

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

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CHARAKA'S SHAPATH

- "During the period of study, I shall live a disciplined life with my teachers and peers. My action shall be guarded, service oriented and free from indiscipline and envy. In my dealings I shall be patient, obedient, humble, constantly contemplative and calm. I shall aim my full efforts and ability towards the desired goal of my profession.
- As a Physician, I shall always use my knowledge for welfare of mankind.
- I shall always be ready to serve patients, even if I am extremely busy and tired. I shall not harm any patient for the sake of monetary or selfish gains, nor shall I entertain a desire for lust, greed or wealth. immorality shall not emerge even in my thoughts.
- My dressing shall be decent yet impressive and inspiring confidence. My conduct shall always be appropriate, pleasant, truthful, beneficial and polite. I shall use my experience in actions appropriate for that time and place.
- I shall constantly endeavour to accomplish/ keep updated with the latest developments in the field and widen my knowledge.
- I shall treat patient of gender other than mine in presence of relatives or attendants.
- When examining a patient, my discretion, attention and senses shall be concentrated on the cure of the disease. I shall not divulge the confidentiality related to the patient or family inappropriately.
- Although an authority (in my subject), I shall not display my knowledge and skill with arrogance.

Declaration of Geneva

The Declaration of Geneva is a statement that was adopted by the World Medical Association (WMA) in 1948 as a modern-day revision of the Hippocratic Oath. It serves as an ethical guide for physicians worldwide. The text of the Declaration of Geneva is as follows:

- "I solemnly pledge to dedicate my life to the service of humanity.
- The health and well-being of my patient will be my first consideration.
- I will respect the autonomy and dignity of my patient.
- I will maintain the utmost respect for human life.
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient.
- I will respect the secrets that are confided in me, even after the patient has died.
- I will practice my profession with conscience and dignity and in accordance with good medical practice.
- I will foster the honour and noble traditions of the medical profession.
- I will give to my teachers, colleagues, and students the respect and gratitude that is their due.
- I will share my medical knowledge for the benefit of the patient and the advancement of healthcare.
- I will attend to my own health, well-being, and abilities in order to provide care of the highest standard.
- I make these promises solemnly, freely, and upon my honour."

The Declaration of Geneva emphasizes the physician's commitment to their patients' well-being, the importance of respecting patient autonomy, and the need to uphold the highest ethical standards in medical practice. It serves as a guiding principle for physicians worldwide and reaffirms their dedication to the ethical practice of medicine.

जडुगड वलष (ANIMAL POISON)

1. SI No.:

Date:

2. Name of Animal:

Scientific Name:

Sanskrit:

Family:

English:

Type of Poison:

3. Identification Features with Diagram or Picture

4. Fatal Dose:

5. Fatal Period

6. Signs & Symptoms:

Local:

Systemic:

7. Treatment:

Signature of Student

Signature of Staff

स्थायर वष (VEGETABLE POISONS)

1. SI No.:

Date:

2. Name of Poison:

Botanical Name:

Sanskrit:

Family:

English:

Type of Poison:

Antidote:

3. Description:

4. Chemical Composition:

6. Fatal Dose:

7. Fatal Period:

8. Formulations:

9. Signs and Symptoms:

10. Treatment:

11. Post-mortem Appearances:

2. Medico-Legal Importance:

Signature of Student

Signature of Staff

Diagram/Picture

खनिज विष (MINERAL POISON)

1. Sl No.:

Date :

2. Name of Poison:

Chemical Name :

Sanskrit :

Type of Poison :

English :

Antidote :

3. Chemical Composition & Mode of action:

4. Fatal Dose:

5. Fatal Period :

6. Formulations:

7. Acute Toxic Signs & Symptoms:

8. Chronic Toxicity :

9. Treatment:

13. Post-mortem Appearances:

14. Medico-Legal Importance:

Signature of Student

Signature of Staff

Practical Demonstration

Name of the Practical: Gastric Lavage/RT Insertion Date:

Aim:

Requirements:

Precautions:

Preparation:

Procedure:

Contraindications:

Signature of the Student

Signature of the Staff

Practical Demonstration

Name of the Practical: CPR

Date:

Aim:

Requirements:

Precautions:

Preparation:

Procedure:

Observation:

Signature of the Student

Signature of the Staff

Adulteration Tests

Name of the Practical:

Date:

Aim:

Principle:

Requirements:

Precautions:

Procedure:

Observation:

Inference:

Signature of the Student

Signature of the Staff

Clinical Applications of Agada

Name of Agada:

Reference and Shloka: -

Ingredients: -

Indications:

Clinical Applications:

Signature of the Student:

Signature of the Staff:

Case Record Form: General Format

Date of case taking:

Case no:

UHID No/ OPD No:.....

IP No/ Dt.....

Name:

Age:

Sex:

Address with phone no:

Occupation:

Income:

Marital status:

Education:

Name of nearest Relative with phone no:

Date & Time of Admission:

Discharge:

Presenting Complaints:

Total Duration:

History of present Illness:

History of past Illness with treatment:

Treatment History of present Illness:

Family History:

Personal History:

Fetal History:

Birth History:

Menstrual History: (in the case of woman):

Obstetric History: (in the case of woman):

Diet :(Commonly included ingredients)

(Any notable points on Virudhahara)

Habits :(Addictions)

(Mode of work)

(Sleep/ rest pattern)

General Examination:

Physical Examination:

Temperature:

Pulse Rate:

Heart Rate:

Resp. Rate:

B.P:

Body Weight:

Koshta:

Akruthi:

Systemic Examination:

Gastro Intestinal System:

Cardio Vascular System:

Respiratory System:

Skin & Appendages:

Others:

Dashavidha Pareeksha:

Dushyam:

Dosham:

Desam:

Deham:

Bhumi:

Dhatu:

Balam:

Rogi:

Rogam:

Malam:

Kalam:

Ksnadi:

Vyadhivridhi:

Chikitsa:

Vyadhyavastha:

Anala:

Prakruthi:

Vaya:

Satva:

Satmya:

Ahara:

Vihara

Ahara:

Jaranasakthi:

Abhyavaharanasakthi:

Ashtasthana Pareeksha: (Observations. Doshas involved)

Nadi:

Jihwa:

Malam:

Mutram:

Drik:

Sabdam:

Sparsam:

Akruthi:

Routine & Specific Laboratory Investigations:

Blood:

Urine:

Stool:

Sputum:

Provisional Diagnosis:

Analysis of the Case:

Vishabheda: (Sthavara / Jangama / Kritrima / Doosheevisha/Garavisha/ Vishopama)

Sthavara vishabheda:

Signs & Symptoms:

Saamanya lakshana:

Vega Lakshana:

Anubandha Upadrava:

Jangama vishabheda:

1. Characters of snake:
2. Place of bite (Damsa sthaana)
3. Time of bite (Damsa samaya):
4. Time elapsed between bite & Admission:
5. Part of body affected:
6. Nature of bite (Damsasya bhaava):

7. Signs& Symptoms (Damsa lakshanaani):
8. Samanya Lakshana:
9. Vega lakshanaani:
10. Anubandha upadravaani:
11. Arishta lakshanaani:

Kritrima vishabheda:

Signs& Symptoms:

Saamana Lakshanaani:

Kritrimavisha pratiniyata lakshanaani:

Doosheevisha:

Lakshanaani:

Doosheevishajanya roga:

Anubandha upadrava:

Indriya pareeksha:

Vishopama Samprapti:

Virudhahara:

Type of virudha:

Factors involved:

Samanya

Lakshana:

Ama :

Doshadhikya:

Samanya Lakshana:

Dosha & Vikruta lakshanaani:

Dooshya & Vikruta lakshanaani:

Srotas & Dushti lakshanaani:

Vyaadhyadhishtaanam:

Vyadhi Margam:

Diagnosis:

Differential (with reason):

Actual:

Treatment:

Chaturvimshati upakrama:

Saamana chikitsa: Sodhana chikitsa:

Samana chikitsa:

Details of Treatment

Date	Observations	Medicines/Procedure	Dose/ Time	Duration

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Pathya: Ahara:

Vihara:

Apathya: Ahara:

Vihara:

Chikitsaphalam:

Advice given at the time of discharge:

Sl.No	Medicine	Dose	Duration	Anupana

Signature of MO in Charge

Signature of Student

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I hereby certify that the deceased Shri/Smt/Km..... son of/wife of/daughter of resident of.was under my treatment from.....to..... And he/she died on.....at..... AM/PM.

Name of institution	Hospital in-Patients (Not to be used for still births)			Admission no.
Name of deceased	Gender	Marital status	Date of birth	Date and time of death
	m/f			
Age at death	Age in completed in years	If less than 1 year age in month	If less than one month age in days	If less than 1 day , age in hrs
Address				
Cause of Death				
Immediate cause (Disease or condition directly leading to death)				Approximate Interval between onset and death
Antecedent Causes (Morbid conditions, If any, giving rise to the above cause, stating the underlying condition last.)				
Contributory Cause Other Significant Conditions contributing to the death but not related to the disease condition causing it.				

If deceased was a female, was pregnancy the death associated with?- YES/NO

If yes, was there a delivery?- Yes/ No

Name and signature of the Medical Attendant certifying the cause of death

Date of Certificate.....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km..... S/W/D of Shri R/O..... Was under treatment from.....And he/she expired on..... at AM/PM

Doctor.....

Signature and address of Medical Practitioner/ Medical attendant with Registration No.

PROFARMA FOR EXAMINATION AND REPORT OF A CASE OF INJURY

Requisition from S.I. of Policevide letter no:.....Dated:....

For examination ofEscorted by P.C.No:..., Name:-

Place of Examination:

Date and Time of Examination:

- 1. Name:
- 2. S/o/W/o /D/o.....
- 3. Address:.....
- 4. Age as stated:
- 5. Religion:.....
- 6. Occupation:.....
- 7. Brought and identified by.....
- 8. Consent given in writing:

Is/o,d/o,w/owith complete consciousness, free-will and without any pressure give consent for medical examination. I have been clearly explained about the examination and the result/findings could be in my favour or against.

Signature

- 9. Examination in presence of :
- 10. Identification marks: a..... b
- 11. History as given by the patient (if unable to speak by the person accompanying the patient):
 - a) How the injury was sustained, if assaulted, no. of persons who assaulted
 - b) Whether any weapon was used, if so what type of weapon; if it was hard, blunt or sharp cutting or pointed etc.
 - c) Date and time of infliction of injury.
 - d) Whether any first aid treatment was given anywhere
 - e) Whether dying declaration is/was recorded as required.
- 12. On Examination:
 - a. If unconscious: degree of unconsciousness,
 - b. BP/Pulse:
 - c. Respiratory rate
 - d. Pupils
 - e. RS
 - f. CVS
 - g. P/A
 - h. Any bleeding from nostrils, ears, mouth etc.
 - i. Prognosis good/uncertainn
- 13. Physical examination: Each injury is to be described as follows:

Material
Preserved.....
.....

Advice.....
.....

Final
Opinion.....
.....

Sr.no	Nature of injury	Size	Site	Description, duration of Injury	Simple or Grievous	By Type of weapon inflicted

Name and Signature of M.O

MEDICAL FITNESS CERTIFICATE

**This is to certify that I have carefully examined Mr./ Mrs.....S/O,
D/O,.....aged..of.....Village.....District.....
.....State.....Pin Code.....**

He/she is in good mental and physical health and is free from any physical defects such as deafness, colour blindnes,and any chronic or contagious diseases.

This certificate is being issued to him/ her for the purpose of.....

Date.....

Signature of the Candidate.....

Name of Medical Officer.....

Registration No.....

Signature with Seal.....

MEDICAL CERTIFICATE

Signature of applicant.....

I, Dr.....after careful personal examination of case hereby certify thatwhoes signature is given above, is suffering from.....that I consider that a period of absence from duty for.....with effect fromto.....is absolutely for restoration of his/her health.

Place.....

Date.....

MEDICAL OFFICER

CERTIFICATE OF MEDICAL FITNESS

Signature of Applicant.....

I, Dr.....do hereby certify that I have carefully examined Mr./ Mrs.....of the.....who was suffering from.....and whose signature is given above, and find that he/ she has recovered from his/ her illness and is now fit to resume duties. I also certify that before arriving at this decision I have examined original medical certificates and statements of the case on which leave was granted or extending, and have taken these in consideration in arriving at my decision.

Place.....

Date.....

MEDICAL OFFICER