

USER MANUAL II BUMS

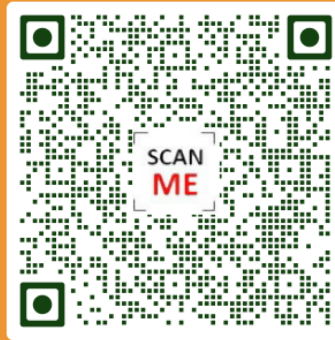
COURSE CURRICULUM FOR SECOND PROFESSIONAL BUMS

**Bachelor of Unani Medicine and Surgery (B.U.M.S.)
(PRESCRIBED BY NCISM)**

(Applicable from 2021-22 batch, from the academic year 2023-24 onwards
for 5 years or until further notification by NCISM, whichever is earlier)



**BOARD OF UNANI, SIDDHHA AND SOWA RIGPA
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE
NEW DELHI-110058**



User Manual Una

National Commission for Indian System of Medicine

The National Commission for Indian System of Medicine is the statutory body constituted under NCISM Act, 2020 vide gazette notification extraordinary part (ii) section (i) dated 21.09.2020.

An Act..

- to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals of Indian System of Medicine in all parts of the country;
- that promotes equitable and universal healthcare that encourages community health perspective and makes services of such medical professionals accessible and affordable to all the citizens;
- that promotes national health goals;
- that encourages such medical professionals to adopt latest medical research in their work and to contribute to research;
- that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register of Indian System of Medicine.
- for India and enforces high ethical standards in all aspects of medical services;
- that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto

Ref. No 20-4/2021-NCISM

Dated: 23.08.2023



FOREWORD

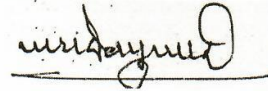
The Unani System of Medicine is an ancient healing system practised from time immemorial in the world, especially in the South Asian sub-continent, that has traversed civilizational evolution. Over the years, Unani education has evolved to blend traditional teachings with scientific advancements. The system has grown immensely in calibre and become institutionalised and regulated. At the same time, the Unani medical system is transferring over to systematic, standardised, and evidence-based approaches with perpetual scientific inputs, documentation, and research. Integrating modern medical knowledge into Unani curricula ensures graduates are well equipped to navigate contemporary health challenges. Now the Unani medicine holds a significant place within the Indian System of Medicine and has been seamlessly integrated into the national healthcare framework by the Government of India.

As far as Unani medical education is concerned, significant changes and developments have taken place in institution-based Unani medical education under the Indian Medicine Central Council Act, 1970. Now, under the provisions of the National Commission for Indian-System of Medicine Act, 2020, the Unani system of medicine underwent significant reforms aligning with National Education Policy 2020, global trends, and future needs. Now we are in the era of competency-based, dynamic curriculum incorporated with modern scientific advancements. More emphasis is given on activity-based learning/outcome-based learning, and horizontal-vertical integration to provide holistic quality education. This will again change in the future with the horizontal model of teaching. We must keep ourselves ready to be attuned to time and subsequent change.

This competency-based curriculum will breathe new life into Unani medicine education. The intended output of this curriculum is to produce physicians 'fit to practice' rather than students 'fit to pass'. The current curriculum in Unani Medicine will ensure that the students are equipped not only with the historical wisdom of the system but also with contemporary medical insights, enhancing their ability to provide holistic and effective care to patients.

The present syllabus is student-centric. Activity-based learning is designed to promote the competency level of the students. The enormous effort taken by the syllabus framing committees under the leadership of the President of the Board of Unani, Siddha and Sowa-Rigpa, Dr. K. Jagannathan is clearly visible in this document. I congratulate the entire team and Dr. K. Jagannathan for the same.

On behalf of the commission, I request all teaching faculties to give this document a serious reading, discuss it with their colleagues, understand the concepts, contents, and methods, and implement them for the benefit of the students. No need to mention it here; your feedback is very valuable for us.



Vaidya Jayant Deopujari



FOREWORD

NCISM, constituted under the National Commission for Indian System of Medicine Act, 2020, is marching ahead to bring revolutionary changes since its establishment (June 11, 2021) in the areas of medical education, healthcare services, research, etc. that are appropriate to the present context and the future. Determining the standards of education and evolving a competency-based dynamic curriculum to develop appropriate skills, knowledge, attitudes, values, and ethics among the students is one of the main functions of the Board of Unani Siddha and Sowa-Rigpa (BUSS), the autonomous board under NCISM.

The commission started working by aiming for 2030 and aligning with National Education Policy 2020 and global trends. Accordingly, the Minimum Standards of Undergraduate Unani Education Regulations 2022 (NCISM MSE-Unani UG 2022) was framed and notified in the gazette with various reforms such as the reversal of teaching hours of theory and practical from 2:1 to 1:2; the introduction of non-lecture hours by incorporating advanced teaching-learning (TL) methods to promote activity-based teaching and learning; the implementation of elective courses to motivate a multi-disciplinary approach; the introduction of formative assessment to ensure individual attention and progression; the execution of early clinical exposure to leverage clinical skill; updating with scientific advancements, etc. For the overall development of students, separate hours for library, sports, and recreation are also insisted in the timetable as mandatory.

The objective of the BUMS program is to produce efficient and skilled clinicians. For this purpose, a well-structured syllabus is indispensable to teaching and training the students to accomplish course objectives and outcomes and ultimately the program objectives and outcomes. To achieve this, the commission introduced CBME/OBME (Competency Based Medical Education/Outcome Based Medical Education). In each subject, learning objectives (LO) are clearly defined in the concerned domain of learning, and great emphasis has been placed on LOs that are essential to becoming successful clinicians. These are all included in the syllabus with appropriate weightage in teaching hours as well as in assessment. Before framing the curriculum and syllabus, NCISM/BUSS consulted stakeholders (undergraduate students, interns, postgraduate students, and teaching faculties) methodically to get their inputs and insights and by conducting thought experiments among teaching faculties.

Second professional subjects being the linking subjects between foundational subjects of the first profession and clinical subjects of the final profession, enough care has been taken in developing the

syllabus of second professional subjects. As indicated by NEP-2020, to ignite critical thinking among students, project-based as well as various activity-based learning methods are introduced in the syllabus. To bring continuity and connectivity to the subjects, integrated teaching is also brought in wherever it is possible. Assessment is another major issue in education. Conducting objective-oriented examinations and maintaining uniformity in examining all students is a major challenge. To address both issues, the blueprint of the questions and the weightage and structure of the practical and clinical are also clearly defined in the present syllabus.

My sincere thanks to the core committee and chairman, coordinator, and expert members of all subject committees for their valuable input and efforts in shaping this syllabus. I am sure and confident that this syllabus will lay down a definite path that will lead to the production of knowledgeable and skilled clinical practitioners of Unani. This is my sincere request to teachers: to understand the objectivity of the subject and to put forth maximum efforts to achieve the same. I would also like to request that the heads of the institutions prepare dynamic timetables so that various activities specified in the syllabus may be accommodated and conducted comfortably.

Finally, to say, NCISM has brought several **reforms** in education appropriately; as per the curriculum and syllabus, Unani teaching faculties shall **perform** to execute, and if doing so, we could **transform** Unani medical education to a higher level to fulfil future demands.



Dr. K. Jagannathan
President, Board of Unani, Siddha and Sowa-Rigpa

Prologue

Since 2021-22 admitted batch NCISM had accepted competency/outcome based curriculum. This is an educational framework that centres around clearly defined learning outcomes or objectives. In this approach, the curriculum is designed and structured based on the desired knowledge, skills, and competencies that students should attain by the end of a course or program. Instead of focusing solely on content delivery, outcome-based curriculum emphasizes the demonstrable results of learning.

The process involves identifying specific learning outcomes, aligning instructional strategies and assessments to these outcomes, and continuously assessing students' progress and achievement. This approach enhances transparency, as both educators and students have a clear understanding of the intended learning goals. Outcome-based curriculum fosters active learning, critical thinking, and practical application of knowledge, better preparing students for real-world challenges. It also allows for continuous improvement by incorporating feedback and adapting the curriculum to meet evolving educational needs.

Outcome-Based Curriculum (OBC) is structured around the alignment of several key elements: General Abilities (GA), Program Learning Outcomes (PLO), and Course Learning Outcomes (CLO). Mapping these elements helps ensure a coherent and effective educational framework.

General Abilities (GA) encompass a set of skills and attributes that students should develop across their academic journey. These abilities often include critical thinking, communication, teamwork, ethical awareness, and more. They represent the overarching qualities that students should possess upon graduation.

Program Learning Outcomes (PLO) are specific statements that articulate what students should achieve by the time they complete a program of study. PLOs reflect the essential knowledge, skills, and competencies relevant to a particular field. They guide the curriculum design by outlining the program's intended outcomes.

Course Learning Outcomes (CLO) are detailed objectives for individual courses within the program. They break down the broader PLOs into specific, measurable statements that define what students should be able to do after completing a particular course.

Mapping involves aligning GA, PLO, and CLO to ensure a seamless progression of learning. It ensures that each course's CLOs contribute to achieving the program's PLOs,

and that both are in line with the development of GA. Mapping ensures that the curriculum is coherent, progressive, and that students are consistently building the desired skills and knowledge. This alignment aids in assessment and evaluation, as well as in demonstrating the effectiveness of the educational program in producing graduates with the intended abilities and outcomes.

Graduate Attributes(GA): -

GA1	<p>Profound Knowledge of Unani system of medicine and attitude</p> <p>کتاب القانون لا یسمن یدعصناعة الطب ویکتسب بها ان لا یكون جله معلوما محفوظا عنده فإنه مشتمل علی أقلما لابد منه للطیب. (القانون فی الطب)</p> <p>واجب است که طبیب سعی نماید در فهم اصول صناعت تا که متمکن باشد در فهم حدود امراض و علل و عرضیات آنها بداند و معرفت اجناس و انواع امراض حاصل نماید و اقتدار بر تقسیمات آنها بخوبی باید. (رموز اعظم)</p>
GA2	<p>Competent and Skilled Unani Physician and Surgeon</p> <p>خبیرا بالعلاج و اقسامه و سائرتدابیره لحفظ الصحة و ازالة المرض، علما و عملا. قادرا علی التقدم بالانذار. (ادب الطیب)</p> <p>متمکن باشد از تشخیص که استخراج نماید دوارا از طبیعت مرض در کیفیت دوا از کیفیت مرض و کمیت دوا از کتب مفردات و استخراج مرض از قسمت مرض کند و استنباط ادویه بقیاس ما خود از تاثیرات آنها.</p> <p>معالجه بدوائے غذائی نکند تا آنکه ممکن بغذا باشد، استفراغ ماده بطریق قویتر نکند چون بطریق خفیف تر ممکن باشد مثل قه و حقنه از فصد و حجامت. (رموز اعظم)</p>
GA3	<p>Team spirit and Leadership</p> <p>جالینوس گوید که برگاه طبیرا احتیاج شود بمشوره در امرے پس در بدایت مشوره آن اوشبان بگیرد و عقب آن نیک بسوئے پیران ببر پس آنچه در آنچه در آن نیک تر باشد آن را اختیارکن. (رموز اعظم)</p>
GA4	<p>Critical thinker, problem solver and decision maker</p> <p>طبیب را که لطیف الخطاب، ذکی الحس، صائب الرائے، حاضر الخاطر باشد. (رموز اعظم)</p>
GA5	<p>Good Communicator and Counsellor</p> <p>ماهرا بمساءلة المریض او خدمه علی ترتیب طبیعی. (ادب الطیب)</p>
GA6	<p>Dedicated and self-directed lifelong learner</p> <p>ان یكون دائما حریصا علی التعلم من الاساتذة، والاطباء والکتب. (کلیات ابن رشد)</p> <p>شدید العنایات بجمیع کتب بقراط و جالینوس باشد آنچه در کتب اوشان رائے خودبا داده اند و بحث کند از غوامض آنها و تذاکره از صاحب آنها و حریص باشد بنظر در آنها. (رموز اعظم)</p>
GA7	<p>Ethical and environmentally responsible Professional who also respects cultural diversity</p> <p>طبیب اقتدا کند بوصایائے بقراط (رموز اعظم)</p> <p>طبیب را باید که شفیق، رفیق اللسان رحیم برضعیفان و فقیران سبقت کننده بمعالجه ایشان قبل معالجه اغنیاء، فرق نکند در تابع و متبوع، و توقع نفعو مکافات از ایشان در علاج ندارد، و اگر ممکن باشد</p>

	ادويهغرياء از مال خود دده، پسندیده اخلاق، كثير الرحمة بجملة حيوانات، وكرابت كند از اذيت دادن به آنها- (ايضا)
GA8	<p>Research based community Practitioner</p> <p>ينبغى للطبيب ان يتحصل علوم الطب باكملة ولوبغير دليل حتى يسهل له البحث والتحقيق كلما احتاج- (المعالجات البقراطية)</p> <p>ان صناعته الطب انما وجدت واستخرجت فى اول الامر بالقياس مع التجارب- وهذا الوقت ايضا انما يجيد علا جياويحسن عملها من استعمال هذين البابين-(كتاب جالينوس فى التجربه الطبيه)</p>

Program Outcomes (PO)

	Program Outcomes (PO)
PO1	<ul style="list-style-type: none"> Appraise the basic principles of Unani medicine (<i>Kulliyat-e-Tibb</i>) which are important in maintaining <i>Tabiyat</i> and apply them to a wider variety of clinical and research contexts keeping in view of national health priorities.
PO2	<ul style="list-style-type: none"> Display confidence and proficiency in applying Unani fundamental principles, skills as well as recent contemporary knowledge, skills and tools) for offering <i>Tashkhees</i> (diagnosis) & <i>Tajweez</i> (prescription) for <i>Tahaffuzi</i> (preventive), <i>Ghizai</i> (dietetic), curative, health promotive, rehabilitative care through <i>Ilaj bit Tadbeer</i> (Regimenal therapy), <i>Ilaj Nafsani</i> (Psychotherapy), <i>Ilaj bid Dawa</i> (Pharmacotherapy) and <i>Ilaj bil Yad</i> (Surgery) within a quality and safety framework Recognize, respond to and learn from adverse events and medical errors.
PO3	<ul style="list-style-type: none"> Demonstrate ability to manage roles, responsibilities and expertise of the health professionals, able to work in teams to deliver health care services Engage in meaningful public discourse, with a profound awareness of community needs
PO4	<ul style="list-style-type: none"> Demonstrate competence as critical and creative thinker, with an aptitude for continued self-directed learning Display excellent interpersonal and decision-making skills Demonstrate technical and problem solving skills

PO5	<ul style="list-style-type: none"> • Demonstrate oral and written communicative skills which may be used for patients, families, colleagues and community.
PO6	<ul style="list-style-type: none"> • Exhibit passion for further study/learning of medical science(including the contemporary medical sciences)
PO7	<ul style="list-style-type: none"> • Committed to excellence. • Apply the principles of ethics in health care and research. • Advocate improving the sustainability of the environment and be well versed with techniques & methods of proper hospital waste disposal. • Display sensitivity and responsiveness to cultural diversity.
PO8	<ul style="list-style-type: none"> • Apply research outcomes in updating medical practices and treatment. • Compare and assess scientific evidence through critically evaluating relevant medical literature.
	GA 1 to GA 8 are matched to PO1 to PO 8.

User Manual for I B.U.M.S was released with I curriculum in March 2022. II year curriculum includes new TL methods and New Assessment methods, User Manual for II B.U.M.S is now released with enhanced contents and customised for II year curriculum.

User manual.

Welcome to the new curriculum of NCISM for II Professional B.U.M.S. This introduction provides a preliminary overview before delving into the curriculum file for any specific course. These guidelines are designed to assist readers in navigating the document with ease. This document encompasses a range of terms, some of which may be familiar, while others might be less so. In this introduction, we offer explanations for several terms. For those who have previously used this manual in I B.U.M.S. you can expect to encounter new tables, explanations, and teaching and assessment methods specific to the second year. These additions will contribute fresh content to your understanding and usage of the manual. As you proceed through the curriculum, keep in mind the blend of familiar concepts and new information, all tailored to enhance your educational experience in II Professional B.U.M.S.

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COURSE CURRICULUM FOR SECOND PROFESSIONAL B.U.M.S
(PRESCRIBED BY NCISM)
ILMUL ADVIA
(PHARMACOLOGY)
(SUBJECT CODE: UNIUG-IA)
(Applicable from 2021-22 batch, from the academic year 2023-24 onwards for 5 years or until further notification by NCISM, whichever is earlier)

ncism
॥ आयुषे सर्वलोकानाम् ॥

BOARD OF UNANI, SIDHA AND SOWA-RIGPA
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE
NEW DELHI-110058

NCISM_II BUMS_U

NCISM
II Professional Kamile Tib o Jarahat
(Bachelor of Unani Medicine and Surgery – B.U.M.S)
Subject Code: UNIUG-IA
ILMUL ADVIA
(PHARMACOLOGY)

Summary

Total number of Teaching hours: 320			
Lecture hours (LH)-Theory		120 Hours	120 (LH)
Paper I	60 Hours		
Paper II	60 Hours		
Non Lecture hours (NLH)-Theory		60 Hours	200 (NLH)
Paper I	30 Hours		
Paper II	30 Hours		
Non Lecture hours (NLH)-Practical		140 Hours	

Examination (Papers & Mark Distribution)					
Item	Theory Component Marks	Practical Component Marks			
		Practical	Viva	Elective	IA
Paper I	100	100	30	-	20
Paper II	100				
Sub-Total	200	150			
Total marks	350				

Important Note:- The User Manual II BUMS is a valuable resource that provides comprehensive details about the curriculum file. It will help you understand and implement the curriculum. Please read the User Manual II before reading this curriculum file. The curriculum file has been thoroughly reviewed and verified for accuracy. However, if you find any discrepancies, please note that the contents related to the MSE should be considered authentic. In case of difficulty and questions regarding curriculum write to unani@ncismindia.org

NCISM_II BUMS_ UNIUG-IA 2

Second page is Summary page for the Course. The Page will provide at a glance information of Lecture and Non-Lecture hours, Distribution of hours as per papers, Distribution of Marks (Theory and Practical).

Next table is Index. All the major tables are indexed.

Curriculum: The curriculum is defined as the guideline of the academic content covered by an education system while undergoing a particular course or program. Curriculum has a wider scope which covers the knowledge, attitude, behaviour, manners, performance & skills that are imparted or

inculcated in a student. It contains every aspect from objectives to assignments. This is outcome-based approach of the curriculum.

Graduate attributes reflect the particular quality and feature or characteristics of an individual, including the knowledge, skills, attitudes and values that are expected to be acquired by a graduate through studies at the higher education institution.

The graduate attributes include capabilities that help strengthen learners' abilities for widening current knowledge base and skills, gaining new knowledge and skills, undertaking future studies, performing well in a chosen career and playing a constructive role as a responsible citizen in the society.

Program learning Outcomes deal with the general aspect of graduation for a BUMS program, and the competencies and expertise a graduate will possess after completion of the program. Name of the Programme : Bachelor of Unani Medicine and Surgery (B.U.M.S.)

As per new MSE, This programme (BUMS) is divided in three Professional years of 1.5 years each, followed by 1 year of internship. I professional BUMS has five courses (Subjects).

Objectives

Bachelor of Unani Medicine and Surgery programme.- The Bachelor of Unani education namely, the Bachelor of Unani Medicine and Surgery (B.U.M.S.) shall produce Graduates, having profound knowledge of Unani Medicine along with the contemporary advances in the field of Unani Medicine supplemented with knowledge of scientific and technological advances in modern sciences and technology along with extensive practical training, as an efficient physicians and surgeons for the health care services.

Course Code and Name of Course

(Subjects for Second Professional B.U.M.S.)

Sl. No.	Subject code	Subject	Equivalent Terms
1.	UNIUG-IA	Ilmul Advia	Pharmacology
2.	UNIUG-ISM	Ilmul Saidla wa Murakkabat	Unani Pharmacy and Compound Drugs
3.	UNIUG-TST	Tahaffuzi wa Samaji Tib	Preventive and Social Medicine
4.	UNIUG-MA	Mahiyatul Amraz	Pathology
5.	UNIUG-TQS	Ilme Tibbe Qanoon wa Ilmul Samoom	Medical Jurisprudence and Toxicology
6.	UNIUG-SUI	Sareeriyat wa Usoole Ilaj	Bed side Clinic and Principles of Management
7.	Electives (Minimum three) Subjects		

Course code: is an abbreviation of selected alphabets given to the course (subject).

Name of the course: Complete name of the course is indicated in the table in each course.

Next table explains Course learning outcomes (CO) and they are matched with Programme learning outcomes.(PO)

Table 1- Course learning Outcome and matched Program learning outcomes.

SR1 CO No	A1 Course learning Outcome (CO) UNIUG- At the end of the course UNIUG-: the student should be able to-	B1 Matched program learning outcomes.

SR1: Course learning Outcome are numbered in column SR1. CO<Number> for the UNIUG-: These number will be used in the table 3 in column A3.

A1: Course Learning Outcome (CO) :

Course Learning outcomes (CO) is a detailed description of, what a student must be able to do at the completion of a course. CO helps the learner to understand the reason for pursuing the course. Learner can visualize the learning (it may be knowledge, Skills or attitude) at the end of the course.

Learning outcome is measurable and involves the structuring of two parts, a verb and an object.

The verb phrase describes the intended cognitive process or what the learner is intended to do, and the object phrase describes the knowledge students are expected to acquire or construct.

B1: Program learning Outcomes (POs) matched with Course learning outcomes (CO)

Kamile Tib O Jarahat (BUMS) is a programme and outcomes for this are explained in earlier section. This column explains CO in column A1 matched with the appropriate PO<number> written in row in front of COs

Table 2: Contents of the Course-

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours

Table 2 explains contents of course. List of topics and distribution according to term and marks.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours

A2: List of topics UNIUG-: List of the topics (main and subtopics) those are included in the course.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours
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B2: Term – The course is of three terms of six months each. Topics in A2 are to be covered in three terms. This column indicates topics to be covered as per each term. Indicated by I, II, III.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours
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C2: Marks: This column indicates distribution of marks for the topic or group of topics in the course. Useful for considering the weightage of the topic in the course.

Term wise distribution is indicated in column B2 and marks distribution in C2.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours
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D2 and E2 : Lecture and Non Lecture Hours:- Defines the Total number of hours allotted for the course. As per MSE, they are divided in lecture and non-lecture hours.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours
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D 2 Lecture hours: Lecture is an exposition of a given subject or discourse on a particular subject delivered before an audience or class. Lecture is commonest method used in the classroom for teaching. Now it is supplemented with A/V aids. Expectations from the lecture are interactive lectures. Interactive teaching method is a teaching process which is conducted through the interaction between the teacher and the learner. It is within the existing learning conditions, aiming to transfer common knowledge, skills, and values to the student.

These can be brief segments within a larger lecture-based class and can include a single or mix of several different Teaching learning and student engaging techniques. Total number of hours required to complete the topic are indicated in the column.

	A2 List of Topics UNIUG-	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours
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E2 Non Lecture Hours:- Practical-Learning means knowledge gained by implementing theory in real-life activities. This way of learning helps students to remember the topic for a long time and also

to master it. Practical-learning makes the study more enjoyable, with the highest engagement in the topic.

Learning can be with various ways. Based on objectives like Disseminate knowledge, Develop capability to use ideas, to test ideas, to generate ideas, Facilitate the personal development of students, self directed learning.

Common methods like Reading, Handouts, Guest lectures, using library and other learning resources, Case studies, Work experience, Projects, Demonstrations, Group working, Simulations, Workshops, Discussion & debates, Essay writing, tutorials, Presentations, compilations, feedback on written work. Some others like Peer assessment, Research projects, Workshops on techniques of creative problem solving. Team based learning like Group working, Action learning, field work. Generating ideas with Lateral thinking, Brainstorming, Mind-mapping, Creative writing, drawing. Others like Problem solving, Experiential learning, Role play, Mentors, Reflective logs and diaries, independent study/ self-directed learning, Work placement, Portfolio development etc.

Activities based as relevance of are expected as a part of learning experience. Time required for these activities along with different newer Teaching learning methods supported by various Audio Visual aids can be considered as **non-lecture hours**. These hours are indicated as per topic list in this column.

(Teaching hours for Second Professional B.U.M.S Subjects)

Second Professional B.U.M.S.					
<i>Working days = 320, Teaching hours = 2240 including 320 clinical hours</i>					
Sl. No.	Subject code	Name of Subject	Number of teaching hours		
			Lectures	Non-Lectures	Total
1.	UNIUG-IA	Ilmul Advia (Pharmacology) Paper (I) Kulliyate Advia wa Advia jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology) Paper (II)-Advia Mufradat (Single Drugs)	120	200	320
2.	UNIUG-ISM	Ilmul Saidla wa Murakkabat (Unani Pharmacy and Compound Drugs) Paper (I)- Ilmul Saidla (Unani Pharmacy) Paper (II)- Advia Murakkabat(Compound Drugs)	120	200	320
3.	UNIUG-TST	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)	120	180	300
4.	UNIUG-MA	Mahiyatul Amraz (Pathology) Paper (I)- Mahiyatul Amraz Umoomi wa Ilmul Jaraseem (General Pathology and Microbiology) Paper (II)- Mahiyatul Amraz Nizami (Systemic Pathology)	160	260	420
5.	UNIUG-TQS	Ilme Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)	100	180	280
6.	UNIUG-SUI	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)	100	180	280

7.	Clinical hours at Hospital or Laboratory or Pharmacy or dispensary etc., (1 hour per day)	-----	320	320
Total		720	1520	2240

(Note: Clinical hours to be added to non-lecture hours of concerned subject while calculating attendance)

Table 3: Learning objectives (Theory) of Course UNIUG-:

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
Topic 1- <Topic point > (Lecture- <Number> hours, Non lecture <Number> hours)									

Table 3 Learning objectives of course UNIUG-: contents. This table contains ten columns. This comprehensive table explains Topic and subtopic wise points in the table. Matched lecture and Non-lecture hours explained as per D2 and E2 columns. It also explains learning Objective of the topic, Domain and subdomain as per Blooms Taxonomy, level, appropriate Teaching learning Method, assessment method, type of assessment and Integration for teaching.

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
Topic 1- <Topic point > (Lecture: <Number> hours, Non lecture <Number> hours)									

A3 indicates Course learning outcome (CO): - CO are explained in Column A1. Topic list is explained in column A2. This column A3 explains relation of Topic in list and course outcome denoted corresponding CO number. One topic and Objectives for topic may contribute in one or more than one CO's. They are also denoted in this column.

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
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B3 Learning Objectives: - Learning objectives are clearly written, specific statements of observable learner behaviour or action that can be measured upon completion of an educational activity. It is a description of what the learner must be able to do upon completion of an educational activity. A well-written learning objective outlines the knowledge, skills and/or attitude the learners will gain from the educational activity. One Topic covers one or many learning objectives. They are noted in Column B3. Each objective start with a verb. Before that line in the first cell “At the end of the session, the student should be able to” is common to all the statement.

A3 Course outcome	B3 Learning Objective (At the end of the session, the student should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
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C3 indicates **Domain of learning**. Benjamin Bloom has identified three domains of educational activities. The three domains are Cognitive, psychomotor and affective. Cognitive is for mental skills (Knowledge), Psychomotor is for manual or physical skills (Skills) while Affective is for growth in feelings or emotional areas (Attitude), They are also indicated by KSA (Knowledge, Skills and Attitude). All activities related to teaching and learning are aligned to these domains of learning.

Cognitive domain involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. There are six major categories. They are in ascending order. Lowest level is Knowledge (Recall), followed by Comprehension, Application. Analysis, Synthesis and Evaluation in the pyramid. They starting from the simplest to the most complex.

Cognitive/Knowledge- This level involves the foundational understanding of facts, concepts, and information. It includes recalling specific details, definitions, and essential terms, showcasing the ability to remember and recognize information.

Cognitive/Comprehension -At this level, individuals grasp the meaning of information, rephrase it in their own words, and interpret it. They demonstrate understanding by explaining concepts, summarizing content, and translating complex ideas into simpler terms.

Cognitive/Application - This level focuses on using learned knowledge to solve practical problems or perform specific tasks. It involves applying principles, concepts, or methods in real-world scenarios, demonstrating the ability to transfer theoretical understanding into practical use.

Cognitive/Analysis - At the analysis level, individuals break down complex ideas into smaller parts, identifying patterns, relationships, and causes. They delve deeper into information, evaluating components and recognizing connections between various elements.

Cognitive/Synthesis - Synthesis involves combining separate elements or concepts to form a new, cohesive whole. Individuals at this level create original interpretations, develop new ideas, or generate solutions by integrating different pieces of information.

Cognitive/Evaluation-This level entails making judgments and assessments about the value, validity, or quality of information, theories, methods, or solutions. Individuals critically analyze and compare ideas, weigh evidence, and form reasoned conclusions based on established criteria.

These cognitive levels represent a progression from basic understanding to critical thinking and creative synthesis, showcasing the depth of intellectual engagement in the learning process.

Psychomotor domain includes physical movement, coordination, and use of the motor skill areas. Development of these skills requires practice and is measured in terms of speed, precision, procedures, or techniques in execution. The seven major categories listed in order are Perception, Set, Guided response, Mechanism, Complex Overt Response, Adaptation and Origination.

Perception - This category involves becoming aware of and recognizing stimuli. It's the foundational level where individuals start to notice and identify relevant cues.

Set - Set refers to mentally preparing oneself to execute a specific physical action. It includes getting ready and understanding what needs to be done.

Guided Response - At this level, individuals follow instructions and perform tasks under guidance or supervision. They demonstrate basic motor skills based on clear directions.

Mechanism - Mechanism is about performing tasks with improved coordination and efficiency. Individuals gain better control over their movements and actions.

Complex Overt Response - Complex overt response involves executing intricate and coordinated actions with smoothness and precision. It's a step beyond basic mechanics, indicating a higher level of proficiency.

Adaptation - Adaptation entails modifying movements and responses based on changing conditions or unexpected situations. Individuals display flexibility and the ability to adjust their actions.

Origination - Origination is the highest level, involving the ability to create new movements, techniques, or approaches. Individuals at this stage innovate, improvise, and develop novel solutions.

These categories represent a hierarchical progression in motor skill development, starting from basic awareness and progressing to the ability to innovate and create new movements.

Affective domain includes the manner in which we deal with things emotionally, such as feelings, values, appreciation, enthusiasms, motivations, and attitudes. The five major categories listed in order are: Receiving, Responding, Valuing, Organization and Internalizing values (characterization).

Affective/Receiving - This level involves being open to and aware of certain stimuli or information. It signifies a willingness to pay attention and acknowledge ideas, opinions, or feelings from others.

Affective/Responding - At this level, individuals actively respond to the stimuli they've received. This might include expressing opinions, showing interest, or participating in discussions related to the received information.

Affective/Valuing - Valuing reflects the development of a personal connection and attachment to certain values, ideas, or feelings. Individuals at this level begin to attach significance and importance to what they've received and responded to.

Affective/Organization - Organization entails the organization of values and beliefs into a coherent and consistent framework. Individuals at this level structure their values, aligning them with each other and with their own personal identity.

Affective/Characterization - Characterization is the highest affective level, representing the internalization and embodiment of values. Individuals at this level consistently demonstrate their values through actions and behavior, making these values an integral part of their identity. These affective levels illustrate a progression from simple awareness and acknowledgment to a deep integration of values into one's identity and actions.

These are denoted in column C3 e.g., Cognitive/Knowledge.

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
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D3 : Considering the Course outcome, Learning objective, level of learner(UG/ PG etc), topics are classified into Must to know, Desirable to know and Nice to know. This classification is essential to focus depth of the teaching, allotted time and efforts in teaching. It reflects in

Teaching learning Methods and assessment. Must know should be covered in depth, Desirable to know as an introduction and Nice to know should be a sensitization.

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
Topic 1- <Topic point number> (Lecture: <Number> hours, Non lecture <Number> hours)									

E3 Levels of competencies in Clinical practice. It is based on Millar’s Pyramid. It is divided in four levels. Lower two levels are Know and Know how based on Cognitive. Top two Shows and does for behaviour. Lower three levels are useful in UG. In any topic based on the Domain and importance, Level, Teaching and learning activities as well as Assessment methods are planned. These levels for each objective in topic are noted in Column E3.

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Te rm	J3 Integration
Topic 1- <Topic point number> (Lecture: <Number> hours, Non lecture <Number> hours)									

F3 T – L Methods: - Teaching learning methods. Teaching learning methods are planned based on Topic need, Domain, Importance, Level to be assessed. This column indicates traditional methods like lecture as well as interactive methods.

Lecture method is an educational presentation delivered by an instructor to a group of students with the help of instructional aids and training devices. In lecture method, the teacher orally presents the course material in an organized way to the students. Lectures may contain varying level of student participation, and the students take notes. Lecturing is one of the oldest methods of teaching used by the teachers of higher education. Lecture method gives more importance to content presentation, where the teacher is active and the students are passive, but the monotony of teaching will be overcome by various methods of Interactivity and Audio-visual aids. It is fastest and easiest way of large group teaching. Lecture method helps to motivate, clarify doubt, review the understanding by verbal and nonverbal responses.

- **Lecture with PowerPoint (PPT):** The instructor uses PPT slides to deliver structured content visually. These slides can include key points, diagrams, images, and concise explanations. PPT enhances understanding by presenting complex information in a digestible format. The visual appeal maintains student engagement and aids in retention. However, it's important to balance slides with verbal explanations to ensure active participation and prevent a passive learning environment.
- **Group Discussions:** After the lecture or specific segments, students engage in group discussions. This allows them to share their interpretations, ask questions, and explore the material collaboratively. Group discussions promote critical thinking, diverse perspectives, and the application of concepts to real-world scenarios. It's an opportunity for students to actively process information, voice opinions, and learn from their peers' insights.
- **Video Clips:** Integrating relevant video clips enhances learning by providing visual context and real-world examples. Videos can depict medical procedures, historical events, scientific experiments, or interviews with experts. Visual demonstrations offer an additional layer of understanding and cater to different learning styles. After watching a video, students can analyze, discuss, and relate the content back to the lecture material.
- **Interactivity and Engagement:** This combined approach fosters active participation. Students interact with the PPT slides, engage in meaningful discussions, and connect with video content. These interactive elements cater to various learning preferences and encourage students to take ownership of their learning journey.

- **Comprehensive Learning:** Each component of the approach contributes uniquely. Lectures with PPT provide a foundation of knowledge, group discussions encourage critical thinking, and video clips offer practical context. The synthesis of these methods enriches the overall learning experience.
- **Effective Time Management:** Group discussions and video clips can be strategically placed within the lecture to break the session into manageable segments. This prevents information overload and provides opportunities for reflection.
- **Technology Integration:** Leveraging technology such as video-sharing platforms and collaboration tools for group discussions enhances accessibility and participation, especially in hybrid or online learning environments.
- **Assessment and Evaluation:** The integrated approach allows instructors to assess students' understanding through their participation in discussions, responses to video-related questions, and their ability to connect concepts from the lecture and videos.

In lecture, various other methods can be included. A large classroom can be converted to small groups. Converting large classrooms into smaller ones. It's about making a comfortable space for discussions and learning. In smaller classrooms, students can talk more easily, ask questions, and work closely with others. It's a place where everyone's voice can be heard, and students can really get into the subjects they are studying. This change makes learning more interactive and personal, helping students connect better with their peers and teachers. Turning big classrooms into smaller ones comes with several advantages for their learning experience:

Personal Connection -In a smaller space, students can interact more closely with their classmates and teachers. This creates a sense of community and makes it easier to ask questions and share their thoughts **Active Participation** -Smaller classrooms encourage everyone to get involved in discussions and activities. Student won't feel lost in a crowd, and their voice matters. **Deeper Understanding** With fewer people around, student can have more in-depth conversations about the subjects they are studying. Students will have the chance to explore ideas from different angles. **Focused Learning** - it's easier to stay focused on the lesson. Distractions are reduced, allowing students to engage more fully with the material. **Increased Collaboration** - Working closely with classmates in a smaller space promotes teamwork. students can share ideas,

solve problems together, and learn from each other. **Better Feedback** - Teachers can pay more attention to individual students in a smaller classroom. This means student can get more personalized feedback on their progress. **Inclusive Environment** - Smaller settings often feel more inclusive and welcoming. Students' are more likely to feel like a valued part of the group. **Active Learning**:-Activities like group discussions, debates, and hands-on exercises are more effective in small classrooms. Students' are actively involved in their learning journey.

Discussions - Guiding discussions is a teaching method that offers both incredible rewards and some challenges. It's a way to encourage critical thinking in a dynamic manner. By using discussions as a central teaching technique, we can prompt active thought and engagement. Even large groups can be transformed into smaller ones, creating an opportunity for more interactive activities. While leading discussions can be demanding, it's also incredibly satisfying as it nurtures a deeper understanding of the subject and enhances collaborative learning.

Brainstorming - Imagine a storm of ideas where creativity flows freely! Brainstorming is an exciting teaching technique that encourages you to generate a bunch of fresh ideas in a short time. This happens in a group setting, where no idea is considered wrong. It's all about sparking innovative thinking and finding new solutions. By sharing their ideas and hearing others', you get to explore a wide range of perspectives. This method nurtures their creativity and helps you approach challenges with a creative and open mind. is used as one of the teaching methods. the students participate by responding or presenting views on the topic. This technique encourages new ideas among students.

Inquiry-Based Learning Inquiry-Based Learning begins with the art of questioning, as students either spontaneously generate queries or are guided to do so. These questions serve as the catalyst for exploration, leading students to seek answers through research, engaging activities, and collaborative efforts. This approach fosters an environment where students actively shape their learning, nurturing curiosity, critical thinking, and teamwork as they navigate the journey of discovery.

Problem-based learning (PBL) is a student-cantered approach in which students learn about a subject by working in groups to solve an open-ended problem. This problem is what drives the motivation and the learning.

Case-Based Learning - Similar to the methods discussed earlier, Case-Based Learning also involves diving into real-life situations. Here, students engage with a case, often drawn from clinical practice or real-life scenarios, as a starting point for learning. These cases encourage

students to apply their knowledge and think critically. They analyze the situation, consider different angles, and propose solutions. This approach transforms learning into a practical adventure where students put their knowledge to the test by solving genuine problems.

Project-Based Learning - Project-Based Learning takes students on a different kind of journey. Instead of just learning from books, they spend a longer time, like a week, working on a single project. This project is a chance for them to put their learning to use and show what they've learned. They set goals for what they want to achieve, work on the project, and then present their work to their classmates. It's like a hands-on experience where they learn by doing.

Team-Based Learning (TBL) - In Team-Based Learning, learning is a team effort. Students prepare for class on their own, then come together in small groups to apply what they've learned. It's like a structured group activity where everyone contributes. The cool part is that it encourages students to be ready before class and helps them use what they've learned in a practical way. It's all about teamwork and applying knowledge to solve problems.

Flipped Classroom - Imagine learning in reverse! Flipped classrooms do just that. Before class, students do their homework by watching videos or reading materials provided by the teacher. Then, when they come to class, instead of a regular lecture, they dive into discussions and ask questions. It's like the classroom is flipped – what used to happen in class now happens at home, and the classroom becomes a hub for interaction and deeper understanding.

Blended Learning - Blended learning mixes things up in a cool way. It's like a blend of the traditional classroom and technology. Some parts of the learning happen online, and some still take place in class. It's a bit like the flipped classroom, but with a twist. This approach uses the power of technology and mixes it with good old classroom interactions, making learning more flexible and exciting.

Edutainment - Learning becomes fun with edutainment! It's all about mixing education and entertainment. Teachers use cool methods like videos, slideshows, demos, and discussions to keep students engaged and excited. Learning feels less like a chore and more like an adventure. Edutainment makes sure that students not only learn but also have a blast doing it.

Early Clinical Exposure (ECE) is a method that introduces students to real-world medical contexts early in their education, aligning theoretical knowledge with practical application. By immersing students in clinical settings, ECE instills relevance and motivation in their foundational

studies, offering a glimpse into the healthcare environment that drives their professional growth. Whether through firsthand patient interactions or recorded videos, ECE bridges the gap between theory and practice, preparing students for their medical journey with a deeper understanding and a tangible connection to their future profession.

Simulation-Based Learning offers a dynamic educational method where students can put their learned skills into action within lifelike scenarios. This approach transforms abstract concepts into tangible experiences through hands-on practice. Whether it's practicing with simulated patients or real ones in a controlled clinical setting, such as a clinical skills lab, students learn to make informed decisions as they navigate through various scenarios. This method not only enhances their technical skills but also cultivates critical thinking and decision-making abilities, preparing them for real-world challenges in the medical field.

Role plays form the foundation of dramatic engagement and offer a unique approach to learning. This technique involves assuming different roles and enacting scenarios or problems, providing a safe space to practice responses and actions. By stepping into these roles, students work through situations and refine their approaches in a risk-free environment. This approach is highly effective in nurturing cognitive, emotional, and communication skills. Through role plays, students not only grasp theoretical knowledge but also develop a practical understanding of how to apply it in real-life scenarios. This interactive method empowers them to enhance their problem-solving abilities, emotional intelligence, and effective communication techniques, preparing them for the complexities of the real world.

Self-directed learning Self-directed learning is a transformative process where individuals take charge of their own learning journey. This involves evaluating their learning needs, setting goals, actively engaging in the learning process, and evaluating their progress. In this method, students not only acquire crucial subject matter knowledge but also develop essential skills for lifelong learning. With the aid of numerous online tools, e-learning platforms, and Massive Open Online Courses (MOOCs) aligned with the syllabus, students have the opportunity to curate their learning experience. By selecting topics of relevance and significance, they tailor their learning to their interests and needs. Self-directed learning not only cultivates subject expertise but also hones skills such as self-discipline, time management, critical thinking, and independent decision-making. Through this approach, students become architects of their education, gaining knowledge and skills that extend far beyond the classroom.

Problem solving method: - Human beings face multi-dimensional problems in their lives, and they try to solve these problems in a particular way in the light of their previously gained knowledge and experiences. In this regard, it is essential for the students to be prepared for future or near future challenges by facing real life, or real like, problems in their learning environment, and finding appropriate solution of these problems. Many similar methods like Critical thinking, creative thinking can be part of this activity.

Kinesthetic Learning students perform hands-on physical activities rather than listening to lectures or watching demonstrations. Kinesthetic learning, values movement and creativity, is most commonly used types of instruction. Students are expected to do, make or create something. Poster making, model making, Chart making, Video Clip making. Many such activities can be part of learning.

Workshops offer an interactive and concentrated approach to learning, where students delve into specific topics and emerge with refined skills. These sessions not only foster skill development but also cultivate effective communication and ethical values. Through hands-on activities and discussions, students gain practical insights that align with program outcomes, bridging theoretical learning with real-world application. Workshops empower students with the tools and values needed for success in their medical journey.

Game-Based Learning Game-Based Learning introduces a captivating dimension to education, where students embark on quests to achieve specific goals. This approach seamlessly merges learning objectives with the excitement of earning points or badges, akin to video games. By immersing themselves in interactive challenges, students become problem solvers, navigating through scenarios and deciphering complex concepts in pursuit of achievement. Incorporating elements of gamification, this method engages students in a dynamic learning experience. As they conquer challenges, they develop critical thinking skills, strategize solutions, and deepen their subject understanding. This interactive journey not only enhances their knowledge but also fosters a sense of accomplishment and enthusiasm, transforming learning into an exciting adventure.

Library sessions extend learning beyond the classroom, offering students access to a treasure trove of resources. In these sessions, students dive into books, journals, and digital databases, honing their research skills and discovering a world of information. Library sessions empower students to explore topics in depth, supporting their academic growth and critical thinking abilities.

Peer Learning /Collaborative learning - Peer learning, a collaborative teaching method, encourages students to learn from each other. By working together on projects, discussions, and problem-solving activities, students exchange ideas, clarify doubts, and enhance their understanding. This approach nurtures teamwork, communication, and diverse perspectives, transforming learning into a collective journey.

Real-Life Experience - Real-life experiences bring classroom learning to life. Students engage with the practical application of their studies, whether through internships, clinical rotations, or hands-on activities. These experiences bridge the gap between theory and practice, equipping students with the skills and insights necessary for their future professions.

Regenerate.

Symposium - A symposium is a dynamic forum where experts and students come together to discuss and share insights on a specific topic. Through presentations, discussions, and debates, symposiums provide a platform for diverse perspectives and in-depth exploration. This collaborative approach encourages critical thinking and a comprehensive understanding of the subject matter.

Tutorial - Tutorials offer a personalized learning experience, allowing students to work closely with educators in small groups. In these sessions, students can clarify doubts, delve deeper into topics, and receive individualized guidance. Tutorials foster a supportive environment for asking questions and seeking clarification, enhancing overall comprehension.

Presentations - Presentations empower students to convey their ideas effectively to an audience. Whether through visual aids or verbal delivery, students develop communication skills and the ability to synthesize complex information. Presentations not only showcase knowledge but also cultivate confidence and public speaking abilities.

Practicals/ Hands-On Engagement. Practical sessions transform theoretical knowledge into practical skills. Through hands-on activities, experiments, and simulations, students gain a tangible understanding of concepts. Practical sessions enhance critical thinking, problem-solving, and decision-making abilities, preparing students for real-world challenges.

X-ray identification is a skill that enables medical professionals to decipher diagnostic images and uncover vital information. Through practice and guidance, students learn to identify anatomical structures, anomalies, and potential medical conditions. This skill sharpens observation abilities and cultivates a deep understanding of medical imaging techniques.

Case diagnosis involves analyzing patient data, symptoms, and medical history to arrive at accurate diagnoses. Students engage in critical thinking and problem-solving as they piece together information to identify the underlying health issue. This method not only enhances medical knowledge but also sharpens analytical and decision-making skills.

Lab Report Interpretation - Interpreting lab reports is essential for medical professionals to understand patient health. Students learn to analyze data from various tests, translating numbers and values into actionable medical insights. This skill fosters proficiency in understanding medical reports and aids in making informed clinical decisions.

Drug analysis equips students with the ability to comprehend the effects of pharmaceutical substances on the human body. Through research and practical exploration, students gain insights into drug interactions, mechanisms, and potential side effects. This skill contributes to safe and effective patient care, highlighting the crucial intersection of pharmacology and patient well-being.

Demonstrations, often referred to as demos, are potent tools for interactive learning. They present practical examples, clarifying complex concepts by providing hands-on experiences. Models, whether physical or digital, are a common subject for demos, allowing students to engage directly with abstract ideas and gain a deeper understanding. Through model demonstrations, students can visualize relationships, simplify intricate theories, and foster active participation, making learning both engaging and effective. Demonstrations are powerful tools that bridge the gap between theoretical knowledge and practical application. They provide students with visual and hands-on experiences, enhancing their understanding of complex concepts. Whether conducted at the bedside, in a lab, or in a garden, demonstrations bring learning to life by allowing students to witness theories in action.

Bedside demonstrations take learning beyond the classroom and into the realm of patient care. By observing medical procedures, assessments, and interactions with patients at the bedside, students gain practical insights that textbooks alone cannot provide. This method enhances clinical understanding, communication skills, and empathy, fostering a holistic approach to healthcare.

Lab demonstrations provide a hands-on experience to explore scientific principles in action. Through experiments and simulations, students witness concepts coming to life, deepening their comprehension and analytical skills. Lab demonstrations bridge theory and application, fostering critical thinking and an intimate understanding of scientific processes.

Garden demonstrations connect students with the natural world, particularly in fields like botany and herbal medicine. By observing plant growth, species identification, and cultivation techniques, students gain practical knowledge about plants' medicinal properties. Garden demonstrations offer a sensory and interactive learning experience, enriching students' understanding of nature's role in healthcare.

Field visits offer students a firsthand experience of real-world contexts related to their studies. Whether exploring ecosystems, healthcare facilities, or historical sites, these excursions bring theoretical concepts to life. Field visits foster a deeper understanding by allowing students to observe and interact with their environment, gaining practical insights that textbooks cannot provide. This experiential approach enhances knowledge retention, critical thinking, and a well-rounded perspective on the subject matter.

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G3 Assessments: This column indicates method of assessment for the given Topic. Various types of assessment methods are given as per domain. For assessment of cognitive domain MCQ, extended matching items, SAQ, LAQ, Essay writing, modified essay questions (MEQs), Constructed Response Questions (CRQs), case study, open book test etc. can be conducted.

Using different assessment methods in education is really important. Each method helps teachers understand how well students are learning. Some methods check basic knowledge, like multiple-choice questions, while others like essays show how well students can think and explain. When teachers use a mix of methods, they can see different skills that students have. This also helps students who learn in different ways. Plus, using different methods helps students learn new things and be ready for real-life situations. So, by using different ways to check what students know, teachers can see the whole picture of how well students are learning and growing.

1. Diverse assessment methods enhance evaluation fairness and effectiveness.
2. Methods target different learning aspects, from basic knowledge to critical thinking.
3. Various methods accommodate diverse student learning styles and strengths.
4. Different approaches foster a wide skill range, from problem-solving to collaboration.
5. Assessment methods reflecting real-world scenarios bridge theory and practice.
6. Varied methods minimize bias and offer accurate insight into students' abilities.
7. Methods like essay writing promote higher-order thinking and skills.
8. Mixing methods maintains student motivation and engagement.

Theory Extended Matching Item (EMI): Theory Extended Matching Items present students with scenarios or clinical cases along with a list of possible responses. Students are tasked with matching the most suitable response to each scenario, thereby demonstrating their comprehension of theoretical concepts in practical contexts. This assessment method not only evaluates students' ability to recall information but also tests their application of knowledge to real-world situations, encouraging critical thinking and decision-making skills.

Theory Essay Writing: Theory essay writing provides students with an opportunity to explore topics in-depth. By crafting well-structured essays, students not only showcase their theoretical understanding but also their ability to analyze, synthesize, and present coherent arguments. This method assesses not just knowledge retention but also the higher-order cognitive skills of analysis, evaluation, and effective communication.

Theory Modified Essay Questions (MEQs): Theory Modified Essay Questions challenge students to address complex scenarios that require the integration of theoretical concepts. By applying their theoretical knowledge to practical situations, students demonstrate their aptitude for critical thinking, problem-solving, and decision-making. This method goes beyond surface-level understanding, probing into students' ability to synthesize information and apply it effectively.

Theory Constructed Response Questions (CRQs): Theory Constructed Response Questions require students to provide detailed written responses to specific prompts. This method assesses not only students' comprehension of theoretical material but also their capability to apply

that knowledge to real-world scenarios. CRQs demand thoughtful analysis and application of theories, providing insights into students' ability to translate theoretical concepts into practical solutions.

Practical Exam: Practical exams assess hands-on skills and application of theoretical knowledge in real-world settings. Students demonstrate their proficiency in performing tasks relevant to their field of study, showcasing their ability to apply concepts learned in practice.

Presentation: Presentations require students to communicate their understanding of a topic to an audience. This method enhances public speaking and communication skills, while also assessing the student's grasp of the subject matter and their ability to synthesize information effectively.

Practical Performance: Practical performance evaluations gauge students' competency in applying acquired skills. Whether in a laboratory, clinical setting, or workshop, students are observed as they execute tasks, demonstrating their proficiency and practical application of knowledge.

Practical Survey: Practical surveys involve students collecting data from real-world scenarios. They learn how to design surveys, gather information, and analyze results. This method offers a hands-on experience in data collection and analysis, aligning theory with practical research skills.

Role Play: Role-playing scenarios assess students' ability to apply theoretical concepts to real-life situations. It tests their problem-solving, communication, and interpersonal skills by immersing them in simulated scenarios.

Model: Using models, students demonstrate their understanding of complex structures, systems, or processes. This hands-on approach assesses their ability to manipulate and interact with physical representations of theoretical concepts.

Poster: Poster presentations require students to visually present information, combining textual and visual elements. This method evaluates their capability to organize and convey complex concepts in a clear and concise manner.

Case Taking: Assessing students' interactions with simulated patients or cases evaluates their clinical and communication skills. It demonstrates their ability to gather information, diagnose, and recommend appropriate solutions.

Identification: Identification tasks assess students' knowledge of different elements, such as specimens, objects, or components relevant to their field. It evaluates their recognition and categorization skills.

Problem Solving: Practical problem-solving tasks replicate real-world challenges. Students apply their theoretical understanding to find solutions, showcasing their critical thinking and analytical skills.

Quiz: Quizzes serve as efficient assessments, evaluating students' grasp of core concepts and reinforcing theoretical fundamentals through repeated practice. They prompt ongoing review, aiding memory consolidation and providing immediate feedback on knowledge gaps.

Puzzles: Problem-solving puzzles push students to apply theoretical understanding in innovative ways. By challenging them to unravel intricate scenarios, these assessments nurture critical thinking, analytical skills, and adaptive reasoning.

Class Presentation: Presentations offer a multifaceted assessment platform. They not only gauge students' depth of subject knowledge but also hone their verbal communication, organization, and public speaking abilities, fostering well-rounded development.

Debate: Debates immerse students in dynamic discussions, honing research skills, critical analysis, and effective articulation of viewpoints. They encourage in-depth exploration of theoretical topics while evaluating persuasive capabilities.

Word Puzzle: Word puzzles inject an element of entertainment into vocabulary acquisition. Alongside assessing knowledge of essential terms, these puzzles stimulate cognitive connections, making learning engaging and memorable.

Online Quiz: Online quizzes blend technology with assessment, catering to tech-savvy learners. They provide immediate insights into students' understanding, making it a convenient tool for self-assessment and targeted improvement.

Online Game-Based Assessment: Game-based assessments leverage the allure of gaming to evaluate learning outcomes. By embedding educational objectives into interactive games, they enhance engagement while measuring knowledge application.

Making of Model: Crafting models bridges the gap between theory and practicality, evaluating students' ability to translate abstract concepts into tangible representations. This method fosters creativity, attention to detail, and spatial understanding.

Making of Charts: Designing charts showcases students' data interpretation and presentation skills. These assessments demand clarity in conveying complex information visually, assessing their ability to communicate effectively.

Making of Posters: Posters amalgamate creativity and communication skills. Crafting visually compelling representations of theoretical concepts evaluates students' visual design abilities and their capacity to synthesize and present information.

Interactions: Interactions foster dynamic engagement by assessing students' ability to communicate, collaborate, and respond effectively to diverse situations. These interactions can encompass discussions, debates, and role plays, evaluating their interpersonal and teamwork skills.

Critical Reading of Papers: Critical reading of papers hones students' analytical skills as they assess research articles. This method evaluates their capacity to extract meaningful insights, identify strengths and limitations, and engage with scholarly literature.

Creativity Writing: Creative writing assessments tap into students' imaginative prowess, challenging them to apply theoretical concepts in innovative ways. This approach fosters expression, original thinking, and the synthesis of diverse ideas.

Clinical Video Cases: Clinical video cases provide a virtual insight into real-world scenarios, testing students' diagnostic and decision-making skills. By evaluating their ability to analyze and respond to complex patient situations, this assessment mirrors clinical practice.

Simulated Patients: Simulated patients offer a controlled environment for students to interact with lifelike scenarios. This assessment method assesses clinical skills, communication, empathy, and the application of theoretical knowledge in a practical context.

Patient Management Problems: Patient management problems simulate real clinical challenges, evaluating students' ability to diagnose, treat, and manage patient conditions. This method assesses their clinical reasoning and application of theoretical concepts.

Checklist-Based Assessments: Checklist-based assessments provide structured evaluation criteria for various skills or tasks. They offer a systematic way to measure performance against predefined standards, ensuring comprehensive coverage of essential competencies.

OSCE (Objective Structured Clinical Examination): OSCE evaluates clinical skills through a series of stations, each focusing on specific tasks. This method rigorously assesses students' ability to perform practical procedures, communicate effectively, and demonstrate critical thinking under timed conditions.

OSPE (Objective Structured Practical Examination): OSPE evaluates practical skills in controlled settings. It involves multiple stations, each assessing specific skills or techniques, providing a well-rounded assessment of students' proficiency.

Mini-CEX (Mini Clinical Evaluation Exercise): Mini-CEX evaluates clinical skills through direct observation in real clinical settings. It provides immediate feedback on students' performance, assessing clinical decision-making, patient interaction, and problem-solving.

DOPS (Direct Observation of Procedural Skills): DOPS assesses procedural skills under supervision. Trained assessors directly observe and evaluate students' performance, ensuring competence in performing practical tasks and procedures.

CWS (Case-Writing Skills): CWS assesses students' ability to construct comprehensive clinical cases. It evaluates their understanding of clinical concepts, communication skills, and their capacity to present complex medical scenarios.

Rating Scales: Rating scales provide a structured approach to evaluating students' performance across predefined criteria. They offer a quantifiable assessment of skills, behaviors, or competencies, allowing for consistent and standardized evaluation.

Record Keeping: Record keeping assessments focus on accurate documentation of clinical encounters, procedures, and patient interactions. This method evaluates students' attention to detail, organization, and communication skills in maintaining comprehensive records.

Compilations: Compilations involve students gathering and presenting a collection of their work or accomplishments. This assessment method showcases their achievements, growth, and learning journey, offering a holistic view of their progress.

Portfolios: Portfolios are curated collections of students' work that showcase their achievements, reflections, and growth over time. This method encourages self-assessment, critical thinking, and the documentation of diverse learning experiences.

Log Book: Log books provide a chronological record of students' practical experiences, activities, and accomplishments. This assessment method offers insight into their hands-on training, clinical exposure, and the development of practical skills.

Trainers' Report: Trainers' reports offer valuable insights into students' performance from the perspective of educators or supervisors. These assessments provide an external perspective on students' progress, clinical skills, and overall competence.

Self-Assessment: Self-assessment encourages students to reflect on their own learning and performance. By evaluating their strengths, weaknesses, and areas for improvement, students take an active role in their educational journey.

Peer Assessment: Peer assessment involves students evaluating their peers' work, performance, or contributions. This method encourages collaboration, teamwork, and a deeper understanding of assessment criteria.

360-Degree Evaluation: 360-degree evaluation gathers feedback from multiple sources, including trainers, peers, and self-assessment. This comprehensive approach provides a well-rounded view of students' competencies, behaviors, and interactions.

Theory: Theory exams assess students' understanding of fundamental concepts and principles. They often require comprehensive written responses that showcase students' knowledge, critical thinking, and ability to communicate ideas clearly.

MCQ (Multiple Choice Questions): MCQs evaluate a wide range of content efficiently. They test students' recall, application, and analytical skills, offering a diverse assessment of their understanding.

SAQ (Short Answer Questions): SAQs require concise written responses to specific prompts. They assess students' ability to provide focused answers, showcasing their comprehension and application of key concepts.

LAQ (Long Answer Questions): LAQs assess in-depth understanding and critical analysis. Students are expected to provide detailed, structured responses that demonstrate their grasp of complex topics.

Practical Exams: Spotting, Identifications, Clinical Cases, Hands-On Skills

Spotting and Identifications: These assessments test students' ability to identify and label specific elements, such as anatomical structures or specimens. They focus on recognition and recall of visual information.

Clinical Cases: Clinical case exams present scenarios resembling real patient encounters. Students diagnose, analyze, and propose treatment plans based on the provided information, demonstrating clinical reasoning and decision-making skills.

Hands-On Skills: Practical assessments involve performing specific procedures or tasks. Students demonstrate psychomotor skills, accuracy, and attention to detail, showcasing their competence in applying theoretical knowledge in real-world settings.

Viva Exams: General and Structured

General Viva: General viva exams involve oral questioning on various subjects. Students must articulate their knowledge, reasoning, and problem-solving abilities in response to questions posed by examiners.

Structured Viva: Structured viva exams have predetermined questions and evaluation criteria. This focused approach ensures consistent assessment across students and covers specific learning objectives.

Incorporating these common examination methods ensures a comprehensive evaluation of students' theoretical knowledge, practical skills, clinical reasoning, and communication abilities. These diverse assessments promote a well-rounded understanding of students' capable

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain/ subdomain	D3 Must to know/ desirable to know/Nice to know	E3 Level Does/ Shows how/ Knows how/ Know	F3 T-L method	G3 Assessment	H3 Formative /summative	I3 Term	J3 Integration
Topic 1- <Topic point number> (Lecture: <Number> hours, Non lecture <Number> hours)									

The H3 Formative and Summative Assessment Chart highlights the assessment methods specified in column G3 that are applicable for both formative and summative evaluation. While some topics are designated solely for formative assessment, a majority of the subjects are intended for both formative and summative evaluation. This dual approach ensures a comprehensive and ongoing assessment of students' progress and understanding across various topics. The integration of formative assessment aids in continuous improvement and learning enhancement, while summative assessment provides a final evaluation of students' knowledge and skills in those areas. This balanced combination contributes to a thorough assessment strategy that promotes effective learning outcomes and comprehensive evaluation of students' overall performance.

I3 Term wise distribution is again indicated in column.

The concept of Integration in J3 focuses on consolidating students' understanding of similar topics that span multiple courses or subjects. Through integration, the knowledge and aspects related to a particular theme or topic are harmonized to offer a comprehensive approach. This collaborative effort involves multiple departments collaborating to deliver a unified learning experience for shared topics. Opportunities for both horizontal (H) and vertical integration are identified in this column.

Horizontal Integration (H) pertains to courses within the same academic year. For instance, subjects such as *Ilmul Advia*, *Ilmul Saidla wa Murakkabat*, *Tahaffuzi wa Samaji Tib*, *Mahiyatul Amraz*, *Ilme Tibbe Qanoon wa Ilmul Samoom*, *Sareeriyat wa Usoole Ilaj* can collaborate to

provide a cohesive learning experience for students. By merging their expertise, these departments can offer a holistic understanding of shared topics, enriching students' comprehension and cross-disciplinary perspectives.

Vertical Integration (V) primarily encompasses subjects that span across various academic years, ranging from the initial to the final years of study. This method facilitates a gradual and coherent progression of knowledge and proficiencies, reinforcing fundamental principles as students advance through their educational trajectory. By vertically integrating subjects across different years, students are better prepared to grasp intricate concepts and apply their acquired knowledge throughout various stages of their learning journey. This comprehensive approach promotes a better understanding of the interrelatedness of subjects and cultivates a deeper appreciation of the curriculum.

List of practical:- (Term and Hours)

List of Practicals

PRACTICALS (Marks-100)			
S.No	List of Topics	Term	Hours

S No of the practical. Name of the Topic, term and Hours.

Table 4: Learning objectives (Practical) of Course <course code>

A4 Course outcome	B4 Learning Objective (At the end of the session, the students should be able to)	C4 Domain/ subdomain	D4 Must to know/ desirable to know/Nice to know	E4 Level Does/ Shows how/ Knows how/ Know	F4 T-L method	G4 Assessment	H4 Formative /summative	I4 Te rm	J4 Integration
Topic 1- <Topic point number> (Lecture:- <Number> hours, Non lecture <Number> hours)									

Similar to above table 3 for practical

Table 4a- List of Practical-
Table 4a: List of Practical

S.No	Name of practical	Term	Activity	Practical hrs
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Sr no- for practical.

Name of the practical- Name of the Practical to be performed.

Term –

Activity – Description of the Activity.

Practical Hours – Practical hours allotted.

Table 5- Teaching Learning Methods Course SIDUG –

Table 5- Teaching learning method

Sr No	Teaching learning methods in the course	No of Activities
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Table 5 summaries activities indicated in Table 3 and Table 4. These are indicative and as per the topic need, amongst the multiple methods denoted here and in the objectives table appropriate activities should be chosen.

Activity:-

Activity

CO	Topic name	Activity Details	Hours#
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Table describes Name of the Topic, CO covered in contents, Details of the activity and hours required to complete. These hours are already calculated in Table 3 and Table 4. This details will be useful to implement the curriculum in effective way.

Table 6: Assessment Summary:

Assessment is subdivided in A to H points.

6 A-Number of Papers and Marks Distribution for Second Professional BUMS

Sl. No.	Subject	Papers	Theory	Practical or Clinical Assessment					Grand total
				Practical or clinical	Viva	Electives	IA	Total	
1.	Ilmul Advia (Pharmacology) Paper (I) Kulliyate Advia wa Advia	2	200	100	30	-	20	150	350

	jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology) Paper (II)-Advia Mufradat (Single Drugs)								
2.	Ilmul Saidla wa Murakkabat (Unani Pharmacy and Compound Drugs) Paper (I)- Ilmul Saidla (Unani Pharmacy) Paper (II)- Advia Murakkabat (Compound Drugs)	2	200	100	30	-	20	150	350
3.	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)	1	100	100	20	10 (Set-SA)*	20	150	250
4.	Mahiyatul Amraz (Pathology) Paper (I)- Mahiyatul Amraz Umoomi wa Ilmul Jaraseem (General Pathology and Microbiology) Paper (II)- Mahiyatul Amraz Nizami (Systemic Pathology)	2	200	100	30	-	20	150	350
5.	Ilme Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)	1	100	100	20	10 (Set-SB)*	20	150	250
6.	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)	1	100	100	20	10 (Set-SC)*	20	150	250
Grand Total									1800

[*Set:-SA, SB, SC – Sets of Electives for Second Professional B.U.M.S]

6 B - Scheme of Assessment (Formative and Summative)

Sl.No.	Professional session	Duration of Professional Session		
		First Term (1-6 Months)	Second Term (7-12 Months)	Third Term (13-18 Months)
1	First Professional B.U.M.S	3 PA and First TT	3 PA and Second TT	3 PA and UE
2	Second Professional B.U.M.S	3 PA and First TT	3 PA and Second TT	3 PA and UE
3	Third (Final) Professional B.U.M.S	3 PA and First TT	3 PA and Second TT	3 PA and UE

PA: Periodical Assessment; TT: Term Test; UE: University Examination

PA: Periodical Assessment; TT: Term Test; UE: University Examinations Theory i.e. Written by the MCQ, SAQ, LAQ as per MSE and Practical Examination by Practical / Clinical/ Viva.

Formative assessment as, it is assessment for learning, various other methods can be used. Considering cognitive, psychomotor and affective domain appropriate method as per column G3, appropriate method should be adopted.

(Refer above explanation of Formative assessment in G3 column)

Formative assessment should be frequent activity after teaching.

Records should be kept and cumulative marks should be forwarded to university as per table

Formative assessment is defined by two terms, Periodic Assessment and term test.

Periodic Assessment and Term Test - In table 6 C method for calculation of internal assessment marks is explained. Various periodic assessment methods are explained in the table 6 D.

6 C Calculation method of Internal Assessment Marks (20 marks)]

TERM	PERIODICAL ASSESSMENT				TERM TEST	TERM ASSESSMENT	
	A	B	C	D	E	F	G
	1 (20)	2 (20)	3 (20)	Average (A+B+C/3) 20	Term Test (MCQ+SAQ+LAQ and Practical (Converted to 20)	Sub Total	Term Assessment
FIRST						D+E	D+E /2
SECOND						D+E	D+E /2
THIRD					NIL	D	D
Final IA	Average of Three Term Assessment Marks as Shown in 'G' Column						

6 D - Evaluation Methods for Periodical Assessment

Sl. No.	Evaluation Method
1.	Practical / Clinical Performance
2.	Viva Voce / Multiple Choice Question (MCQ) / Modified Essay Question (MEQ)/Structured Questions
3.	Open Book Test (Problem Based)
4.	Summary Writing (Research papers)
5.	Class Presentations
6.	Work Book Maintenance
7.	Problem Based Assignment
8.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Mini Clinical Evaluation exercise (Mini-CEX), Direct Observation Procedures (DOP), Case Based Discussion(CBD)
9.	Extra-curricular activities (Social Work, Public Awareness, Surveillance Activities, Sports or other activities which may be decided by the department).
10.	Small Project
11.	Activities Indicated in Table 3 - Column G3 as per Indicated I, II or III term in column I3.& I4

A Detailed list of periodic assessment is given in this table. Choose one activities Indicated in Table 3 - Column G3 as per Indicated I, II or III term in column I3 or any other as per objectives from this table.

Conduct periodic test for 20 marks.

Term Test - Conduct Theory (100 Marks) [MCQ (20*1 Marks), SAQ (8*5), LAQ (4*10)] and Practical(as per course)/(100 Marks) and convert all to 20.

6 E Question Paper Pattern

II PROFESSIONAL BUMS EXAMINATIONS

UNIUG-

PAPER-1

Time: 3 Hours Maximum Marks: 100

INSTRUCTIONS: All questions compulsory

		Number of Questions	Marks per question	Total Marks
Q 1	MULTIPLE CHOICE QUESTIONS (MCQ)	20	1	20
Q 2	SHORT ANSWER QUESTIONS (SAQ)	8	5	40
Q 3	LONG ANSWER QUESTIONS (LAQ)	4	10	40
				100

Similar for Paper II (If applicable).

6 F Distribution of theory Examination

	A List of Topics	B Term	C Marks	D Type of Questions "Yes" can be asked. "No" should not be asked.		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)

Question paper Blue print is indicated as per Term, maximum marks allotted to topic and type of Questions.

A indicate List and name of topic and subtopic

B indicate Term

C indicate maximum marks allotted for topic or group of Topics.

D Distribution of type of question MCQ, SAQ, LAQ to be asked. "Yes" indicate can be asked. "No" indicate should not be asked.

6 G Blue print of paper I & II

A Question Sr. No	B Type of Question	C Question Paper Format
Q1	Multiple choice Questions (MCQ) 20 Questions 1 mark each All compulsory	<ol style="list-style-type: none"> 1. Topic number 2. Topic number 3. Topic number 4. Topic number 5. Topic number 6. Topic number 7. Topic number 8. Topic number 9. Topic number 10. Topic number 11. Topic number 12. Topic number 13. Topic number 14. Topic number 15. Topic number 16. Topic number 17. Topic number 18. Topic number 19. Topic number 20. Topic number
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory	<ol style="list-style-type: none"> 1. Topic number / Topic number 2. Topic number / Topic number 3. Topic number / Topic number 4. Topic number / Topic number 5. Topic number / Topic number 6. Topic number / Topic number 7. Topic number / Topic number
Q3	Long answer Questions (LAQ) Four Questions 10 marks each All compulsory	<ol style="list-style-type: none"> 1. Topic number / Topic number 2. Topic number / Topic number 3. Topic number / Topic number 4. Topic number / Topic number

6 G - Blue printing of paper: - Based on 6 F should be used for framing question paper.

A indicates Sr. No question

B indicates Type of Questions.

C indicates Topic number from which question is to be framed.

All questions should be compulsory.

For Q 1 MCQ 20 questions to be framed based on the topics indicated in column C. Must to know part 15 MCQ, Desirable to know 3 MCQ, Nice to know 2 MCQs.

For Q 2 SAQ 8 questions to be framed based on the topics indicated in column C. 7 Questions from Must to know 1 Question on Desirable to know and no Questions on Nice to know

For LAQ 4 questions to be framed based on the topics indicated in column C All questions on must know. No Questions on Nice to know and Desirable to know.

Name of College:

Structured Questions should be asked for LAQ. A clear demarcation of marks should be given.

A balance of question assessing Knowledge, Comprehension, Application and Analysis should be maintained.

6 H Distribution of Practical Exam

S.No.	Heads	Marks
1	Practical (Total Marks 100)	
	Heading 1	
	Heading 2	
	Heading 3	
	Heading 4	
2	Viva Voce	
3	Internal	
4	Electives (if applicable))	
	Total Marks	

6 H indicates Marks Distribution as per various heads. Practical, Viva. Internal assessment marks(IA) and Electives (If Applicable).

7. References books/ Resources

Book and Resources are for the course/ subject are provided in this point..

Implementation

- Select a topic as per term
- Read the objectives
- Think of Domain
- Decide lecture plan and prepare material A/V aids(PPT, Charts etc)
- Decide non lecture activities to be conducted. Prepare resources (Case, problem etc)
- Decide assessment method (formative) and prepare material if required (e.g. Quiz, puzzle, etc)
- Make lesson plan. (Template next page)
- Conduct session/practical

LESSON PLAN TEMPLATE

Name of Department (s)			
Name of Course		Academic Year	Batch –
Learning Objectives:			
Instructional Method (Circle as appropriate) - Lecture /Seminar /Tutorial / Bedside Clinic / OPD Session / Community Visit / Hospital visit, any other			
Duration - LH-		NLH	
Time	Activity Description	Resources/ A-V Aids	Assessment Method / s

List of Learning Resources : (Textbook, e – resources, other)
Referenced according to Vancouver style

Curriculum Committee



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Experts Committee for Syllabus Framing
Second Professional BUMS, NCISM, New Delhi

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4.	Dr. Wasim Ahmad	Chief Coordinator for Unani	HOD, Department of Ilmul Advia, Mohammadia Tibbia College, Malegaon, Nashik (MS) -423203

Ilmul Advia				
S.No.	Name of Expert	Status	Designation and Address	Subject
1	Dr. Wasim Ahmad	Chairman	HOD, Department of Ilmul Advia, Mohammadia Tibbia College, Malegaon, Nashik, Maharashtra - 423203	Ilmul Advia (Pharmacology)
2	Dr. Ghulamuddin Sofi (PG)	Member	Professor & HOD, Department of Ilmul Advia, National Institute of Unani Medicine, Bengaluru	Kulliyate Advia wa Advia jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology)
3	Dr. Muhammad Anas (UNID00034)	Member	Associate Professor, Dept. Of Ilmul Advia, Govt. Tibbi College and Hospital, Kadamkuan, Near Buddhmurti, Patna 800014	Kulliyate Advia wa Advia jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology)

4	Dr. S M Faisal Iqbal	Member	Assistant professor, Department of Ilmu Advia, A & U Tibbia College & Hospital, Karol Bagh, New Delhi	Kulliyate Advia wa Advia jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology)
5	Dr. Mohammad Ahmed Khan	Special Invitee	(PhD in Pharmacology), Assistant Professor, Department of Pharmacology, School of Pharmaceutical Education and Research, Jamia Hamdard, New Delhi	Kulliyate Advia wa Advia jadeeda (Fundamentals of Unani Medicine and Modern Pharmacology)
6	Hakim Mohd Afsahul Kalam (PG)	Coordinator	Associate Professor, Department of Ilmu Advia, Regional Research Institute of Unani Medicine Srinagar, University of Kashmir Jammu and Kashmir	Advia Mufradat (Single Drugs)
7	Dr. Asif Ansari	Member	Associate Professor, Department of Ilmu Advia, ZVM Unani Medical College, Azam Campus, Camp, Pune, Maharashtra	Advia Mufradat (Single Drugs)
8	Dr. Shaikh Ajj Ahmed Makbul	Member	Assistant Professor, Department of Ilmu Advia, State Unani Medical College and Hospital, Himmatt Ganj, Prayagraj, UP-211016	Advia Mufradat (Single Drugs)
9	Dr. Mohd Kashif Husain	Special Invitee	(Pharmacognocoy Section) Research officer- scientist, level III, National research institute of Unani medicine (NRIUMSD), under CCRUM, Near ESI metro station, Ag colony road, Hyderabad-38, Telangana state	Advia Mufradat (Single Drugs)

Ilmul Saidla wa Murakkabat

10	Dr. Qazi Zaid Ahmad (UG and PG)	Chairman	Assistant Professor, Department of Saidla, Ajmal Khan Tibbiya College, AMU, Aligarh (UP) - 202001	Ilmul Saidla wa Murakkabat (Unani Pharmacy and Compound Drugs)
11	Dr. Shariq Shamsi (PG)	Coordinator	Associate Professor, Ilmul Saidla, National Institute of Unani Medicine, Bengaluru-560091	Ilmul Saidla (Unani Pharmacy)
12	Dr. Muhammad Mujassam	Member	Associate Professor, Department of Saidla, Markaz Unani Medical College, Kozhikode, Kerala - 673580	Ilmul Saidla (Unani Pharmacy)

13	Dr. Mohd Akhtar Ali	Member	Assistant Professor, Ilmul Saidla, State Unani Medical College and Hospital, Himmatganj, Prayagraj, UP - 211016	Ilmul Saidla (Unani Pharmacy)
14	Dr. Mohammad Khalid	Special Invitee	Assistant Drugs Controller Cum Licencing Authority (Unani), Government of National Capital Territory of Delhi, Directorate of AYUSH, Tibbia College Campus, Karol Bagh, New Delhi-110005	Ilmul Saidla (Unani Pharmacy)
15	Dr. Shamshad Alam (PG & UG)	Member	Assistant Professor, Department of Ilmul Advia, AK Tibbiya College, AMU, Aligarh, UP-202001	Advia Murakkabat (Compound Drugs)
16	Dr. Musarrat Nafees	Member	Assistant Professor, Ilmul Saidla, College & Address- Z.V.M Unani Medical College, K. B. Hidayatullah Road, Azam Campus, Camp, Pune-1	Advia Murakkabat (Compound Drugs)
17	Dr. N.Md. Irfhan	Member	Assistant Professor, Department of Ilmus Saidla, Govt. Unani Medical College, Chennai, AAGHIM Campus, Arumbakkam, Chennai - 106	Advia Murakkabat (Compound Drugs)
Tahaffuzi wa Samaji Tib				
18	Dr. Mohd Sajid	Chairman	Associate Professor, Department of Tahaffuzi was samaji Tib, Mohammadia Tibbia College, Malegaon, Nashik (MS) - 423203	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)
19	Dr. Mohd Farooque (UG and PG)	Coordinator	Assistant Professor, Department of Tahaffuzi was samaji Tib, A & U Tibbia College, New Delhi	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)
20	Dr. Malik Itrat (PG)	Member	Assistant Professor, Department of Tahaffuzi wa Samaji Tib, National Institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bengaluru-560091	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)
21	Dr. Mohd Usman	Member	Assistant Professor, Department of Tahaffuzi wa Samaji Tib, Jamia Hamdard, New Delhi	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)
22	Dr. Mohd Maqbool Hussain	Member	Professor, Department of Tahaffuzi wa Samaji Tib Govt Nizamia Tibbi College Charminar Hyderabad 500002	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)

23	Dr. Muhib Jahan, BUMS, MD	Special Invitee	Assistant Professor, (Tahaffuzi wa Samaji Tib), MPH (Masters in Public Health), Padmashree School of Public Health, Rajiv Gandhi University of Health sciences (RGUHS), Bengaluru	Tahaffuzi wa Samaji Tib (Preventive and Social Medicine)
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Tibbe Qanoon wa Ilmul Samoom

24	Dr. Intezar Ahmad (PG)	Chairman	Associate Professor, Tahaffuzi- wa-Samaji Tibb, HSZH Govt. Unani Medical College, AYUSH Campus, Behind MANIT, Kolar Nehru Nagar Bypass Road, Bhopal (M P)- 462001	Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)
25	Dr. Mohammad Shakir	Coordinator	Assistant Professor, Tahaffuzi wa Samaji Tib, Mohammadia Tibbia College & Assayer Hospital, Malegaon, Nashik, Maharashtra 423203	Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)
26	Dr. Syed Ameer Hasan	Member	Assistant professor, Department of Tahaffuzi wa Samaji Tib, Al- Ameen Unani Medical College & Hospital, Malegaon, Maharashtra	Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)
27	Dr. Sarfaraz Ahmad	Member	Assistant Professor, Department of Tahaffuzi wa Samaji Tib, University College of Unani Tonk, Rajasthan	Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)
28	Dr. Ejaz Parvez Shaikh	Member	Professor, Department of Tahaffuzi wa Samaji Tib, ZVM Unani Medical College and Hospital, Azam Campus, Camp, Pune	Tibbe Qanoon wa Ilmul Samoom (Medical Jurisprudence and Toxicology)

Mahiyatul Amraz

29	Dr. Ataullah Fahad	Chairman	Assistant Professor, Department of Ilmul Amraz, Ajmal Khan Tibbiya College, AMU, Aligarh UP	Mahiyatul Amraz (Pathology)
30	Dr. Mohammed Yasir (PG & UG)	Coordinator	Assistant Professor, Department of Ilmul Amraz, Ajmal Khan Tibbia College, AMU, Aligarh UP	Mahiyatul Amraz Umoomi wa Ilmul Jaraseem (General Pathology and Microbiology)
31	Dr. Irfan Ahmad	Member	Professor, Department of Mahiyatul Amraz, State Unani Medical College and Hospital, Himmatganj, Prayagraj, UP- 211016	Mahiyatul Amraz Umoomi wa Ilmul Jaraseem (General Pathology and Microbiology)

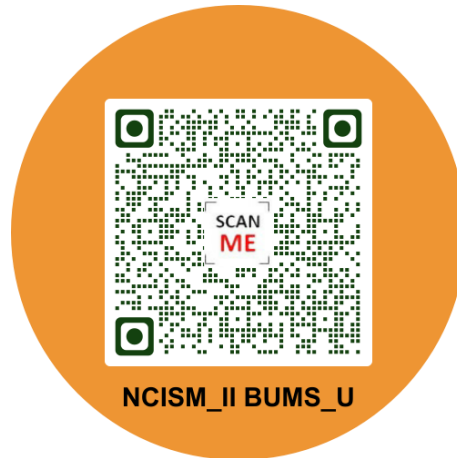
32	Dr. Farooqui Mohammad Qamqamuddin	Member	Professor, Department of Mahiyatul Amraz, Inamdar Unani Medical College & Hospital, Gulbarga, Karnataka	Mahiyatul Amraz Umoomi wa Ilmul Jaraseem (General Pathology and Microbiology)
33	Dr. Altaf Hussain Shah	Member	Lecturer, Dept.of Mahiyatul Amraz, HSZH Govt. Unani Medical College, Kolar Bypass Road Bhopal (MP) - 462003	Mahiyatul Amraz Nizami (Systemic Pathology)
34	Dr. Sadique Ali (PG)	Member	Associate Professor, Department of Mahiyatul Amraz, National Institute of Unani Medicine, Bangalore, 560091	Mahiyatul Amraz Nizami (Systemic Pathology)
35	Dr. Mohd Shamim Akhtar	Member	Assistant professor, Department of Mahiyatul Amraz, Govt Tibbi College & Hospital, Patna, Bihar - 800003	Mahiyatul Amraz Nizami (Systemic Pathology)
Sareeriyat wa Usoole Ilaj				
36	Dr. Mohd Arshad Jamal (PG)	Chairman	Associate Professor, Department of Amraze Jild wa Tazeeniyat, National Institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bangalore, 560091,	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)
37	Dr. Md. Wasi Akhtar	Coordinator	Assistant Professor, Department of Moalajat, School of Unani Medical Education and Research, Jamia Hamdard, New Delhi	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)
38	Dr. Belal Ahmad	Member	Associate Professor, Department of Moalajat, S.U. Medical & Hospital, Himmat Ganj, Prayagraj, UP	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)
39	Dr. Amanullah Haji	Member	Assistant Professor, Department of Moalajat, Govt. Unani Medical College Ganderbal Kashmir	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)
40	Dr. Ahmad Mahfoozur Rahman	Member	Assistant professor, Department of Moalijat, ZVM Unani Medical College and Hospital, KB Hidayatullah Road, Azam Campus, Camp, Pune, Maharashtra	Sareeriyat wa Usoole Ilaj (Bed Side Clinic and Principles of Management)

HSET EXPERT FOR WORKSHOP EVENTS (PHYSICAL):-

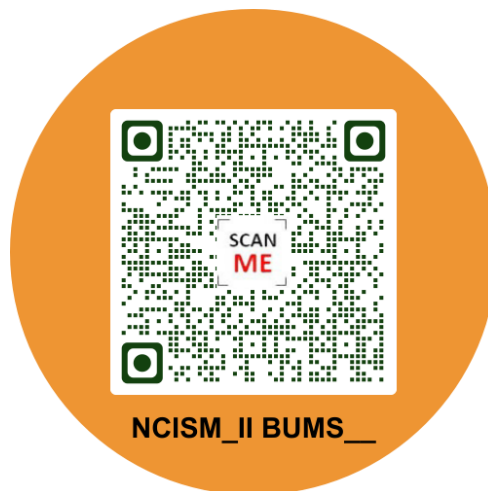
S.N.	Name	Designation	Organization
1.	Dr. Mohan R Joshi	Professor and HOD	Sanskrit Samhita Siddhant Department. Tilak Ayurved Mahavidyalaya, Pune 411011.
2.	Dr. Asmita A. Jadhav	Associate Professor	Dravyaguna Department Tilak Ayurveda Mahavidyalaya, Pune
3.	Dr Amit D. Avalaskar	Associate professor,	Department of Dravyaguna Sumatibhai Shah ayurved college, malwadi, Hadapsar, Pune. 411028
4.	Dr. Gaurav Sawarkar	Professor &HOD	Dept of Rachana Sharir, Vice-Dean, Mahatma Gandhi Ayurved College Hospital and Research Centre Wardha Maharashtra
5.	Dr. Nitesh R Joshi	Associate Professor	Dept of Swasthavritta and Yoga MAM's Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune
6	Dr Vidya C Undale	Associate Professor,	Agad Tantra Department MAM'S Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune

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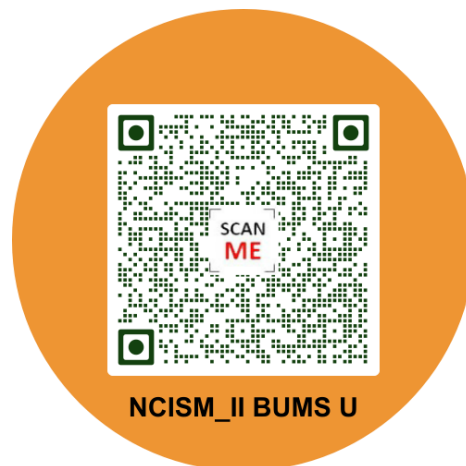
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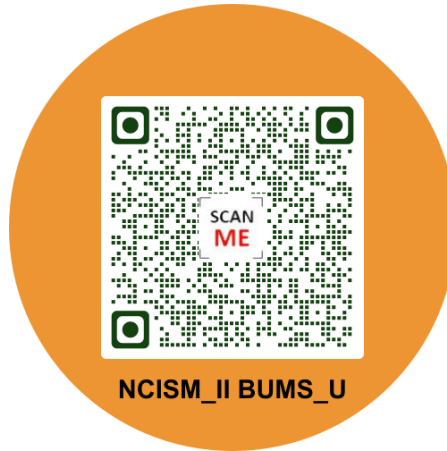
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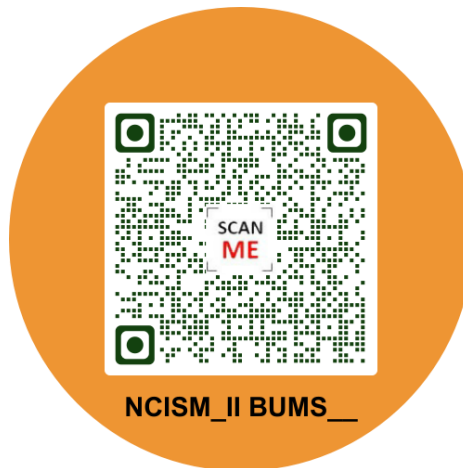
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