Outer Cover Page

College Logo

University Logo

Name of the College……

Name of University……

KAMIL-E-TIBB-O JARAHAT

BACHELOR OF UNANI MEDICINE & SURGERY (B.U.M.S.)

SECOND PROFESSIONAL B.U.M.S.

ILME TIBBE QANOON WA ILMUL SAMOOM

(MEDICAL JURISPRUDENCE AND TOXICOLOGY)

UNIUG-TQS

PRACTICAL RECORD BOOK

Name of the Student : ----------

Institutional Roll No. : ----------

Academic Year: ----------

Department of Tahaffuzi wa Samaji Tib

Inner First Right Page

UNIVERSITY LOGO

COLLEGE LOGO

NCISM LOGO

COLLEGE NAME……

APPROVED BY

NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE, NEW DELHI

AFFILIATED TO

UNIVERSITY NAME……

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UNIUG-TQS

PRACTICAL RECORD BOOK

Name of the Student : ----------

Unique AYUSH ID No : ----------

University Register/ Enrolment No.:----------

Institutional Roll No. : ----------

Academic Year: ----------

Department of Tahaffuzi wa Samaji Tib

2nd Right Page-Certificate

UNIVERSITY LOGO

COLLEGE LOGO

NCISM LOGO

COLLEGE NAME……

APPROVED BY

NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE, NEW DELHI

AFFILIATED TO

UNIVERSITY NAME……

CERTIFICATE

This is to certify that, Mr./Mrs./Miss…… (Name of student) bearing Roll No…… and University Register/Enrolment No…… has satisfactorily completed all the Practical of **ILME TIBBE QANOON WA ILMUL SAMOOM (MEDICAL JURISPRUDENCE AND TOXICOLOGY) UNIUG-TQS** prescribed by the National Commission for Indian System of Medicine as a part of Second Professional B.U.M.S Course.

HEAD OF THE DEPARTMENT

Submitted for the Practical Examination Conducted by …… (University Name), held on …… (date) at ……..(College name).

EXAMINERS

Date: ----------
Place: ----------

Internal: ----------
External: ----------

INDEX

Sr. No.	Date	Name of Practical	Term	Page No.	Signature of Teacher
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

INSTRUCTIONS & GUIDELINES

General

1. The common format for the practical prescribed by the NCISM is aiming to maintain uniformity among colleges/institutions across the country.

Instructions to Students

2. The student will prepare the practical record book, including the cover page, first inner page, certificate page, and index page as per the format prescribed by the NCISM here.
3. The student will record in the practical record book handwritten immediately after each practical and get the signature of the concerned teaching faculty.
4. The student will use the specific format/template for recording each practical in the practical record book.

Instructions to Teachers/HOD

5. It is the responsibility of the department to conduct practicals as per the list, schedule, method, etc., specified in the curriculum.
6. The teacher must instruct the student to record his/her work as per the specific format prescribed by the NCISM here.
7. After each practical, the concerned teacher must verify the completion of the record work and put the signature in the index page.
8. The certificate page of the practical record will be certified and signed by the concerned head of the department along with the departmental seal at the end of the session.
9. Normal values or any other important information confined to the subject, if any, may be printed in the last pages.

Guidelines specific to the subject

10. College Bus/conveyance and permission letters from concerned departments will be provided by the college.
11. Basic/material requirement of all activities will be provided by college authorities.
12. The students will adopt safety protocols during visit the mortuary.
13. Draw neat label diagram wherever necessary.

List of Practical and Reference Formats/templates

S. No.	Topic	Template No.	Requirements to conduct the practical
1	**General Introduction of Tibbul Qanoon**		
(a)	Fitness Certificate	I	
	Sickness certificate	II	
	Birth Report	III	
2	**Identification**		
(a)	Fingerprints	IV	Fingerprinting Kit
	Footprints	V	
	Cephalic Index	VI	Spreading caliper, tape
(b)	Determination of Age through Teeth	VII	All instruments required
	Determination of Age through bones	VIII	
3	**Injuries/Wounds**		
(a)	Weapon models	IX	Weapon models
(b)	Wounds	X	Models or charts
(c)	Injury report	XI	Models or charts
(d)	Burn	XII	
4	**Thanatology**		
(a)	Signs of death	XIII	
(c)	Cause of death certificate	XIV	
5	**Insanity**		
(a)	Examination of Mental disorders	XV	
(b)	Mental illness certificate	XVI	
6	**General Introduction of Toxicology**		
(a)	Gastric lavage	XVII	Gastric lavage Kit
(b)	Antidotes	XVIII	Antidote Samples
7	**Poisons**		
(a)	Corrosives (1 Acid and 1 base) with management of vitriolage	XIX	Samples of all poisons should be provided to students
(b)	Metallic irritants (Any 2)		
(c)	Non-Metallic irritants (Any 2)		
(d)	Plant irritants (Any 2)		
(e)	Animal irritants (Any 2)		
(f)	Neurotics (Any 4) Include 2 *Nasha Awar Ashya*		
(g)	Cardiac (Any 1)		
(h)	Asphyxiants (Any 1)		
(i)	Household(Any 4)		

Template-I

HEALTH AND AGE CERTIFICATE

I hereby certify that I have examined Sri ..... a candidate for employment in ..... office/department, and cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except ..... I do not consider this a disqualification for employment in the office of the ..... Sri ..... age is, according to his/her own statement ..... years, and by appearance about ..... years.

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

To be filled by the applicant in the presence of government doctor/medical practitioner.

Signature of applicant or L.T.I (Left thumb impression) .....

Identification Marks: 1) 2)

I, Dr. ..... do hereby certify that I have carefully examined ..... of the department ..... whose signature is given above and find that he has recovered from his illness ..... with which he was suffering since ..... and is now fit to resume his duties in Govt. services w.e.f ..... . I also certify that before arriving at this decision, I have examined the original medical certificates and statement of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Place: Signature, Name & Stamp of Doctor

Date: Registration No.:

Time: State medical council of _____state

Template-II

Sickness Certificate (Medical Certificate recommended for leave or extension of leave)

Signature of Applicant or LTI (left thumb impression):

Identification marks:

1. _____
2. _____

I, Dr. _____ after careful examination of the case hereby certify that (name of the patient)_____ aged _____, sex _____, resident of _____, whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

Place:
Date:
Time:

Signature, Name, and stamp of Doctor

Registration No.:
State Medical Council of _____State

Template-III

Birth Report

Date and time of birth:

Alive/stillborn:

Sex and Weight:

Father's Name & address:

Nationality:

Religion:

Occupation:

Mother's Name:

Nationality:

Religion:

Occupation:

Age at the time of conferment:

Order of birth:

Name and address of Hospital:

Residential address:

Date & Time:

Seal & Signature of doctor
Name:
Reg. No.:
State Medical Council of ……State.

Template-IV
Identification
Fingerprints:

Introduction: _____

_____

_____

_____

_____

_____

_____

Types with figures (Identify and write the type of your fingerprints)

Importance and Application: _____

_____

_____

_____

_____

_____

_____

_____

Procedure: _____

_____

_____

_____

_____

_____

Template-V
Footprints

Introduction and Importance:

Procedure:

Figures:

Template-VI
Cephalic Index

Introduction and Importance:

Cephalic index of various human races:

Calculation method:

Cephalic index of 10 people:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Template-VII
Determination of Age

Determination of Age through teeth Introduction:

Gustafson's method

Materials required:

Method of age estimation:

Boyd's method:

Materials required:

Method of age estimation:

Estimate the age of at least 3 individuals using any one of the one of the above two methods:

1.

2.

3.

Template-VIII
Determination of age through bony radiographs (x-ray)

Introduction:

Description of radiograph (x-ray)

Estimate the age range of at least five individuals using their bony radiographs. (paste the images of radiographs on adjacent page):

.1.

2.

3.

4.

5.

Template-IX

Weapon Models Firearms (at least two)

Name: _____

Type: _____

Description of weapon:

_____

Injuries produced by weapon:

_____

Medicolegal aspects:

_____

Sharp weapon (at least two)

Name: _____

Type: _____

Description of weapon:

_____

Injuries produced by weapon:

_____

Medicolegal aspects:

_____

Blunt weapon (at least two)

Name:

Type:

Description of weapon:

Injuries produced by weapon:

Medicolegal aspects:

Template-X
Wounds

Abrasion (Image on adjacent page):

Bruise (Image on adjacent page):

Laceration (Image on adjacent page):

Incised wound (Image on adjacent page):

Punctured/stab wound (Image on adjacent page):

Firearm injury (Image on adjacent page):

Template-XI

Injury Certificate

To,

THE SUB-INSPECTOR OF POLICE, _____ POLICE STATION

Sir,

I forward herewith the result of my examination of_____, son of _____,

Resident of _____.

Name of the inury, i.e. whether a cut, bruise, or burn, etc.	Size of each injury in cm, i.e. length, breadth, and depth	On what part of the body inflicted	Whether "simple" or "grievous"	By what kind of weapon inflicted	Remarks
1	2	3	4	5	6

Identification mark: 1) 2)

I certify that the said _____(Name) was asked the question(s) noted below and

gave the answer(s) recorded:

Q: Are you willing to be examined by me? **A:** Yes

Signature or thumb impression of the person .....

Identified by Constable No. .....

Name: ..... P.S.: .....

Yours faithfully
Signature of the doctor

(Designation)

Template-XII

Burn

Burn Depth (Explain briefly)**:**

_____

_____

Total Body Surface Area (TBSA) Burn (Explain briefly)**:**

- Use the **Rule of Nines** for adults or the **Lund-Browder chart** for children to estimate the percentage of TBSA affected.

_____

_____

Severity Rating:

1. **Mild (1st-degree, <10% TBSA)**
2. **Moderate (2nd-degree, 10-20% TBSA)**
3. **Severe (2nd-degree, >20% TBSA or 3rd-degree, any TBSA** or any significant burns to critical areas (face, hands, feet, genital area)

S. No.	Name	TBSA (%)	Depth	Severity
1.				
2.				
3.				
4.				

Note: Assess the severity of at least 4 case scenarios/real patients.

Template-XIII
Signs of Death

Immediate signs :

Early signs:

Late signs:

Note: Enumerate and explain briefly the immediate, early, and late signs of death.

Template-XIV

Medical Certificate of Cause of Death: Find it at the end of the document.

FORM NO.4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital in patients. Not to be used for stillbirths)
To be sent to Registrar along with From No.2 (Death Report)

Name of the Hospital: .....

I hereby certify that the person whose particulars are given below died in the hospital in ward No..... on ..... at ..... A.M./P.M

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death: If 1 year or more, age in years	Age at Death: If less than 1 year, age in Months	Age at Death: If less than one month, age in days	Age at Death: If less than one day, age in Hours	
1. Male 2. Female					

CAUSE OF DEATH		Interval between onset & death Approx	
I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Hear failure, asthenia, etc.	(a) ..... due to (or as consequences of)	....	.....
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last	(b)..... due to (or as consequencesof)	.....	.....
	(c).....		
II. Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.	....	....	....

Manner of Death
1. Natural 2. Acident 3. Suicide 4. Homicide
5. Pending Investigation

How did they injury occur?

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

Name and Signature of the Medical Attendant certifying the Cause of Death.
Date of Verification:.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri.....
R/O..... was admitted to this hospital on.....
and expired on .....

Doctor:.....
(Medical Supdt.Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH
Directions for completing the form

Name of deceased: To be give in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Deaths: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line(b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the rise of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Hear disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation.

FORM NO.4A
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(For Non-Institutional deaths. Not to be used for stillbirths)
To be sent to Registrar along with From No.2 (Death Report)

I hereby certify that the deceased Shri/Smt/Kum..... son of/wife of/daughter of .....resident of .....was under my treatment from ..... to ..... and he/she died on .....at.....A.M./P.M.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
3. Male 4. Female					
CAUSE OF DEATH				Interval between onset & death Approx	
I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Heart failure, asthenia, etc.			(a) ..... due to (or as consequences of)	....	.....
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last			(b)..... due to (or as consequences of)	.....	....
II.			(c).....	.....	.....
Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.			....	.....	.....

If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery? 1. Yes 2. No	1. Yes	2. No

Name and Signature of the Medical Practitioner certifying the Cause of Death.
Date of Verification:.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri..... R/O..... was under my treatment from.....to.....and he/she expired on .....at .....A.M./P.M.

Doctor:.....
(Signature and address of Medical Practitioner/Medical attendant with Registration No.)

MEDICAL CERTIFICATE OF CAUSE OF DEATH
Directions for completing the form

Name of deceased: To be give in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

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Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the rise of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

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Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Hear disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation.

Template-XV
Examination of Mental Disorders

Patient Information:

- **Name:** _____
- **Age:** _____
- **Gender:** _____
- **Date of Birth:** _____
- **Date of Examination:** _____
- **Referral Source:** _____
- **Referred by:** _____
- **Presenting Complaint:** _____
- **History of Presenting Illness:** _____

1. General Appearance:

- **Physical Appearance:**
  - Well-groomed / Unkempt / Disheveled
  - Hygiene (Good / Poor / Fair)
  - Weight loss or gain
- **Posture & Motor Activity:**
  - Relaxed / Rigid / Tense / Restless
  - Agitation or unusual movements
  - Gait (Normal / Shuffling / Staggering)
- **Facial Expression:**
  - Flat / Animated / Incongruent with mood
  - Tearfulness, smiling, or other expressions of emotion

2. Mental State Examination (MSE):

- **Level of Consciousness:**
  - Alert / Drowsy / Confused / Stupor / Comatose
- **Orientation:**
  - Time (Oriented / Disoriented)
  - Place (Oriented / Disoriented)
  - Person (Oriented / Disoriented)
  - Situation (Oriented / Disoriented)
- **Speech:**
  - Normal / Slow / Rapid / Pressured / Slurred / Mumbled
  - Volume (Normal / Loud / Soft)
  - Speech rhythm (Normal / Interrupted)
  - Coherence and fluency
- **Mood & Affect:**
  - Mood: Euthymic / Depressed / Elevated / Anxious / Irritable / Labile
  - Affect: Appropriate / Flat / Restricted / Blunted / Labile

- **Thought Process:**
  - Logical / Disorganized / Flight of ideas / Tangential / Circumstantial
  - Thought content (Delusions, Obsessions, Phobias, Paranoia, etc.)
- **Perception:**
  - Hallucinations (Auditory / Visual / Tactile / Olfactory / Gustatory)
  - Illusions
  - Depersonalization / Derealization
- **Cognition:**
  - Attention (Normal / Impaired)
  - Memory (Short-term / Long-term)
  - Concentration (Normal / Impaired)
  - Insight (Good / Partial / Poor)
  - Judgment (Intact / Impaired)
- **Thoughts of Harm:**
  - Suicidal ideation (Present / Absent)
  - Homicidal ideation (Present / Absent)

3. Behavioral Observations:

- **Cooperation with examination:** Cooperative / Uncooperative / Resistant / Hostile
- **Emotional Responses:**
  - Overly emotional / Blunted / Incongruent with context
  - Expressions of anxiety, distress, frustration
- **Social Interaction:**
  - Socially withdrawn / Avoidant / Engaged / Overly talkative

4. Risk Assessment:

- **Risk of Harm to Self:**
  - Current suicidal thoughts (Yes / No)
  - Past attempts (Yes / No)
  - Self-injurious behavior (Yes / No)
- **Risk of Harm to Others:**
  - Current homicidal thoughts (Yes / No)
  - Aggressive behavior (Yes / No)
  - History of violence (Yes / No)

5. Insight & Judgment:

- **Insight into Illness:**
  - Fully aware / Partially aware / Not aware
- **Judgment:**
  - Good / Fair / Poor

6. Summary of Findings:

- **Impression:**
  - Likely Diagnosis (if apparent)
  - Differential Diagnoses (if applicable)
  - Further investigation or testing needed

7. Plan/Recommendations:

- Immediate interventions required (hospitalization, medication, therapy)
- Referral to specialist services (psychiatrist, psychologist, etc.)
- Safety plan (if applicable)

8. Examiner Information:

- **Name:** _____
- **Designation:** _____
- **Signature:** _____
- **Date:** _____

Template-XVI

Mental Illness Certificate: Find it at the end of the document.

FORM NO. 10-IA

[See sub-rule (2) of rule 11A]

Certificate of the medical authority for certifying 'person with disability', 'severe disability', 'autism', 'cerebral palsy' and 'multiple disability' for purposes of section 80DD and section 80U

Certificate No.

Date :

This is to certify that Shri/Smt./Ms_____ son/daughter of Shri_____, age years_____male/female* residing at_____, Registration No._____is a person with disability/severe disability* suffering from autism/cerebral palsy/multiple disability*.

2. This condition is progressive/non-progressive/likely to improve/not likely to improve*.

3. Reassessment is recommended/not recommended after a period of months/years*.

Sd/-

(Neurologist/Pediatric Neurologist/Civil Surgeon/
Chief Medical Officer*)

Name :

Address of Institution/Government hospital :

Qualification/designation of specialist :

SEAL

Signature/Thumb impression* of the patient

Note : *Strike out whichever is not applicable.

Template-XVII

Gastric Lavage/RT Insertion

Date:

Aim:

Requirements:

Precautions:

Preparation:

Procedure:

Contraindications:

Template-XVIII
Antidotes

Description (Image on adjacent page):

Type and form:

Indications:

Dose and route of administration:

Contraindications:

Template-XIX
Ilmul Samoom (Toxicology) sheets

1. Name of the poison :
2. Unani name :
3. Common name :
4. Scientific name :
5. Source :
6. Fatal dose :
7. Fatal period :
8. Morphology/properties :
9. Specific signs & symptoms:
10. Management:
11. Autopsy findings:
12. Medicolegal aspect
13. Picture/Diagram

Signature of teacher

Template-XX
Proforma for Activity record

Title of the activity:

Date & Time of activity:

Place of Activity:

Means of transport (if activity is outside of college campus)

No. of Participants:

Name of participants (If it is a class activity, e.g. role play, skit performance, etc.):

Introduction & Objectives of the activity:

Detailed summary of the activity:

Challenges/Obstacles:

Lessons learned/ Outcome:

Appendix (photograph, chart, sample, etc.): On the adjacent blank page

Teacher's Remarks:

Teacher's signature:

Template-XXI
Proforma for Field Visit Record

Date & Time:

Location:

Field (e.g. Police station, Snake Park, mortuary house etc.):

Description of field:

Means of transport (if activity is outside of college campus)

No. of Participants:

Introduction & Objectives of the activity:

Operations/processes observed:

Skills demonstrated:

Challenges/Obstacles:

Lessons learned/ Outcome:

Recommendations for future visits:

Appendix (photograph, additional notes, documents etc.): On the adjacent blank page

Teacher's Remarks:

Teacher's signature: