KERALA UNIVERSITY OF HEALTH SCIENCES

MEDICAL COLLEGE P.O., THRISSUR - 680596

Detailed Mark Sheet of Practical and Viva - BAMS Examination

| | Practical Examination (Max) (A) | | | | | | | | | | | Reco | ords (Max (B) | «) | Practical Total Marks (A+B) | Viva (Max) | |
|------------|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|------|------------------|-------|--------------------------------|---------------|--|
| | Q 1 | Q 2 | Q 3 | Q 4 | Q 5 | Q 6 | Q 7 | Q 8 | Q 9 | Q 10 | Total | R1 | R2 | Total | (Max) | | |
| Examiner 1 | | | | | | | | | | | | | | | | | |
| Examiner 2 | | | | | | | | | | | | | | | | | |
| Examiner 3 | | | | | | | | | | | | | | | | | |
| Examiner 4 | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Marks | | | | | | | | | | | | | | | | | |

Name and Signature Examiner 1

Name and Signature Examiner 2

Name and Signature Examiner 3

Name and Signature Examiner 4

KERALA UNIVERSITY OF HEALTH SCIENCES

MEDICAL COLLEGE P.O., THRISSUR - 680596

Detailed Mark Sheet of Practical and Viva - MD/MS (Ay) Examination

| | Practical Examination (Max) (A) | | | | | | | | | | | Records (Max) (B) | | | | | Presentations Marks (C) (Max) | | Marks A+B+C) | (|
|------------------|------------------------------------|-----|-----|-----|-----|-----|----|-----|-----|------|-------|----------------------|----|----|----|-------|-------------------------------------|------------------------|--|-----------|
| | Q1 | Q 2 | Q 3 | Q 4 | Q 5 | Q 6 | Q7 | Q 8 | Q 9 | Q 10 | Total | R1 | R2 | R3 | R4 | Total | Subject Presentation | Thesis Presentation | Practical Total Marks (Max) (A+B+C) | Viva (Max |
| Examiner 1 | | | | | | | | | | | | | | | | | | | | |
| Examiner 2 | | | | | | | | | | | | | | | | | | | | |
| Examiner 3 | | | | | | | | | | | | | | | | | | | | |
| Examiner 4 | | | | | | | | | | | | | | | | | | | | |
| Average Marks | | | | | | | | | | | | | | | | | | | | |

Name and Signature Examiner 1

Name and Signature Examiner 2

Name and Signature Examiner 3

Name and Signature Examiner 4

Name of the Institution

Logo

Compulsory Rotatory Internship Certificate

| SI. | Name of | | Period of Training | Name of |
|-----|----------------|--------------------|--------------------|----------|
| No. | Department | | (from -to) | Hospital |
| 1 | ΚΑΥΑCΗΙΚΙΤSΑ | Department posting | | |
| | | Rural posting | | |
| 2 | SHALYA | Department posting | | |
| | | Modern Hospital | | |
| 3 | SHALAKYA | | | |
| 4 | PRASUTI EVUM | Department posting | | |
| | STRIROGA | Modern Hospital | | |
| 5 | BALROGA- | | | |
| | KAUMARABHRITYA | | | |
| 6 | PANCHAKARMA | | | |

The work, conduct and character of the internee during the above period were.....

PRINCIPAL

Date