

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES::VIJAYAWADA-8**



**PROFORMA OF  
OFFICIAL TRANSCRIPTS OF THE EXTRACT OF  
MEMORANDUM OF MARKS & THE DETAILS OF EXAMINATIONS PASSED IN  
B.A.M.S. (Bachelor of Ayurvedic Medicine and Surgery) COURSE**

NAME OF THE CANDIDATE :

COLLEGE STUDIED :

PERIOD OF STUDY :

(Including with Internship)

Course	Subject	Maximum Marks	Passing Marks	Marks Awarded	No. of Attempts
I BAMS	<b>PART – I</b>				
	Ayurvedic Ithihas	100	50		
	Astanga Sangraha	150	75		
	Sanskrit	250	125		
	<b>PART-II</b>				
	Padartha Vignanam	250	125		
	Sareera Rachana	400	200		
Sareera Kriyavignam	300	150			
II BAMS	<b>PART – I:</b>				
	Agadatantram	200	100		
	Charaka Samhita (Poorvardham)	150	75		
	<b>PART - II</b>				
	Dravyaguna	400	200		
	Rasa Tantra & Bhaishajya Kalpa	400	200		
	Roga Vignana & Vikruthi Viganam	300	150		
Swasta Vrutham	300	150			
III BAMS	<b>PART - I</b>				
	Charala Samhita (Uttaradham)	150	75		
	Prasuti Tantra & Stree Roga	300	150		
	Kumara Bhritya	200	100		
	<b>PART - II</b>				
	Kayachikitsa	600	300		
	Shalya Tantra	300	150		
Shalakyia Tantra	300	150			

Final BAMS completed by \_\_\_\_\_ with H.T.No. \_\_\_\_\_

Compulsory rotating Internship of 12 months completed by \_\_\_\_\_

The course completed successfully in \_\_\_\_\_ Division.

- NB: 1. Passing Marks: 50% 1st Class: 65% & Distinction: 75%  
2. Classification shall not be awarded if not completed in 1<sup>st</sup> attempt.  
3. Any discrepancy in the above entry must be brought to the undersigned immediately.

**SIGNATURE OF THE CANDIDATE**

**SIGNATURE OF THE PRINCIPAL WITH SEAL**

**ADDRESS TO WHICH OFFICIAL TRANSCRIPT MAY BE SENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin code: \_\_\_\_\_, Mobile No: \_\_\_\_\_

**(PLEASE SEE OVERLEAF FOR ENCLOSURES)**

1. Intermediate or its equivalent attested copy
2. Copies of Marks Memos from 1<sup>st</sup> to final BAMS (including failed memos)
3. Copy of Internship Certificate
4. Copy of Provisional Certificate
5. Copy of Certificate of Registration