ANANTHA LAXMI AYURVEDIC MEDICAL COLLEGE, WARANGAL

(Affiliated to KNR UNIVERSITY OF HEALTH SCIENCES, Warangal. Telangana)

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

AGADA TANTRA EVAM VIDHI VAIDYAKA

NCISM- II PROFESSIONAL AYURVEDACHARYA (BAMS)

LOG BOOK

Name of the student: _____

Academic year: _____

DEPARTMENT OF AGADA TANTRA EVAM VIDHI VAIDYAKA

PERSONAL BIO-DATA

FULL NAME OF THE STUDENT: _____

DATE OF BIRTH: _____

ADDRESS:_____

_____

MOBILE: _____

EMAIL: _____

BLOOD GROUP: _____

DATE/YEAR OF ADMISSION: _____

PLACE: _____

DATE: _____

SIGNATURE OF THE STUDENT

ANANTHA LAXMI GOVERNMENT AYURVEDIC MEDICAL COLLEGE, WARANGAL.

(Affiliated to KNR UNIVERSITY OF HEALTH SCIENCES, Warangal. Telangana)

CERTIFICATE

This is to certify that Mr./Ms._____

Student of _____BAMS of this college, under the Department of _____

_____has completed the tenure in the _____ year BAMS

Course along with all assignments (Practical's, clinical work, teaching etc.) as prescribed by the

University and NCISM satisfactorily.

Signature of Lecture Signature of H.O.D.

Date: Signature of Principal / Dean

A. DETAILS OF THE CLASSES ATTENDED BY THE STUDENT OR DAILY WORK RECORD:

Sl. No	Date	Title of the Topic	Taken by (Teacher Name)	Sign of In charge with Remarks

B. DETAILS OF PRACTICALS PERFORMED IN THE DEPARTMENT

Sl. No.	Date	Description of the Practical	Sign of In charge with remarks
1			
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25			

C. DETAILS OF THE WORKSHOP/ SEMINARS / SYMPOSIA / GROUP DISCUSSIONS / CME / OTHER ACTIVITIES ATTENDED

Sl. No.	Date	Place of the activity	Topic	Sign of In charge with Remarks
1				
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D. DETAILS ANY PAPER / POSTER PRESENTATIONS/ STATE/ NATIONAL LEVEL

Sl. No	Title of the Paper / Poster	Date of Presentation	Place of Presentation	Sign of In charge/ with remarks
1				
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E. DETAILS OF ARTICLES PUBLISHED BY THE STUDENT

Sl. No	Title of the article	Name of the publication/ publisher	Edition with month & year	Sign of In charge with remarks

F. DETAILS OF USING LIBRARY / DIGITAL LIBRARY RECORD

Sl. No	Date	Duration	Details	Sign of In charge
1				
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G. DETAILS OF THE PERIODIC TEST ASSESSEMNT

Sl. No.	Date of exam	Max. Marks	Score obtained	Signature of In charge with Remarks
1				
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11				
12				

H. DETAILS OF ANY OTHER ACTIVITIES (MUSEUM WORK, PREPARATION OF MINIMUM 5 CHARTS, MODELS, SLIDES, PROJECT/ EDUCATIONAL TOUR/ BOTANICAL TOUR/OUT CAMPUS VISIT ETC.

Sl. No.	Date (Starting and completion)	Description of the Activity / work	Sign of In charge with remarks
1			
2			
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11			
12			
13			

CERTIFICATE

This is to certify that Mr. /Ms. _____

Student of _____BAMS of _____

Department has / has not completed all the assignments / practical/ clinical work as assigned work/ prescribed by the university / NCISM satisfactorily and recorded the same in the daily work record log book.

Sl. No	Month	Remark-Satisfactory / Not Satisfactory	Signature of the Incharge	Signature of the HOD & Remarks
1				
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