

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	Sanskrit	250	125		
	Ashtanga Hridaya	150	75		
	Ayurveda Ithihasa	100	50		
	Rachana Sharir	400	200		
	Kriya Sharir	300	150		
	Padartha Vignanam	250	125		
II BAMS	Agada Tantra, Vyavahara Ayurveda & Vidhi vaidyak	200	100		
	Charaka Samhitha(Poorvardham)	150	75		
	Dravyaguna Vignanam	400	200		
	Rasatantra and Bhaishajya Kalpana	400	200		
	Roga Vignanam & Vikruthi Vignanam	300	150		
	Swastha Vrutham	300	150		
III BAMS	Charaka Samhita (Uttarardham)	150	75		
	Prasuti Tantra & Stree Roga	300	150		
	Koumarabhritya	200	100		
	Kayachikitsa	450	225		
	Shalya Tantra	300	150		
	Shalakya Tantra	300	150		
	Panchakarma	150	75		

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 1st 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 1st to final BAMS (including failed memos)
3. Copy of Internship Certificate
4. Copy of Provisional Certificate
5. Copy of Certificate of Registration