



Affiliated Ayurveda College

JOURNAL FOR THE SYLLABUS OF AYURVEDAACHARYA (B.A.M.S.)

THIRD PROFESSIONAL

PANCHAKARMA

Name of the student : _____

Name of the college : _____

Roll number : _____



Affiliated Ayurveda College

CERTIFICATE

This is to certify that Mr/Mrs/Miss. _____
student of _____professional year has performed practical of
Panchakarma and has filled _____number of forms under our
supervision.

Jamnagar

Date :

Sign of HOD

GUJARAT AYURVEDA UNIVERSITY, JAMNAGAR.

Affiliated Ayurveda College
Ayurveda Hospital

Name of the Student_____

Year of Examination_____

Roll no_____

Department_____

INDEX OF CLINICAL PROFORMA

No.	Name of the patient	Disease name	Karma Name	Date of admission	Date of discharge
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					

Signature of Student

Signature of HOD

GUJARAT AYURVEDA UNIVERSITY, JAMNAGAR.

Affiliated Ayurveda College

Panchakarma Department

Panchkarma Proforma

No.		Date and Time	
Name of the Procedure	:	OPD/IPD No.	
Name of the patient	:	Age	Sex
Diagnosis	:	D.O.A	D.O.D

Main Symptoms

Duration

Assessment of Main Symptoms before Karma

Assessment of Main Symptoms after Karma

Required materials

Required Drugs

Drug preparation procedure (along with quantity)

Reference book

Pre procedure with detail description

Diet

Regimen

Specific

Main procedure with detail description

Post procedure with detail description

Diet

Regimen

Specific

Observation

Result

Complication

Treatment of complication

Specific description

Reference book and quotation

Student signature

Teacher