

(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.

RASASHASTRA & BHAISHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

AyUG-RB Practical Format

Name of the Practical:

Serial No:

Reference with verse:

Date of commencement:

Date of completion:

Process/Principle:

Aim:

Equipments:

Ingredients:

S.N	Name of raw drugs	Part used	Quantity	S.N	Name of raw drugs	Part used	Quantity
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Media used:

Method of preparation:

Pre-operative (Purva karma):

- 1.
- 2.

Operative (Pradhan karma):

- 1.
- 2.
- 3.

4.

Post Operative (Pascchat Karma):

1. .
2. .
- 3.

Observation:

- 1.
- 2.
- 3.
- 4.

Confirmative test /Chief Desired Character:

1. .
2. .

Precautions:

1. .
- 2.
- 3.

Results:

Organoleptic test: <i>Shabda</i> – <i>Sparsha</i> – <i>Rupa</i> – <i>Rasa</i> – <i>Gandha</i> –	Total duration required: Initial weight: Final weight: Loss / Gain in weight: Reason for loss/gain in weight:
<i>Guna</i> – <i>Virya</i> – ----- <i>Vipaka</i> – ----- <i>Karma</i> – -----	Uses: Pharmaceutical: Therapeutic: Dose: Anupana: Shelf life:

Discussion:

Diagram : on the back page

Signature of the student

Signature of the supervisor

Name & details of College/ Institute / University

PHARMACY VISIT REPORT

Name of Pharmacy :

Address :

Date of visit :

Duration (hours) :

OBSERVATIONS

A. Establishment, Certification and Market

Year of Establishment :

Certification type :

Licensed for :

Number of licensed drugs :

Turn over : per year

B. Product

Number of classical formulations :

Number of proprietary formulations :

Name of frequently Manufacturing/ Sale drug (s) :

Table 01: Name of five products with details of their use:

Sr. No.	Name of Product	Type of dosage form	Category	Uses
1				
2				
3				
4				
5				

C. Quality Control Laboratory

In-house Quality Control Laboratory facility :

Table 02: Name and utility of any five Instruments/ Equipment available in Lab:

Sr. No.	Name of Instruments/ Equipment	Utility
1.		
2.		
3.		
4.		
5.		

D. Premises

Number and name of sections in premises :

Additional subsections, if any :

Restricted Manufacturing Area (s) :

Flow chart of pharmacy premises during visit :

Any other points need to report :

Name & Signature of student

Name & Signature of teacher

Format for revisit report posted in different units of previously visited or in-house pharmacy.

Name of Pharmacy :

Address :

Date of visit :

Duration (hours) :

Visit Number :

Name of section posted (last visit) :

Name of section posted (recent/present visit):

Table: Mention the details of formulations which are you like most:

Sr. No.	Name of Product	Type of dosage form	Category	Uses
1				
2				
3				
4				
5				

Manufacturing unit		Quality Control (QC)		
Sr. No.	Name of Product	Instrument/ Equipment used in preparation	QC parameters	Instrument/ Equipment used in QC
1				
2				
3				
4				
5				

Any other points to report :

Name & Signature of student

Name & Signature of teacher

Hospital IPD Visit Practical Format

Note;

- Patients name, consultants name not to be written or mentioned.
- No comments on consultant's prescription.
- Discussion and conclusion should be purely based on textual reference and research updates
- Five to ten case sheet formulations are to be recorded

Diagnosis/complaints of the patient:

Serial No:

Date of admission:

Date of Discharge:

Need /Principle of Practical:

Aim:

Details of Medicines Prescribed by the consultant

1.

2.

3.

4.

5.

1. Name of the formulation:

Matra:

Anupana:

Kalamaryada(Duration of medication as per text as applicable):

SI No	Name of ingredient	Rasa	Guna	Virya	Vipaka	Doshagnata	Rogagnata
1							
2							
3							
4							
5							
6							

2.Name of the formulation:

Matra:

Anupana:

Kalamaryada (Duration of medication as per text as applicable):

SI No	Name of ingredient	Rasa	Guna	Virya	Vipaka	Doshagnata	Rogagnata
1							
2							
3							
4							
5							
6							

Note: Based on no of formulations above tables may be inserted

Discussion:

Conclusion:

Sign of Student

Sign of Teacher

Name of the Practical:

Objective:

Reference:

Apparatus:

Chemicals:

Sl.No.	Chemicals	Quantity

Sample (Formulation/raw drug):

Raw drug / Formulation:

Weight:

Description: Solid dosage / liquid dosage / semisolid form

Principle:

Procedure:

Precaution:

Observation:

Calculations:

Result:

Utility:

Signature of student

Signature of faculty

**RASASHASTRA & BHAISHAJYA KALPANA
LECTURE ACTIVITY BOOK**

NON-

NAME OF THE INSTITUTE

WITH LOGO

RASASHASTRA & BHAIASHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

Name of the student:.....

Registration number:.....

Academic year:.....

University:.....

STUDENT UNDERTAKING

I....., hereby declare that I have completed the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book voluntarily and to the best of my abilities. I understand that this activity book is intended to supplement my Ayurveda medical education and enhance my understanding of the various concepts and skills related to the field of Ayurveda medicine.

By undertaking this activity book, I acknowledge that:

- 1. I have actively engaged in the activities, exercises, and challenges presented in the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practicals cum Activity Book.*
- 2. I have devoted the necessary time and effort to comprehend and apply the knowledge gained from the activity book.*
- 3. I have sought to expand my understanding of medical concepts and develop my critical thinking skills through the completion of the activity book.*
- 4. I have taken personal responsibility for my learning and have independently pursued additional resources and references to enhance my understanding of the topics covered in the activity book.*
- 5. I recognize that the completion of this activity book does not substitute for formal Ayurveda medical education or professional training. It serves as a complementary resource to further my knowledge and skills.*
- 6. I will utilize the knowledge and skills gained from this Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practicals cum Activity Book responsibly and ethically, prioritizing patient care, safety, and the well-being of individuals.*
- 7. I understand that the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book does not confer any official medical qualification or certification upon completion. It serves as a personal accomplishment and a testament to my commitment to continuous learning and professional growth.*

By signing this self-undertaking, I affirm my dedication to lifelong learning and the pursuit of excellence in the medical field. I accept full responsibility for the completion of the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book and the utilization of the knowledge gained from it.

Student signature: _____

Date: _____

RASASHASTRA & BHAISHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

AyUG-RB - NON LECTURE ACTIVITY FORMAT

Name of the Non Lecture Activity :

Serial No:

Date of commencement:

Date of completion:

Aim/ Objectives of the activity:

Method of Activity:

In Group Activity your role/ task done:

Discussion & Conclusion:

Diagram: Draw Schematic diagram if applicable

Note: As per activity any addition/ deletion/ Modification needed may be allowed

Signature of the student

Signature of the supervisor

MARKET SURVEY FORM (NLM Activity)
For Herbal / Herbo mineral formulations
Department of Rasa Shastra Evum Bhaishajya Kalpana

Institute...

Student's Name :

Roll No :

Group No / Name :

Term : I / II / III

Market Place :

Medical / Ayu Store's Name :

Survey for / Formulation Name :

Sr. No	Survey Point	Observation	Observation
1	Manufacturer / Pharmacy Name(if more manufacturers more columns can be added)		
2	Reference Book		
3	Packing size / Net Content		
4	Packing material (Plastic/Glass/Blister)		
5	Colour of product		
6	Form of product (Tab./Pill/Powder etc.)		
7	M.R.P.		
8	Mfg. Date		
9	Expiry Date		
10	Mfg. Batch No		
11	Dose & Indication		
12	Precautions if any		
13	Total sale/ quantity manufactured in last financial year		

Note: If Multiple companies are manufacturing & sold in the market insert more columns for observation

Discussion:

Conclusion:

Student's Sign :

Teacher's Sign :