- **Scholar of the Alliance** — the designation of student members in formation.

- **The Seal** — bears the motto Prajñā — applied wisdom — rendered in the black-and-white institutional standard of the Alliance, and is affixed to its charters, credentials and instruments.

ADOPTION

by which this Charter is given force

ADOPTION

Now therefore, this Charter is adopted as the constitutive instrument of the International Rehabilitation Workforce Alliance, at Hyderabad, in the Republic of India, in the year two thousand and twenty-six, by its Members, to take force from the date of adoption.

Patron-President of the Alliance

(to be appointed — Convening Coalition, Schedule E)

Founder-Chairman, BHCL — Anchor Institution & Chair of SANRACHANĀ

Dr. Koti Reddy Saripalli

Secretary of the Alliance

(for and on behalf of the Secretariat)

CHARTER OF THE INTERNATIONAL REHABILITATION WORKFORCE ALLIANCE

Constituted under Bharath Healthcare Laboratories Private Limited (BHCL)

CIN U85110TG2019PTC132498 · Manufacturing Licence MFG/MD/2026/000150 · CDSCO Class B
SaMD (MD/classification/2025/150)

ISO 13485:2016 · ISO/IEC 27001:2022 · PinnacleAI · GPT-OS® · AbilityScore® · Pinnacle Blooms
Network®

IRWFA.ORG · 9100 181 181 · Registered Office: Plot No. 50/A, Raghavendra Nagar Colony,
Jeedimetla, Suchitra, Hyderabad 500055