

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	Remarks
I BAMS	SANSKRIT	100	50			
	MAULIK SIDDHANT EVAM ASTHANGA HRIDYAYA	100	50			
	RACHANA SHARIR	300	150			
	KRIYA SHARIR	300	150			
	PADARTH VIGYAN EVAM AYURVED KA ITIHAS	200	100			
II BAMS	DRAVYAGUNA VIGYAN	400	200			
	AGADATANTRA, VYAVHAR AYURVED EVAM VIDHI VAIDYAK	150	75			
	RASASHASTRA EVAM BHAISHJYA KALPANA	400	200			
	CHARAK SAMHITA (PURVADH)	100	50			
III BAMS	PRASUTI TANTRA AND STREE ROGA	300	150			
	KOWMARA BHRITYA	150	75			
	ROGA VIGYAN EVAM VIKRITI VIGYAN	300	150			
	SWASTHA VRITTA & YOGA	300	150			
	CHARAK SAMHITA (UTTARARDHAM)	100	50			
IV BAMS	RESEARCH METHODOLOGY AND MEDICAL STATISTICS	50	25			
	SHALYA TANTRA	300	150			
	SHALAKYA TANTRA	300	150			
	KAYACHIKITSA	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