

# Journal for the syllabus of Ayurvedacharya (B.A.M.S.)

## Third Professional PRASUTI TANTRA - STRI ROGA

Name of the Student:-Name of the College:-Roll Number:-

College Name:

## AFFILIATED TO GUJARAT AYURVED UNIVERSITY, JAMNAGAR Department of Prasuti Tantra - Stri Roga

### CERTIFICATE



This is to certify that 3rd Year B.A.M.S. Student .....

......Roll No.....has satisfactorily completed

the..... forms of ..... under my super vision.

Exam No.: .....

Date:....

Place:....

H.O.D. Prasuti Tantra - Stri Roga Name Of The Student.....

Year.....

Roll No.....

#### **INDEX**

Sr.no.	Name of Patient	Name of Disease	Date of Admission	Date of Discharge

Signature Of Student

Signature Of Teacher