

(Name of the College)

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

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment
Number- _____ has satisfactorily completed the course of activities in (Subject
Name) _____ prescribed by the (Name of University) as a part of the Second Professional
B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

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Dinacharya

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Nidra

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Family welfare program

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Mother and Child health care

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Preventive geriatrics

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National health programs

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School health services

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Occupational health

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Occupational health

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Primary health care

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Naturopathy

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World health organization

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Health statistics

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