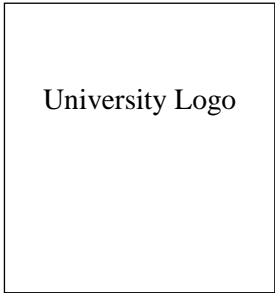
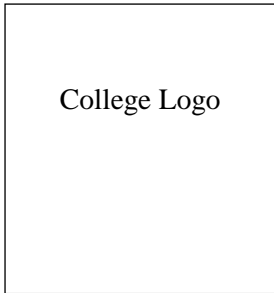


Outer Cover Page



Name of the College.....

Name of University.....

**SIDDHA MARUTHUVA ARIGNAR
BACHELOR OF SIDDHA MEDICINE AND SURGERY
SECOND PROFESSIONAL B.S.M.S**

**SATTAM SAARNTHA MARUTHUVAMUM NANJU MARUTHUVAMUM
SIDUG- SSM & NM**

PRACTICAL RECORD BOOK

Name of the Student : -----

Institutional Roll No. : -----

Academic Year: -----

**DEPARTMENT OF SATTAM SAARNTHA MARUTHUVAMUM NANJU MARUTHUVAMUM
(FORENSIC MEDICINE AND TOXICOLOGY)**

UNIVERSITY
LOGO

COLLEGE
LOGO

NCISM
LOGO

COLLEGE NAME.....

APPROVED BY
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE, NEW DELHI

AFFILIATED TO
UNIVERSITY NAME.....

**SIDDHA MARUTHUVA ARIGNAR
BACHELOR OF SIDDHA MEDICINE AND SURGERY
SECOND PROFESSIONAL B.S.M.S**

**SATTAM SAARNTHA MARUTHUVAMUM NANJU MARUTHUVAMUM
SIDUG- SSM & NM**

PRACTICAL RECORD BOOK

Name of the Student :

Unique AYUSH ID No :

University Register/ Enrollment No.:.....

Institutional Roll No. :

Academic Year:

**DEPARTMENT OF SATTAM SAARNTHA MARUTHUVAMUM NANJU MARUTHUVAMUM
(FORENSIC MEDICINE AND TOXICOLOGY)**

UNIVERSITY
LOGO

COLLEGE
LOGO

NCISM
LOGO

COLLEGE NAME.....

APPROVED BY
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE, NEW DELHI

AFFILIATED TO
UNIVERSITY NAME.....

CERTIFICATE

This is to certify that, Mr./Mrs./Miss..... (Name of student) bearing Roll No..... and University Register/Enrollment No..... has satisfactorily completed all the Practical of SATTAM SAARNTHA MARUTHUVAMUM NANJU MARUTHUVAMUM SIDUG-SSM & NM prescribed by the National Commission for Indian System of Medicine as a part of Second Professional B.S.M.S Course.

HEAD OF THE DEPARTMENT

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

EXAMINERS

Date: -----

Internal: -----

Place: -----

External: -----

INDEX

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

INSTRUCTIONS & GUIDELINES

General

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

Instructions to Students

2. The student will prepare the practical record book, including the cover page, first inner page, certificate page, and index page as per the format prescribed by the NCISM here.

3. The student will record in the practical record book handwritten immediately after each practical and get the signature of the concerned teaching faculty.

4. The student will use the specific format/template for recording each practical in the practical record book.

Instructions to Teachers/HOD

5. It is the responsibility of the department to conduct practicals as per the list, schedule, method, etc., specified in the curriculum.

6. The teacher must instruct the student to record his/her work as per the specific format prescribed by the NCISM here. **(List of practical and format references are enclosed herewith)**

7. After each practical, the concerned teacher must verify the completion of the record work and put the signature in the index page.

8. The certificate page of the practical record will be certified and signed by the concerned head of the department.

9. Normal values or any other important information confined to the subject, if any, may be printed in the last pages.

List of Practical and Format Reference

S.NO	NAME OF THE PRACTICAL	FORMAT REFERENCE
P1	CORROSIVE POISON	I
	Minimum 3 nos	
P2	AGRICULTURAL POISON	I
	Minimum 1 no	
P3	INORGANIC IRRITANT – METALLIC POISON	I
	Minimum 5 nos	
P4	INORGANIC IRRITANT -NON - METALLIC POISON	I
	Minimum 1no	
P5	MECHANICAL IRRITANT	I
	Minimum 1no	
P6	ORGANIC IRRITANT – PLANT POISON	I
	Minimum 5 nos	
P7	ORGANIC IRRITANT – ANIMAL POISON	I
	Minimum 5 nos	

S.no	Name of the practical	Format reference
P8	SYSTEMIC POISON	I
	CNS Poison-` 2 nos	I
	Spinal Poison-1no	
	Cardiac Poison-2 nos	
P9	ALCOHOL AND TOBACCO POISONS	I
	Minimum 2 nos	
P10	FOOD POISONING	I
	Minimum 1 no	
P11	HOUSEHOLD POISONS	I
	Minimum 5 nos	
P12	TOXICOLOGICAL EQUIPMENTS	II
	Stomach Wash Tube	
	Ryles Tube	
P13	SATTAM SAARNTHA MARUTHUVAM	
	WEAPONS	III
	Each Type of Weapon -1 no	
P14	HISTOPATHOLOGICAL SPECIMENS	IV
	Minimum 5 nos	
P15	AGE ESTIMATION BY X- RAY	V
	Minimum 5 nos	
P16	SEX DETERMINATION THROUGH BONES	VI
	Minimum 3 nos	
P17	FORENSIC PHOTOGRAPHY	VII
	Minimum 5 nos	

S.No	Name Of The Practical	Format Reference
P18	DART	VIII
	Minimum 5 nos	
P19	CERTIFICATE	IX
	Physical Fitness Certificate	
	Age estimation Certificate	
	Death Certificate	
	Medical Leave and Extension of leave Certificate	
	Wound Certificate	
	Drunkenness Certificate	
	ADR Reporting	
P20	NANJU MURIVUMARUNTHUGAL	X
	Minimum 5 nos	
P21	Interpretation of Medico legal Cases through Media Source	XI
	Minimum 5 nos	

Format I

CORROSIVE POISON

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

IRRITANT POISON

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

SYSTEMIC POISON

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

ALCOHOL AND TOBACCO POISONS

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

ALCOHOL AND TOBACCO POISONS

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

HOUSEHOLDPOISON

S. No

DATE

Identify the Spotter

Type of Poison

Fatal Dose

Fatal Period

Signs and Symptoms

Treatment of poisoning

Medico Legal Importance

Format -II
EQUIPMENT'S USED FOR TREATMENT OF POISON

S. No

DATE

Identify the Spotter

Diagram

Parts and its Dimension

Treatment Procedure

Contra indications

Complications

Format -III
WEAPONS/ASPHYXIAL MATERIAL

S. No

DATE

Identify the Given Weapon/ Asphyxial material

Type of weapon

Type of Injury Caused by the Weapon

Medico Legal Importance

Format- IV

HISTOPATHOLOGICALSPECIMENS

S. No

DATE

Identify the given Micro slide

Features with Diagram

Medico Legal Importance

Format – V

S. No	AGE ESTIMATION FROM Xray	DATE
--------------	---------------------------------	-------------

Observe the Xray and write the Features

Opinion about the age through X-ray

Format -VI
SEX DETERMINATION THROUGH BONES

S. No

DATE

Identify the Bone

Characteristic Features

Opinion on Determination of Sex

Format- VII

MEDICOLEGAL INTERPRETATION OF PHOTOGRAPHS

S. No

DATE

Identify the Given Photograph

Medico Legal Importance

Format - VIII
DART

S. No

DATE

Identify the Product and Demonstrate the Procedure

Identify Whether the Product is Adulterated or Not

CERTIFICATE Format - IX

CERTIFICATE OF FITNESS BY A SINGLE MEDICAL OFFICER

THE CIVIL MEDICAL BOARD

I/We do here by certify that I/ We have examined (full name)
.....a Candidate..... for
Employment under the government of.....in the
..... service asand cannot discover
that he/she has any disease, communicable or otherwise, constitutional affection or bodily infirmity/except
that his/her weight is in excess of/below the standard prescribed, or except

I/We do not consider this a disqualification for the employment he/she seeks.
His/ Her age is according to his/her own statement.....years and by appearance
about..... years.

I/We also certify that the/she has marks of smallpox/vaccination
Chest measurement in in chest on full inspiration / on full expiration
/difference(expansion)

Height.....ft. in.
Weight in lb.....
His/her vision is normal :
Hypermetropic ()

(Here enter the degree of defect and strength of correction glasses)

Myopia ()
(Here enter the degree of defect and strength of correction glasses)

Astigmatic (simple or mixed)
(Here enter the degree of defect and strength of correction glasses)

Hearing is normal defective (much or slight)

Urine does chemical examination show (I) albumin: (ii)sugar: state specific gravity

Personal marks (at least two should be mentioned):

Signature:
Rank: President:
Designation: Members (i)
(ii)

Station: Station:

Dated: Dated:

In case of single medical officer in case of Medical Board

The candidate must make the statement required below prior to his/ her medical examination and must sign the declaration appended there to. His /her attention nis specially directed to the warning contained in the note below: -

- 1. State your name in full.
- 2. State your age and birthplace.
- 3.(a)Have you ever had smallpox, intermittent or any other ‘ever’ enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

Or
(b)any other disease or accident requiring confinement to be and medical or surgical treatment?

- 4. When were you last vaccinated?
- 5. Have you or any of your relation been afflicted with consumption, scrotula, gout, asthma, fits epilepsy or insanity?
- 6. Have you suffered from any form of nervousness due to over work or any other cause?

Furnish the following particulars concerning your family:-

Father’s age, if living and state of health. (1)	Fathers age at death and cause of death. (2)	Number of brothers living, their ages and state of health. (3)	Number of brothers dead, their age at death and cause of death. (4)
Mother’s age, if living and state of health. (1)	Mother’s age at death and cause of death. (2)	Number of sisters living ,their ages and state of health. (3)	Number of sisters dead ,their age at death and cause of death. (4)

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate’s Signature.

WOUND CERTIFICATE

Wounds or injuries found on the person of male/female calling himself/herself _____ aged _____ years, an inhabitant of _____ who was sent with (letter / memo No.) _____ dated _____ from P.S. _____ and accompanied by (Name, Number of P.C. of P.S) _____ for report as to certain injuries _____ said to have been caused on _____ and to be due to _____

Identification marks:

- 1)
- 2)

Consent of the individual for examination

Signature(or)thumb impression of the person Identified by constable No. _____

Name
P.S.

The injured person was first seen by the undersigned at _____ A.M/P.M. On(date)and the examination was commenced at _____ A.M / P.M on (date) when the following injuries were found:

1	2	3	4	5	6	7
Nature of injury, i.e. Whether abrasion, cut, bruise, laceration, burn, stab, fracture of dislocation.,	Size of each injury in cms.i.e., length, breadth and depth	On what part of the body inflicted	Whether simple or grievous	By what kind of weapon inflicted	Whether the weapon was dangerous or not	Remarks, (Age of wound, in patient or outpatient, etc.,)

X-ray and laboratory findings

I am of opinion that (injuries are simple/grievous or likely to be fatal) _____

Station:
Date:

Signature:
Name:
Designation:

MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital in- patients. Not to be used for still births)

To be sent to Registrar along with Form No.2(Death Report)

Name of the Hospital

I hereby certify that person whose particulars are given below died in the hospital in

Ward No. on at am / p.m.

Cr. No. Date of Admission.....					For use of Statistical Office	
Name of Deceased.....S/W/D/of.....						
.....Address.....						
.....						
sex	Age of Death					
	If 1 year or more, age in years	If less than 1 year, age in months	If less than 1 month, age in days	If less than one day, age in hours		
1. Male 2. Female						
Cause of Death				Interval between Onset & death approx..		
I. Immediate cause State the disease, injury or complication which caused death, not the mode of dying, asthenia, etc. Antecedent cause Morbid conditions, if any, Giving rise to the above cause, stating underlying conditions last. II. Other significant condition contributing to the death but not related to the disease or Conditions causing it.	(a)..... due to (or as a consequence of				
	(b)..... due to (or as a consequence of				
	(c).....			
Manner of death (1) Natural.(2)Accident.(3)Suicide.(4)Homicide.(5) Pending investigation			How did the injury occur?			
If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery?			(1) Yes (2)No (2) Yes (2)No			

Name and signature of the Medical Attendant certifying the cause of death

Date of verification

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

Certify that Shri/Smt./Kum S/W/D/of
Shri..... Cr No----- R/O
..... was admitted to this hospital inward
.....on.....and expired on.....

Doctor’s Signature
(Medical Supt.Name of the Hospital)

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENTION OF
LEAVE OR COMMUTATION OF LEAVE**

Signature of the Candidate.....

I, Drafter careful personal examination

Of the case, hereby certify that Sh./Smt./Km.....
whose signature is given above, is suffering from.....
and I consider that a period of absence from duty ofdays with
Effect from..... is absolutely necessary for the restoration of his/ her health.

Registered Medical Practitioner

Place:
Date:

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Candidate.....

I, Drdo hereby certify that I have

Carefully examined Sh./Smt./Km.....
whose signature is given above, and find that he/she recovered from his/her illness and is
Now fit to resume his/ her duties with effect from..... I also certify that before arriving at this
Decision I have examined the original medical certificate(s) and statement(s)of the case
(orcertifiedcopiesthereof)onwhichleavewasgrantedorextendedandhavetakenthese into
consideration in arriving at my decision.

Registered Medical Practitioner

Place:
Date:

CERTIFICATE OF DRUNKENNESS

Requisition received from the.....
of police station, dated
for the examination and certification of drunkenness of
.....aged.....years and accompanied by HC/PCNo.....

Name:Age:.....years. Sex: Male/Female.
Address:
.....
.....

Consent:

Whether under arrest or not (to be specified in requisition): Yes / No

Date & time of arrest.....

Date & time of examination.:

Identification marks:
(1)
(2)
(3) History:
(a) Relevant Consumption of Alcohol
(b) Relevant to illness if any

Smell of alcohol in breath: Present/Absent.

General appearance & behavior.
(a) Clothing: Decently dressed/Disordered/Soiled/Torn.
(b) General disposition: Calm/Talkative/Abusive/ Aggressive.
(c) Speech: Normal/Thick and slurred/incoherent.

Eyes.
(a) Conjunctiva: Normal/Congested.
(b) Pupils: Normal/Dilated/Sluggishly reacting.

Higher functions
(a)Self-control: Normal/Impaired. (b)Memory: Normal/impaired.
(c) Orientation of time &s pace: Normal/impaired. (d)Reaction time: Normal/ Delayed.

Muscular co-ordination
(a) Gait: Normal/Unsteady/Unable to stand upright.
(b) Finger nose test: Positive/Negative.

Systemic examination findings:
Pulse..... / Min.B.P..... mm of Hg.

Reflexes: Normal/Exaggerated/Sluggish. Romberg’s

sign: Positive / Negative.
Any other findings/ Injuries on the body
.....

Smell of alcohol in breath: Persisting / Not persisting.
Special examination (Blood &Urine): Preserved/ Not preserved.

Opinion:
1) Not Consumed alcohol.
2) Has consumed alcohol but not under its influence.
3) Has consumed alcohol but under its influence.

Date..... Signature.....

Place: Name:

Name of Institution..... Designation.....

AEG ESTIMATION

Requisition from S.I _____ of police of P.S _____ vide his letter no. _____ dated _____ Vide. The injured person was first seen by the undersigned at A.M./ P.M. on (date) and the examination was commenced at _____ A.M./P.M on (date)when the following injuries were found: his letter No _____ dated _____ and accompanied by (name and number of P.C. _____) of P.S _____ for determination of age.

- (1) Name of the individual:
- (2) Sex:
- (3) Parent’s or guardian's name:
- (4) Address:
- (5) Occupation:
- (6) Caste:
- (7) Married or single:
- (8) Age as alleged by:
- (i) Individual to be examined:
- (ii) Person or police accompanying:
- (9) Person accompanying or brought by:
- (10) Time and place of examination:
- (11) Consent of the individual for examination:
- (12) Signature of the individual consenting or his/her left thumb impression:
- (13) In the case of minors, consent of the guardian and his/her signature or left thumb impression:
- (14) Name of female attendant/ nurse present at the time of examination:
- (15) Date and time of examination:
- (16) Marks of identification: (1)
- (2)

PHYSICALEXAMINATION

Height:
Weight:
Chest girth at the level of the nipples:
Abdominal girth at the level of the navel:
General build and appearance:
Voice:
Teeth: 123 45678
Permanent(S)87654321 (S) 12345678
T: Temporary P: Permanent (S): Space after teeth
Hair:
Scalp:
Beard:

Rank:

ADR Reporting

A. Patient Information

1. Patient Initials: _____
2. Age: _____
3. Gender: ☐Male ☐Female ☐Other
4. Weight (kg): _____
5. Contact No.: _____
6. Constitution: _____

B. Suspected Adverse Reaction

7. Date of Reaction Start: _____
8. Date of Reaction Stop: _____
9. Describe the Reaction: _____

10. Serious Reaction? ☐Yes ☐No

If "Yes," tick the box:

- ☐Life-Threatening
- ☐Hospitalization
- ☐Disability
- ☐Death

☐ Other: _____

C. Suspected Medication(s)

11. Medication Name: _____
12. Dose & Frequency: _____
13. Date Started: _____
14. Date Stopped: _____

Reason for Taking: _____

D. Other Medications Taken at the Same Time

Medication Name	Dose & Frequency	Date Started	Date Stopped

E. Action Taken

15. Action After Reaction:

16. ☐ Stopped Medication

17. ☐ Reduced Dose

18. ☐ No Change

19. ☐ Other: _____

20. Re-exposed to the Drug? ☐ Yes ☐ No

If "Yes," did the reaction happen again? ☐ Yes ☐ No

F. Medical History

21. Other Health Issues: _____

22. Previous Reactions to Medications? ☐ Yes ☐ No

If "Yes," describe: _____

G. Reporter Information

23. Name: _____

24. Occupation: ☐ Student ☐ Nurse ☐ Pharmacist ☐ Other: _____

25. Contact Information: _____

26. Date of Reporting: _____

Format - X
NANJU MURIVU MARUNTHUGAL

S. No

DATE

AIM

Materials Required

Ingredients Required

Procedure

Dosage

Therapeutic Value

Format - XI

INTERPRETATION OF MEDICO LEGAL CASES THROUGH NEWSPAPER

S. No

DATE

Observe the Given Medicolegal History

Write the Medicolegal aspect and its IPC