

ANDHRA PRADESH PUBLIC SERVICE COMMISSION: VIJAYAWADA

NOTIFICATION NO. 10/2021, Dt. 24/09/2021

DIRECT RECRUITMENT TO THE POST OF MEDICAL OFFICER (UNANI) IN AYUSH DEPARTMENT

(GENERAL/ LIMITED RECRUITMENT)

PARA – 1:

- 1.1. Applications are invited online for recruitment to the post of Medical Officer(UNANI) In Ayush Department for a total of 26 vacancies(5 Fresh + 21 Carry Forward) in the scale of pay of Rs.37,100/- to 91,450/- within the age group of 18 – 42 years as on 01.07.2021.
- 1.2. The proforma application will be available on Commission's Website <https://psc.ap.gov.in> **from 04/10/2021 to 25/10/2021** (Note: **24/10/2021** is the last date for payment of fee upto 11:59 mid night).
- 1.3. The applicant who desires to apply for the above post shall login the Commission's Website, with his/her registered OTPR number. In case the candidate is applying for the first time to the posts notified by A.P.P.S.C. he/she shall register his/her bio-data particulars through One Time Profile Registration (OTPR) on the Commission's Website viz., <https://psc.ap.gov.in> Once applicant registers his/her particulars, a user ID is generated and sent to his/her registered mobile number and email ID.
- 1.4. The selection to the post shall be on the basis of Written Examination in Computer Based Recruitment Test mode conducted by the Commission. The Dates of Written Examination will be announced separately.
- 1.5. The candidates are required to visit the Commission's website regularly to keep themselves updated about dates of written examinations are to be held. The examination would be in objective type and questions are to be answered on computer system. Instructions regarding computer based recruitment test are attached as Annexure - III. The medium of Examination will be **English only**.
- 1.6. A general Mock Test facility is available to the applicants on the Commission's website to acquaint themselves with the computer based recruitment test. Applicant can visit the website and practice the answering pattern under MOCK TEST option available on main page of website <https://psc.ap.gov.in>
- 1.7. The applicant is required to visit the Commission's website regularly to keep himself / herself updated until completion of the recruitment process. The Commission's website information is final for all correspondence. No individual correspondence by any means will be entertained under any circumstances.
- 1.8. HALL TICKETS for the written Examination will be hosted on Commission's website for downloading. Instructions would be given through the website regarding downloading of Hall Tickets.
- 1.9. All desirous and eligible candidates shall apply online after satisfying themselves as per the terms and conditions of this recruitment notification. Any application sent through any mode other than the prescribed online mode will not be entertained under any circumstances. Submission of application form by the candidate is considered that he / she has read the notification and shall abide by the terms and conditions laid down there under.
- 1.10. The details of vacancies are as follows:-

I. CARRIED FORWARD VACANCIES

Sl.No	Name of the Department	Zone wise vacancies				Total
		I	II	III	IV	
01	Medical Officer (Unani) In Ayush Department.	03	1	6	11	21
Total Carried Forward vacancies						21

Note: The above carried forward vacancies brought forward from previous year recruitments. Selection to such reserved vacancies as the case will be made first before the fresh vacancies, read with G.O. Ms No. 277, GA (SC & ST CELL .B) Dept., dated: 22.03.1976, G.O.Ms.No.23 Backward Class (Welfare) Dept., dated:18.03.1996, G.O Ms No.81, G.A (Ser.A) Dept., Dt. 22.02.1997.

II. FRESH VACANCIES

Sl.No:	Name of the Department	Zone wise vacancies				Total
		I	II	III	IV	
01	Medical Officer (Unani) In Ayush Department.	-	03	-	2	05
Total Fresh vacancies						05

Note: The details of vacancies viz., Community, Zone and Gender wise (General / Women) may be seen at Annexure-I

PARA-2: ELIGIBILITY:

- i. He / She should be of sound health, active habits and free from any bodily defect or infirmity rendering him unfit for such service;.
- ii. His / Her character and antecedents are such as to qualify him/her for such service;.
- iii. He /She should possess the academic and other qualifications prescribed for the post: and
- iv. He/ She is a citizen of India:
Provided that no candidate other than a citizen of India may be appointed except with the previous sanction of the State Government and except in accordance with such conditions and restrictions as they may be laid down. Such sanction shall not be accorded unless the State Government are satisfied that sufficient number of citizens of India, who are qualified and suitable are not available.

PARA-3: EDUCATIONAL QUALIFICATIONS:

The candidate should possess the prescribed academic qualification as per the date of this notification. **The date of this notification** shall be the crucial date for calculating the experience including the practical experience. **In respect of other than prescribed Educational Qualifications, claiming equivalence, the decision of the concerned department (Unit Officer) shall be final.**

Note: If the applicant possesses an equivalence of qualification other than prescribed qualification in the Commission's notification, applicant should produce a copy of the Government Orders to the Commission in advance in with 10 days of last date for submitting applications, failing which their application will be rejected.

Name of the post	Educational Qualifications
Medical Officer (Unani) in Ayush Department	<p>(a) Must possess a Degree in Unani awarded by a University in India established or incorporated by or under Central Act or State Act or Provincial Act or an Institution recognised by the UGC or any statutory board of the State Government after having undergone regular course of Institutional study in the Unani both in theory and Practical for a period not less than 4 ½ years duration in a Teaching Institution recognised by the University or State Government with one year compulsory Internship.</p> <p>(b) Must be a permanent Registered Medical Practitioner in the concerned field within the meaning of the Law for the time being existing in the state.</p>

PARA- 4 RESERVATIONS:

- 4.1. There will be reservations in direct recruitment in respect of Scheduled Tribes, Scheduled Castes, Backward Classes, Economically Weaker Sections, Physically Challenged, Women and Meritorious Sports Person as per Rule 22 and 22 (A) of A.P. State and Subordinate Service Rules.
- 4.2. In the case of candidates who claim the benefit of reservation or relaxation from upper age limit on the basis of Caste/Tribe or Community the basic document of proof of Community will be the Certificate issued by the Revenue Authorities not below the rank of Tahsildar in the case of SC/ST/EWS and Non Creamy Layer Certificate issued by the Revenue Authorities in the case of Backward Classes. The list of Caste/Tribe/Community is as incorporated in Schedule-I of above Rules. The list is also appended at Annexure –IV. The candidates have to produce proof of the community claimed in their application at all stages of selection along with the certificates relating to educational qualifications and local status certificates etc.,. Subsequent claim of change of community will not be

entertained.

- 4.3. The person with disability means a person suffering from not less than forty percent of any disability as certified by a medical authority except hearing Impairment. Hearing Impairment means loss of sixty decibels or more in the better ear in the conversational range of frequencies which corresponds to 85 dBs Hearing threshold on the audiogram in the better ear i.e., 85 dB hearing level in audiogram – 25 dB upper limit of normal hearing = 60 dB hearing loss as per provision under "Person with Disabilities Act, 1995".
- 4.4. The reservation in respect of physically handicapped is limited to **Orthopedically Handicapped only**.
- 4.5. Caste & Community: Community Certificate issued by the competent authority in terms of G.O. Ms No. 58, SW (J) Dept., dt.12/5/97 should be submitted at appropriate time. As per A.P. State and Subordinate Service Rules, Rule -2(28) Explanation: In so far as claiming for SC reservation is concerned, No person who professes a religion different from Hinduism shall be deemed a member of Schedule Caste. However, scheduled caste converts to Buddhism deemed to be scheduled caste. BCs, SCs, STs & EWS belonging to other States are not entitled for reservation
- 4.6. There shall be Reservation to Women horizontally to an extent of 33 1/3% in terms of rule 22-A of APSSS Rules as per G.O. Ms. No. 63, GA (Ser-D) Dept., dated: 17.04.2018.
- 4.7. The reservation to meritorious sports persons will apply as per G.O.Ms.No.13, GA (Ser-D) Dept., dated: 23.01.2018, G.O.Ms.No.74, Youth, Advancement, Tourism and Culture (Sports) Dept., dated: 09.08.2012, G.O.Ms.No.473, Youth, Advancement, Tourism and Culture (Sports) Dept., dated: 03.12.2018 and G.O.Ms.No.08, Youth, Advancement, Tourism and Culture (Sports) Dept., dated: 23.11.2020.
- 4.8. Evaluation of various physical disabilities and procedure for certification will be as per orders contained in G.O.Ms. No. 56, WD, CW & DW (DW) Dept., dated 02.12.2003 and G.O.Ms. No. 31, WD, CW & DW (DW) Dept., dated 01.12.2009.
- 4.9. Reservation to BC-E group will be subject to the adjudication of the litigation before the Hon'ble Courts including final orders in Civil Appeal No: (a) 2628-2637 of 2010 in SLP. No. 7388-7397 of 2010, dated. 25/03/2010 and orders from the Government.
- 4.10. The candidates claiming status of non-creamy layer of Backward Class have to obtain a Certificate in terms of G.O. Ms. No. 3, Backward Classes Welfare (C-2) Department, Dated 04.04.2006 read with G.O. Ms. No. 26 Backward Classes Welfare(C) Department, Dated 09.12.2013 regarding their exclusion from the Creamy Layer from the competent authority (Tahasildar) and produce the same at appropriate time of verification. In case of failure to produce the same on the day of verification, the Candidature will be considered against open competition if he / she is otherwise eligible in all aspects.
- 4.11. Economically Weaker Sections means the persons who are not covered under existing scheme of reservations for the SCs, the STs and Socially and Educationally Backward Classes and whose gross annual family income is below Rs.8.00 lakh are identified as Economically Weaker Sections for the benefit of reservations. The persons seeking the benefit of reservation under EWS category shall obtain the necessary EWS Certificate issued by the Tahsildar concerned and produce at an appropriate time to the Commission as per G.O.Ms.No:73 GA(SER-D)Dept,Dt:04-08-2021.

PARA - 5: RESERVATION TO LOCAL CANDIDATES:

- 5.1. The specification of a post is determined by the concerned Department with reference to both vertical and horizontal reservations as well as local reservation. The reservations are specified through the indent by the concerned department and the general criteria with regard to reservations are given below.
- 5.2. Reservation to the Local candidates is applicable as provided in Article 371-D as per G.O.Ms.No.674, G.A (SPF- A) Department, dated.20.10.1975 and rules as amended from time to time and as in force on the date of notification. The candidates claiming reservation as Local candidates should obtain the required Study Certificate(s) (from IV Class to X Class or SSC) OR Residence Certificate in the proforma prescribed for those candidates who have not studied in any Educational Institutions as the case may be. The relevant certificates with authorized signature shall be produced as and when required.
- 5.3. It is a Zonal post and local reservations are applicable.

PARA -6 DEFINITION OF LOCAL CANDIDATE:

- 6.1. A local candidate has been defined in G.O.Ms.No.674, General Administration (SPF-A) Department, dated: 20.10.1975 "LOCAL CANDIDATE" as follows:
 "Local Candidate:- (1) A candidate for direct recruitment to any post shall be regarded

as a local candidate in relation to a local area.

(a) in cases where a minimum educational qualification has been prescribed for recruitment to the post.

(i) "if he has studied in an educational institution or educational institutions in such local area for a period of not less than four consecutive academic years ending with the academic year in which he appeared or, as the case may be, first appeared for the relevant qualifying examination; or

(ii) where during the whole or any part of the four consecutive academic years ending with the academic year in which he appeared or as the case may be, first appeared for the relevant qualifying examination he has not studied in any educational institution, if he has resided in that local area for a period of not less than four years immediately preceding the date of commencement of the qualifying examination in which he appeared or as the case may be, first appeared.

(b) In cases where no minimum educational qualification has been prescribed for recruitment to the post, if he has resided in that local area for a period of not less than four years immediately preceding the date on which the post is notified for recruitment.

Explanations:- For the purpose of the paragraph.

(i) Educational institution means a University or any educational institution recognized by the State Government, a University or other competent authority;

(ii) Relevant qualifying examination in relation to a post means;

(a) the examination, a pass in which is the minimum educational qualification prescribed for the post;

(b) the Matriculation examination or an examination declared by the State Government to be equivalent to the Matriculation examination;

whichever is lower; and

(iii) In reckoning the consecutive academic years during which a candidate has studied, any period of interruption of his study by reason of his failure to pass any examination shall be disregarded.

(iv) the question whether any candidate for direct recruitment to any post has resided in any local area shall be determined with reference to the places where the candidate actually resided and not with reference to the residence of his parents or other guardian (Vide G.O.Ms.No.168, G.A. (SPF.A) Department, dated.10-3-77).

(2) A candidate for direct recruitment to any post who is not regarded as a local candidate under sub paragraph (1) in relation to any local area shall.

(a) In cases where a minimum educational qualification has been prescribed for recruitment to the post.

(i) if he has studied in educational institutions in the State for a period of not less than seven consecutive academic years ending with academic year in which he appeared or as the case may be, first appeared for the relevant qualifying examination, be regarded as a local candidate in relation to

(1) Such local area where he has studied for the maximum period out of the said period of seven years; or

(2) where the periods of his study in two or more local areas are equal, such local areas where he has studied last in such equal periods;

(ii) if during the whole or any part of the seven consecutive academic years ending with the academic years in which he appeared or as the case may be first appeared for the relevant qualifying examination, he has not studied in the educational institutions in any local area, but has resided in the State during the whole of the said period of seven years, be regarded as a local candidate in relation to

(1) such local area where he has resided for a maximum period out of the said period of seven years: or

(2) where the periods of his residence in two or more local areas are equal, such local areas where he has resided last in such equal periods;

(b) In cases where no minimum educational qualification has been prescribed for recruitment to the post, if he has resided in the State for a period of not less than seven years immediately preceding the date on which the post is notified for recruitment, be

regarded as a local candidate in relation to

- (i) such local area where he has resided for the maximum period out of the said period of seven years; or
- (ii) Where the periods of his residence in two or more local areas are equal such local area where he has resided last in such equal periods " .(G.O.Ms.No.168, dated 10-3-1977)

- 6.2. Single certificate, whether of study or residence as stipulated in G.O.Ms.No.674, General Administration (SPF-A) Dept., dated: 20.10.1975 would suffice for enabling the candidate to apply as a "LOCAL CANDIDATE".
- 6.3. Residence certificate will not be accepted, if a candidate has studied in any Educational Institution upto S.S.C. or equivalent examination. Such candidates have to produce study certificates invariably. The candidates, who acquired degree from open Universities directly without studying in any Educational Institution, only may submit residence certificate. Here Educational Institutions mean a recognized Institution by the Government / University/Competent authority.
- 6.4. Candidates are advised to refer provisions of the PRESIDENTIAL ORDER 1975 in this regard.
- 6.5. Candidates who migrated from Telangana to Andhra Pradesh between 2nd June, 2014 and 1st June, 2021 as per G.O.Ms.No. 130, General Administration (SPF&MC) Department, dated.29.10.2019 and as per terms laid down in circular memo no.4136/SPF & MC/2015-5, Dated.20.11.2017 of Government of Andhra Pradesh shall obtain the Local Status Certificate from competent authority and produce at the time of verification.
- 6.6. The composition of Districts in each zone is as hereunder:

Zone-I: Srikakulam, Vizianagaram and Visakhapatnam. (SKM, VZM, VSP)
 Zone-II: East Godavari, West Godavari and Krishna. (EG, WG, KST)
 Zone-III: Guntur, Prakasam and Nellore. (GNT, PKM, NLR)
 Zone-IV: Chittoor, Kadapa, Anantapur and Kurnool. (CTR, CDP, ATP, KNL)

The candidates belongs to other States are not entitled for local Reservations.

PARA- 7 AGE:

7.1. Minimum 18 years & Maximum 42 years as on 01/07/2021, as per G.O.Ms.No.52 GA (Ser-A)Dept., Dt.17.06.2020.

N.B.: No person shall be eligible if less than 18 years and is more than 42 years.

7.2. Age Relaxation is applicable to the categories as detailed below:

S. No.	Category of candidates	Relaxation of age permissible
1(a)	SC, ST , BCs and EWS	5Years
1(b)	For SC/ST CF. vacancies (Limited)	10 Years
2	Physically Handicapped persons	10 Years
3.	Ex-Service men	Shall be allowed to deduct from his age a period of 3 years in addition to the length of service rendered by him in the armed forces / NCC.
4.	N.C.C. (who have worked as Instructor in N.C.C.)	
5.	Regular A.P. State Government Employees (Employees of Corporations, Municipalities etc. are not eligible).	Allowed to deduct from his age the length of regular Service under State Government up to a maximum of five years for the purposes of the maximum age limit.

EXPLANATION:

Provided that the persons referred to at Sl.Nos.3 & 4 above shall, after making the deductions referred to in sub Rule 12 (c) (i) & (ii) of A.P. State and Subordinate Service Rules not exceed the Maximum age limit prescribed for the post.

The age relaxation for Ex-Servicemen is applicable for those who have been released from Armed Forces other than by way of dismissal or discharge on account of misconduct or inefficiency.

Note: The SC/ST Candidates who availed 10 years of age relaxation **are not eligible for SC/ST fresh vacancies.**

PARA - 8 HOW TO APPLY:

STEP-I: The applicant who desires to apply for the post shall login the Commission's Website with his/her registered OTPR number. Candidate applying for the first time for any notification has to first fill the OTPR application carefully to obtain OTPR ID. While filling the OTPR, the candidate has to ensure that the particulars are filled correctly. The Commission bears no responsibility for the mistakes, if any, made by the candidates. If candidates choose to modify they may do so by clicking the modify OTPR make the modification, save them and proceed to STEP-II.

STEP-II: The applicant has to Login the Commission's website with the user name (OTPR ID) and the Password set by candidate. After Login, the applicant has to click on the "Online Application Submission" present in the bottom right corner of the Commission's website.

PAYMENT PROCESS: The applicant now has to click on the payment link against the notification number that he wants to apply. The basic details required for calculation of the fee and age relaxation will be pre-populated from the OTPR data. The applicant has to verify all the details that are displayed. Once the payment form is submitted, the respective details (used for calculation of fee and age relaxation) will not be altered in any stage of application processing. Hence if any details are to be changed, applicant should use the modify OTPR link, modify the details, save it and again click on application payment link.

STEP-III: After checking all the data and ensuring that the data is correct the applicant has to fill application specific data such as Local/Non Local status, white card details etc., which are also used to calculate the fee. Once all the data is filled appropriately, the applicant has to submit the payment form. On successful submission, the payment reference ID is generated and is displayed on the screen. By clicking "OK" the applicant is shown the various payment options where he/she can select any one among them and complete the payment process as given on the screen.

STEP-IV: Once the payment is successful, payment reference ID is generated. Candidates can note the payment reference ID for future correspondence. Thereafter the applicant is directed to the application form. Applicant should provide the payment reference Id generated along with the other details required for filing the application form (other fields like OTPR ID and fees relaxations details will be pre-populated from the data submitted in the payment form for respective notification). The applicant should check the data displayed thoroughly and should fill the application specific fields like qualification details, examination centre etc., carefully and submit the application form. Once the application is submitted successfully then application receipt is generated. The applicant is requested to print and save the application receipt for future reference/correspondence.

NOTE: Applicant shall note that the data displayed from OTPR at the time of submitting the application will be considered for the purpose of this notification only. Any changes made by the applicant to OTPR data at a later date shall not be considered for the notification on hand.

STEP-V: In any case if the payment process is not submitted successfully, then the applicant should start the fresh payment process as mentioned in STEP-II.

STEP-VI: Once the application is submitted successfully, correction in application form will be enabled. The corrections can be made in the application form itself. Fields which affect the name, fee and age relaxations are not enabled for corrections.

NOTE:

- A. The Commission is not responsible, for any omissions made by the applicant in bio-data particulars while submitting the application form online. The applicants are therefore, advised to strictly follow the instructions given in the user guide before submitting the application.
- B. All the candidates are requested to submit their application with correct data. It is noticed that some of the candidates are requesting for change in the data, after submission of the application. It is informed that such requests shall be allowed on payment of Rs.100/- (Rupees hundred only) for each correction. However changes are not allowed for name, fee and age relaxation. No manual application for corrections shall be entertained. Corrections in the applications will be enabled after the last date of the submission of applications and will be allowed up to 7 days only from the last date of applications.
- C. The particulars furnished by the applicant in the application form will be taken as final. Candidates should, therefore, be very careful in uploading / submitting the application form online.
- D. Incomplete/incorrect application form will be summarily rejected. The information if any furnished by the candidate subsequently will not be entertained by the Commission under any circumstances. Applicants should be careful in filling-up the application form and submission. If any lapse is detected during the scrutiny, the candidature will be rejected

even though he/she comes to the final stage of recruitment process or even at a later stage and also liable for punishment as per Para 16.1 of this notification.

- E. Before uploading/submission application form, the candidates should carefully ensure his/her eligibility for this examination. No relevant column of the application form should be left blank; otherwise application form will not be accepted.

PARA - 9: (a) FEE:

- 9.1. Applicant must pay Rs. 250/- (Rupees two hundred and fifty only) towards application processing fee and Rs 120/- (Rupees One Hundred and twenty only) towards examination fee.
- 9.2. However, the following categories of candidates are exempted from payment of examination fee Rs.120/- only.
- i) SC, ST, BC, PH & Ex-Service Men.
 - ii) Families having household supply white card issued by Civil Supplies Department, A.P. Government. (Residents of Andhra Pradesh)
 - iii) Un-employed youth as per G.O.Ms.No.439, G.A (Ser- A) Dept., dated: 18/10/1996 should submit declaration at an appropriate time to the Commission.
 - iv) Applicants belonging to the categories mentioned above (except Physically Handicapped Persons & Ex-Service Men) hailing from other States are not entitled for exemption from payment of fee and not entitled for claiming any kind of reservation.
 - v) Candidates belonging to other States shall pay the prescribed examination fee of Rs.120/- (Rupees One Hundred and twenty only), along with processing fee of Rs. 250/- (Rupees two hundred and fifty only) through different channels as indicated at Para-8. Otherwise such applications will not be considered and no correspondence on this will be entertained.

9.3. **b) MODE OF PAYMENT OF FEE:**

- i) The fee mentioned in the above paragraph is to be paid online using payment gateway using net banking/ credit card / debit card. The list of banks providing service for the purpose of online remittance of fee will be available on the website.
- ii) The fee once remitted shall not be refunded or adjusted under any circumstances. Failure to pay the examination fee and application fee (in non-exempt case) will entail total rejection of application.
- iii) IPOs / Demand Drafts are not accepted.
- iv) In case of corrections Rs.100/- per correction will be charged. However changes are not allowed for name, fee and age relaxation.

PARA-10: SCHEME OF EXAMINATION:-

The Scheme & Syllabus for the examination has been shown in Annexure-II.

PARA - 11: CENTRES FOR THE EXAMINATIONS:

The centres of examination will be announced separately. The applicant may choose the Test centre with three preferences. However the Commission reserves the right to allot the applicant to any centre of examination depending on the availability of the resources like centres / systems.

PARA – 12 RESOLUTION OF DISPUTES RELATED TO QUESTION PAPER, ANSWER KEY AND OTHER MATTERS

- 12.1. The Commission would publish the key on its website after conduct of the examination. Any objections with regard to the key / questions shall be filed within one week after publication of the key in the prescribed proforma available in the website.
- 12.2. The objections received in the prescribed proforma and within due date will be referred to Expert Committee for opinion and to take appropriate decision thereon by the Commission. As per decision of the Commission a revised key will be hosted and further objections only in respect of keys that are revised would be called for a period of three working days from the date of publication of revised key. No further objections on original key will be entertained at this stage. The matter will again be referred to experts. Taking into consideration the opinion of Expert Committee and the final key would be hosted on website based on the decision of the Commission.
- 12.3. The objections if any would be examined and the decision of the Commission in this regard

shall be final. Any objection filed after expiry of specified time from the date of publication of key / revised key would not be entertained.

PARA -13 NOTE ON IMPORTANT LEGAL PROVISIONS GOVERNING THE RECRUITMENT PROCESS:

- 13.1. **Vacancies:** The recruitment will be made to the vacancies notified only. There shall be no waiting list as per G.O. Ms. No. 81, General Administration (Ser. A) Department, Dated 22/02/1997, G.O.Ms.No.544, General Administration (Ser. A) Department, Dated:04.12.1998 and Rule 6 of APPSC Rules of procedure. In any case, no cognizance will be taken by Commission of any vacancies arising or reported after the completion of the selection and recruitment process or the last date as decided by the Commission as far as this Notification is concerned, and these will be further dealt with as per G.O. & Rule cited above. As per G.O.Ms.No:139 Finance HR (I) Planning Policy Dept., dt:28/07/2016 Rule 7 of APPSC Rules of procedure regarding relinquished vacancies has been deleted.
- 13.2. The recruitment will be processed as per this notification and as per the Rules and Instructions issued by the Government and also as decided by the Commission from time to time. In G.O.Ms.No.68, Health Medical & Family Welfare (I.2) dept., dated: 14.03.2005. Special Rules/Adhoc Rules Governing the recruitment other related GOs, Rules etc., are applicable.
- 13.3. **Rules:** The various conditions and criteria prescribed herein are governed by the A.P. State and Subordinate Service Rules, 1996 read with the relevant Special Rules applicable to any particular service in the departments. Any guidelines or clarification is based on the said Rules, and, in case of any necessity, any matter will be processed as per the relevant General and Special Rules as in force.
- 13.4. The Commission is empowered under the provisions of Article 315 and 320 of the Constitution of India read with relevant laws, rules, regulations and executive instructions and all other enabling legal provisions in this regard to conduct examination for appointment to the posts notified herein, duly following the principle of order of merit as per Rule 3(vi) of the APPSC Rules of Procedure read with relevant statutory provisions and ensuring that the whole recruitment and selection process is carried out with utmost regard to secrecy and confidentiality so as to ensure that the principle of merit is scrupulously followed.
- 13.5. **Zonal/Local:** In terms of Para 4 of the G.O., A.P. Public Employment (Organization of Local Cadres and Regulation of Direct Recruitment) Order, 1975 (G.O.Ms.No.674, G.A. (SPF-A) Dept., dated: 20/10/1975) read with G.O.Ms.No.124, General Administration (SPF-A) Department, dated: 07/03/2002, "The provisional list shall be divided into two parts. The first part shall comprise 30% of the posts consisting of combined merit lists of locals as well as non-locals and the remaining second part shall comprise the balance 70% of the posts consisting of locals only and the posts shall be filled duly following the rule of reservation".
- 13.6. Scheme is prescribed as per G.O Ms. No.201, Finance (HR-I Plg, & Policy) Dept., dated:21.12.2017.
- 13.7. The persons already in Government Service/ Autonomous bodies/ Government aided institutions etc., whether in permanent or temporary capacity or as work charged employees are however required to inform, in writing, to their Head of Office/ Department that they have applied for this recruitment.
- 13.8. A candidate shall be disqualified for appointment, if he himself or through relations or friends or any others has canvassed or endeavored to enlist for his candidature, extraneous support, whether from official or non-official sources for appointment to this service.

PARA- 14 The candidate shall go through the Annexures appended to the notification before filling the application form

- Annexure- I- Break up of vacancies
- Annexure- II- Scheme & Syllabus
- Annexure- III Instructions to candidates
- Annexure- IV- LIST OF SC / ST /BC's

PARA-15: PROCEDURE OF SELECTION:

- 15.1. The selection to this recruitment notification will be based on the Merit in the written Exam to be held as per the Scheme and Syllabus shown at Annexure - II. The selection of candidates for appointment to the post will be made on the basis of Written Examination.
- 15.2. **Appearance in all the papers of examination (computer based test) is compulsory. Absence in any of the papers will automatically render the disqualification of the candidature.**
- 15.3. The standard for the examination and the cut off marks for various categories for selection shall be fixed by the Commission. However the candidates have to secure minimum qualifying marks to be short listed for selection against respective vacancies. The minimum

qualifying marks for the vacancies notified under different categories are as follows as per G.O.Ms.No.103, G.A. (Ser.A) Dept., dt.03.02.1967.

- | | |
|---------------------------|-----|
| 1. Open competition & EWS | 40% |
| 2. Backward Class | 35% |
| 3. SCs, STs & PHs | 30% |

N.B.: Mere securing of minimum qualifying marks does not confer any right to the candidate for being considered to the selection.

- 15.4. The claims of members of the Scheduled Castes, Scheduled Tribes, Backward Classes, Economically Weaker Section and Women as the case may be, shall also be considered for the vacancies earmarked for open competition, which shall be filled on the basis of merit in the open competition. In respect of social reservations viz., Scheduled Castes, Scheduled Tribes, Backward Classes, the vertical reservation will be applicable and the number of appointments reserved for that category shall in no way be affected during the period the reservation for that category is in force. In case of women, the horizontal reservation is applicable in terms of G.O.Ms.No.63, GA (Ser-D) Dept., dated: 17.04.2018.
- 15.5. In the event of Schedule Caste & Schedule Tribe candidates not coming up for selection with the existing minimum prescribed for selection in the competitive examination conducted by the APPSC their selection shall be considered on the basis of rank with reference to their performance in the written competitive examination irrespective of the marks secured, as per G.O.Ms.No.631, G.A. (Ser.A) Dept., dt.05.09.1977.
- 15.6. Where the candidates get equal number of marks in the main examination if two or more candidates get equal total number of marks, those candidates shall be bracketed. Candidates within the same bracket shall then be ranked 1, 2, 3 etc., according to age i.e., oldest being considered for admission. In case there is tie in age, the person who possesses educational qualification at earlier date would be considered.
- 15.7. With regard to situation where there is deletion of questions, if any, from any paper, scaling (proportionate increase) would be done for that particular part of the paper to the maximum marks prescribed for the paper and the marks would be rounded off to 2 decimals to determine the merit of the candidate.
- 15.8. While the Commission calls for preference of candidates in respect of Zones in the application form, it is hereby clarified that the said preferences are only indicative for being considered to the extent possible but not binding or limiting the Commission's powers under Article 315 and 320 of the Constitution of India. Therefore, the Commission has the power to assign a candidate to any of the notified posts for which he is considered to be qualified and eligible, subject to fulfilling the selection criterion. Mere claim of preference for any Zone for allotment against vacancy does not confer a right to selection for that Zone in particular or any Zone in general.
- 15.9. The appointment of selected candidates will be subject to their being found medically fit in the appropriate medical classification, and if he/she is of sound health, active habits and free from any bodily defect or infirmity.
- 15.10. ANSWER KEY AND MARKS: Answer key would be published on the website. No separate memorandum of marks would be issued.

PARA-16: DEBARMENT:

- 16.1. Candidates should make sure of their eligibility to the post applied for and that the declaration made by them in the format of application regarding their eligibility is correct in all respects. Any candidate **furnishing in-correct information or making false declaration regarding his/her eligibility at any stage or suppressing any information** is liable TO BE DEBARRED UPTO FIVE YEARS FROM APPEARING FOR ANY OF THE EXAMINATIONS CONDUCTED BY THE COMMISSION, and summary rejection of their candidature for this recruitment.
- 16.2. The Penal Provisions of Act 25/97 published in the A.P. Gazette No. 35, Part-IV.B Extraordinary dated: 21/08/1997 shall be invoked **if malpractice and unfair means are noticed at any stage** of the recruitment. Further candidates shall be liable for penalty as per G.O.Ms.No.385,G.A.(Ser. A) Dept., Dt.18/10/2016. The Chief Superintendent of the examination centre is authorized to take decision in case of malpractice or usage of unfair means or creation of disturbance or use of physical force by any candidate and report the matter to the competent authority as well as register a police case.
- 16.3. The Commission is vested with the Constitutional duty of conducting recruitment and selection as per rules duly maintaining utmost secrecy and confidentiality in this process and any attempt by anyone causing or likely to cause breach of this constitutional duty in such manner or by such action as to violate or likely to violate the fair practices followed and ensured by the Commission will be sufficient cause for rendering such questionable means as ground for debarment and penal consequences as per law and rules as per

decision of the Commission.

- 16.4. Any candidate found **impersonating or procuring impersonation by any person** or resorting to any other irregular or improper means in connection with his / her candidature for selection or obtaining support of candidature by any means, such a candidate may in addition to rendering himself/ herself liable to criminal prosecution, be liable to be debarred permanently from any exam or selection held by the Service Commissions in the country.

16.5. **ELECTRONIC GADGETS BANNED:**

(a) The use of any mobile (even in switched off mode), calculator or any electronic equipment or programmable device or storage media like pen drive, smart watches etc., or camera or blue tooth devices or any other equipment or related accessories either in working or switched off mode capable of being used as a communication device during the examination is strictly prohibited. Any infringement of these instructions shall entail disciplinary action including ban from future examinations.

(b) Candidates are advised in their own interest not to bring any of the banned items including mobile phones to the venue of the examination, as arrangement for safe – keeping cannot be assured.

PARA-17: COMMISSION'S DECISION TO BE FINAL:

The decision of the Commission in all aspects and all respects pertaining to the application and its acceptance or rejection as the case may be, conduct of examination and at all consequent stages culminating in the selection or otherwise of any candidate shall be final in all respects and binding on all concerned, under the powers vested with it under Article 315 and 320 of the Constitution of India. Commission also reserves its right to alter and modify the terms and conditions laid down in the notification for conducting the various stages up to selection, duly intimating details thereof to all concerned, as warranted by any unforeseen circumstances arising during the course of this process, or as deemed necessary by the Commission at any stage.

PLACE: VIJAYAWADA
Date:24/09/2021

Sd/-
P.S.R.Anjaneyulu, I.P.S.,
Secretary.

ANNEXURE-I
NOTIFICATION NO.10/2021

THE DETAILED VACANCY POSITION FOR THE POST OF MEDICAL OFFICERS (UNANI)
IN AYUSH DEPARTMENT

GENERAL / LIMITED RECRUITMENT

CF VACANCIES

CATEGORY	ZONE-1				ZONE-2				ZONE-3				ZONE-4				TOTAL				GRAND TOTAL	
	OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL			
	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W		
OC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-A	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	1	2
BC-B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SC	-	1	1	-	-	-	-	-	-	-	3	1	-	-	4	2	-	1	8	3	12	12
ST	-	-	-	1	-	-	-	1	-	-	1	1	-	-	1	2	-	-	2	5	7	7
VH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	1	1	1	-	-	-	1	-	-	4	2	1	-	5	5	1	1	10	9	21	21

FRESH VACANCIES

CATEGORY	ZONE-1				ZONE-2				ZONE-3				ZONE-4				TOTAL				GRAND TOTAL	
	OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL		OPEN ZONE		LOCAL			
	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W		
OC	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	2	2
BC-A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-B	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	1	1	2	2
BC-C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BC-E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EWS	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	1
TOTAL	-	-	-	-	1	-	1	1	-	-	-	-	1	-	1	-	2	-	2	1	5	5

NOTE : O.C - Open Competition , SC - Scheduled Caste and ST - Scheduled Tribe, BC – Backward Classes; VH- Visually Handicapped, HH- Hearing Handicapped, OH-Orthopedically Handicapped, EWS- Economically Weaker Sections.

Annexure-II
NOTIFICATION NO.10/2021

SCHEME AND SYLLABUS FOR THE POST OF MEDICAL OFFICER (UNANI) IN AYUSH DEPARTMENT

SCHEME OF THE EXAMINATION

WRITTEN EXAMINATION (Objective Type) Degree Standard				
PAPER	Subject	No.of Questions	Duration (Minutes)	Maximum Marks
Paper - I	General Studies & Mental Ability	150	150	150
Paper - II	Concerned Subject	150	150	300
TOTAL				450
N.B: 1. As per G.O.Ms. No.235, Finance (HR-I, Plg & Policy) Dept., Dt.06/12/2016, for each wrong answer will be penalized with 1/3rd of the marks prescribed for the question. 2. Medium of Examination will be English only.				

SYLLABUS

PAPER-I: GENERAL STUDIES AND MENTAL ABILITY

1. Events of national and international importance.
2. Current affairs- international, national and regional.
3. General Science and its applications to the day to day life Contemporary developments in Science & Technology and information Technology.
4. Social- economic and political history of modern India with emphasis on Andhra Pradesh. **(Starts from 1707 AD)**
5. Indian polity and governance: constitutional issues, public policy, reforms and e-governance initiatives with specific reference to Andhra Pradesh.
6. Economic development in India since independence with emphasis on Andhra Pradesh.
7. Physical geography of Indian sub-continent and Andhra Pradesh.
8. Disaster management: vulnerability profile, prevention and mitigation strategies, Application of Remote Sensing and GIS in the assessment of Disaster.
9. Sustainable Development and Environmental Protection
10. Logical reasoning, analytical ability and data interpretation.
11. Data Analysis:
 - a) Tabulation of data
 - b) Visual representation of data
 - c) Basic data analysis (Summary Statistics such as mean, median, mode, variance and coefficient of variation) and Interpretation
12. Bifurcation of Andhra Pradesh and its Administrative, Economic, Social, Cultural, Political, and Legal implications/problems.

Paper-II

UNANI SCIENCE & UNANI GENERAL MEDICINE

1. KULLIYAT UMOORE TABIYA

(Basic Principles of Unani Medicine)

A. Mabhas-e-Aam (General Discussion)

1. Ime Tib ki Tareef (Definition of Tibb)
2. Tib ke mozu aur garz-o-ghayat (Subject and objectives of Tibb)
3. Tibb ki darjabandi imsal ke sath (Classification of Tibb with suitable examples)
4. Umoore Tabeiyah ki Tareef aur ahmiyat (Definition and importance of Umoore-e- Tabeiyah) Tabeiyat ki tareef aur ahmiyat (Definition of Tabeiya't and its importance)
5. Ala-e- Tabeiya't wa Mana'at (Tools of Physis and Immunity)
6. Umoore Tabeiyah ka mafhoom tareef, ta'dad wa ahmiyat (Meanings, definition, number and importance of Umoore Tabeiyah)

7. Asbab ka bayan (Description of causes)

B. Arkaan (Anasir)

1. Arkan (Anasir) ki tareef (Definition of Arkan or Anasir)
2. Arkan ki Ta' dad aur anasir Arba ka Nazaria (Number of Arkaan and Concept of Arkan-e-Arba)
3. Anasir ka tabaee muqam aur agraz-wo-maqasid (Physical position, purpose and significance of Arkan-e-Arba)
4. Anasir ka jadeed nazariya (Modern concept of Elements)
5. Jadeed nazariya ke mutabiq anasir-e-insaniah ki taqseem aur sehat wa maraz mein inki ahmiyat (Classification of Human element and their role in Health and Disease)

C. Mizaj

1. Mizaj ki tareef (Definition of Temperament)
2. Imtizaj-e-Sada, Imtizaj e- Haqeeqi
3. Mizaj ki taqseem (Classification of Temperament)
4. Taqseem-e-Mizaje Mutadil (Classification of Equable or Balanced temperament)
5. Taqseem Mizaje Ghair Mutadil or Sue Mizaj (Classification of Unequable or Imbalanced temperament), Sue mizaj sada, sue mizaj maddi
6. Hararate Ghariziyah (Innate or Intrinsic heat)
7. Hararate ghariba Harat Muqassira
8. Mizaje Insani (Human temperament) Shanakhte Mizaje Insani (Identification of Human temperament)- Ajnas-e- Ashra
9. Mizaje Aaza (Aza- Mufrada, Aza Murakkaba)
10. Mizaje Asnan (Temperament of different ages) Mizaj-e-Asnaf
11. Mizaje Aqaleem (Human Temperament according different regions of Earth)
12. ilaj-wo- Moaleja mein Mizaj ki Ahmiyat aur Mizaj-e-Adviyah (Importance of the Mizaj with respects to drugs and therapeutics)

D. Akh'lat

1. Akh'lat Ki tareef (Definition of Humours)
2. Akhlate Arba' ka Ijmal bayan wo- Bahas (Description and discussion of Akhlate Arba)
3. Description of Dam (Blood) with classification and functions
4. Description of Balgham (Phelgm) with classification and functions
5. Description of Saf'ra (Bile) with classification and functions
6. Description of Sauda (Black Bile) with classification and functions
7. Basis of Akh' late Arba (Four Humours) Arbiyat Akhlat ke Dalayil
8. Tawleed Akhlaat (Production of Ak'hlat)
9. Ratoobate –Oola-wo-Sania
10. Huzume Arba' ka Ijmal bayan (Brief description of Four Digestions)

E. A'za

1. General description of A'za (Organs) and their classification
2. Definition of A'zae Mufradah (Simple Organs)
3. Classification of A'zae Mufradah
4. Description and functions of the following organs: a) Azm (Bone) b) Ghuzruf (Cartilage) c) Ribat (Ligaments) d) Wat'r (Tendon) e) Asab (Nerve) f) Ghisha (Membrane)g) Laham (Flesh) h) Shaham (Fat) i) Shiryan (Arteries) and vareed (Veins)
5. Theory of Abu Sahl M Seehi about A' zae Mufradah (Simple Organs)
6. Inclusion of Sha'r (Hair), Zufr (Nail) and Mukh (Marrow) in A'zae Mufradah
7. Definition of A'zae Murakkaba (Compound Organs) with their classification
8. Definition of A'zae Raisah (Vital Organs) and their classification
9. Definition of A'zaeKhadimah (Subordinate Organs)
10. Definition of 'Uzue Mu'ti (Donor Organ) and their classification
11. Definition of 'Uzue Qabil (Recipient Organ) and their classification

F. Arwah

1. Definition of Ruh with its various interpretations and classification
2. Concept of Ruh (Pneuma) according to different Unani Scholars
3. Ruh ke wazaif wa masalik (Functions of Ruh and its routes)
4. Ruh and Tarwih (Oxygenation)
5. Concentration of Ruh at certain location

G. Quwa

1. Definition of Quwa (Powers of Faculties) with classification and functions
2. Quwwate Nafsaniyah (Psychic or Mental Faculty)
3. Quwwate Muharriakh (Motor Faculty)
4. Quwwate Mudrikah (Faculty of Perception)
5. Hawase Khamsah Zahirah (Five Special Senses)
6. Quwwate Basirah (Power of Vision)

7. Quwwate Sami'ah (Power of Hearing)
8. Quwwate Shammah (Power of Smell)
9. Quwwate Za'iqah (Power of Taste)
10. Quwwate Lamisah (Power of Tactile Sensation)
11. Hawase Khamsah Batinah (Intellectual Senses)
12. Hisse Mushtarak (Power of Composite Senses)
13. Quwwate Mutakhayyalah (Power of reasoning and imagination)
14. Quwwate Hafizah (Power of Memory)
15. Quwwate Mutasarrifah (Power of modification)
16. Quwwate Waahimah (Power of apprehension)
17. Quwwate Haywaniya (Vital Faculties)
18. Quwwate Fa'ilah and Munfa'ilah (Active and Passive Faculty)
19. Advantages of Inqibaze Qalb wa Inbisate Qalb (Systolic and Diastolic movements of the Heart)
20. Brief description of Daurane Khoon (Blood Circulation)
21. Definition and Classification of Quwwate Tabeiya (Physical Power)
22. Definition and functions of Quwwate Ghaziah
23. Definition and functions of Quwwate Namiah (Power of Growth)
24. Detailed description of Sharaete Taghziah (Conditions of nutrition)
25. Functional Stages of Quwwate Ghaziah (Quwat-e-Gazia ke madraj amal)
26. Definition and functions of Quwwate Mutaghayyarah (Power of transformation)
27. Detailed description of Taghayyurate Ghiza (Metabolism of Nutrients)
28. Definition and functions of Quwae Tabeiya Khadimah (Subordinate of Physical faculty)
29. Definition and functions of Quwae Jazibah, Masikah, Hazimah wa Dafiah (Powers of absorption, retention, digestion and excretion)
30. Detailed description of Huzume Arba' (Four Digestions)
31. Description of Haz'me Me'di (The Elementary Digestion)
32. Description of Haz'me Kabidi (The Hepatic Digestion)
33. Description of Haz'me Uruqi (Vascular Digestion)
34. Description of Haz'me Uzwi (Cellular Digestion)
35. Definition and classification of Quwwate Tanasuliyah (Power of reproduction)
36. Definition and functions of Quwwate Muwallidah (Generative Power)
37. Definition and functions of Quwwate Musawwirah (Moulding Power)
38. Definition and classification of Af'aal (Functions) according to Quwa (Powers)

2. TASHREEHUL BADAN (Anatomy)

A. Tashreehul Badan ka ta' aruf (Introduction of Anatomy)

- a. Nizame Jismani ka mukhtsar ta' aruf (A brief description of all systems of the body)
- b. Tashreehi waz'a wa Muta'alliqa istilahat (Anatomical position and related terminologies)
- c. Jild aur us ke zawaid (Skin and its appendages)
- d. Lafaiife satahiya wa ghaariah (Superficial and deep Fasciae)
- e. Autar, Ribatat aur Akyase zulaliya (Tendon, Ligaments & Bursae)
- f. Izaam (Bones): Aqsaam, af'aal wa ta'azzum (Types, functions and ossification)
- g. Azlaat (Muscles): Aqsaam wa af'aal (Types and functions)
- h. Mafasil (Joints): Aqsaam wa harakat (Types and movements)

B. Raas wa Unq (Head and Neck)

1. Rass (Head)

- a. Jumjumah aur uske manaazir ka aam bayan (General description and views of Skull)
- b. Mufsal Sudughi fakki (Temporomandibular joint)
- c. Jaufe Fam, Lissa, Asnaan wa Halaq (Oral Cavity, Gums, Teeth and Pharynx)
- d. Anaf, Jaufe Anf wa Khalaye Hawaiyah (Nose, nasal cavity and Paranasal sinuses) Uzn (Ear)
- e. Mashmoolate Mahjar (Contents of Orbit): Aj'faan (Eyelids)' Aalate dam'a (Lacrimal apparatus) and Muqlatul Ain (Eye ball)
- f. Ghudade Lu'abiya (Salivary glands)

2. Unq (Neck)

- a. Musallasate Unq ka mukhtasar bayaan (Brief description of Triangles of the Neck)
- b. Azlaate Unq (Muscles of the Neck)
- c. Urooq wa a 'asab (Vessels and nerves)
- d. Hanjarah wa Qasbatu'rriyah (Larynx and Trachea)
- e. Mari (Oesophagus)
- f. Raas wa Unq ke Ghudade Lymphawiyah (Lymph nodes of Head and neck)
- g. Fuqrate Unq (Cervical Vertebrae)
- h. Ghudade Darqiyah wa Jarud darqiyah (Thyroid and Parathyroid glands)

3. Nizame A'asab (Nervous system)

- a. Aghhiya-e- Dimagh, Dimagh aur Nukha'a ka mukhtasar bayaan (A brief description of Meninges, Brain and spinal cord).

b. A'asabe Nukha wa Dimaghi (Cranial and Spinal nerves)

4. Sadr (Thorax)

- Jaufe Sadr (Thoracic Cavity)
- Azla'a, Azmul Qas wa fuqraate sadr (Ribs, Sternum and Thoracic Vertebrae)
- Azlaate sadr (Muscles of the Thorax)
- Ghishauriyah wa riyatain (Pleura and Lungs)
- Hijabe munassifus sadr wa mashmoolat (Mediastinum & its contents)
- Urooq wa A'asab aur majrae sadr (Vessels, Nerves and Thoracic duct)
- Ghilaful qalb wa Qalb (Pericardium and Heart)
- Hijabe Hajiz (Diaphragm)
- Saddyain: Mammary Glands

5. Tarfe A'ala (Upper Limb)

- Izam (Bones)
- Azlaat (Muscles)
- Mafasil (Joints)
- Ibt wa hufrae mirfaqiyah (Axilla and Cubital fossa)
- Urooq wa A'asab (Vessels and nerves)

6. Batan (Abdomen)

- Hisase Batan (Abdominal regions)
- Deeware batan (Abdominal wall)
- Bareetoon (Peritoneum) aur Akiyaas e Baritoon (Peritoneal sacs)
- Ah'shae batan (Abdominal viscera)
- Fuqraate qutn (Lumbar vertebrae)
- Urooq wa A'asab (Vessels and nerves)

7. A'ana wa ejan (Pelvis and perineum)

- Jauf -e- Aaa aur Ejan (Pelvis and perineum)
- Azme ajuz wa- us' us (Sacrum and coccyx)
- Azlaate a'ana (Muscles of pelvis)
- Ah'shae Aana (Pelvic viscera)

8. Tarfe Asfal (Lower Limb)

- Izaam (Bones)
- Azlaat (Muscles)
- Mafasil (Joints)
- Urooq wa A'asab (Vessels and nerves)
- Hufrajat (Fossae):
 - Musallase Fakhzi (Femoral triangle)
 - Qanate Muqarribah (Adductor canal)
 - Hufrae mabiziyah (Popliteal fossa)

3. MUNAFEUL AAZA (Physiology)

1. Cytology and Histology:

- Cytology: Brief discussion and introduction of cytology (QHULIA: Qhulia ki khurd beeni sakht-o- Afaal, Takhseem- e- Qhulia)
- Tissue: Definition, types distribution, and function of tissues (INSAJA: Tareef, Aqsaam, khurd beeni sakht ka phailao-wa-Afaal, Nasseja Bushra, Naseeje Waasil, Nassje Azlee wa Naseeja Asabi)

2. BLOOD & HAEMOPOIETIC SYSTEM:

- Definition of Blood, constituents, functions, viscosity, volume (Khoon ki tareef, ajza, afaal, lazoojat aur hajam)
- BLOOD PLASMA:-** Constituents, Plasma Proteins and their functions (Mahiyat-ud-dum, ajza, mavaade lahmia, afaal)
- RBC:-** Structure, composition, formation, development & fate, total count, method of estimation & physiological variations (**KURRIYAT-E- HAMRA:** saqut, aiza-e-tarkeebi, paidaish aur numu, anjam, majmooyee taadaat, miqdaar ki takhmeen ke tareeqe aur unke feliyati iqhtilaaf)
- HAMEOGLOBIN:** Composition, varieties, properties, method of estimation and functions (**HAMRATUDDAM:** Ajza-e-tarkeeb, aqsaam, khwaas, miqdaar, ki takhmeen ke tareeqe)
- WBC:** Types, formation, structure, functions, & Differential count (**AFAAL KURRIYAT-E- BAIZIYA:** Aqsaam, paidaish, afaal aur inke baahami tanasub)
- PLATELETS:** Structure, formation & functions, Coagulation of Blood: Definition, Coagulation factors, Bleeding time, Clotting time and their estimation
- Blood Groups:** Blood Transfusion & Blood Banks

3. Vitamins: Definition, types, daily requirement and functions Vitamin ki tareef, aqsaam, miqdar khurak aur afaal

4. METABOLISM: Introduction to Metabolism, Metabolism of Carbohydrate, Metabolism of Lipids, Metabolism of amino acids, Mineral and Water metabolism (ISTEHALA: Istehala ki tareef, Nashasta ka istehala, Shamiyat ka istehala, Humooze Shorain ka istehala Madaniyat aur paani ka istehala)

- 5. CIRCULATORY SYSTEM:** Introduction, Valves of Heart and their actions, Special Junctional Tissues, Properties of Cardiac Muscles, Cardiac cycle, heart block, Nerves of the heart, cardiac centre & its function, Electro-Cardiograph, Blood Pressure and its physiological control (**NIZAAM-E-DAURAN-E-KHOON:** Tareef, Samamaat-e-qalb aur inke afaal, Qalb ke makhsoos itsaali ansaja, Azla-e-qalb ki khusoosiyat, Daura-e-qalbi, aswaat-e-qalb, suqoot-e-qalb, Aasaab-e-qalb, 14mraz14-e-qalb aur iske afaal, Barqi qalb nigari, Fisharruddum aur iske feliyati avamil)
- 6. LYMPHATIC &RETICULO-ENDOTHELIAL SYSTEM:** Formation and composition of lymph, Lymphatic channels, Lymphatic drainage, Lymph Glands Reticulo- endothelial system, its functions, spleen & its functions
- 7. NIZAM-E-UROOQ-E-LIMFAVIA AUR SHABKI-O- BASHREE BAATINI:** Rutubat –e- limfavia ki paidaish aur tarkeeb, rutubat-e-limfavia ka dauran, ghudood-e-limfavia, Nizam-e-shabkiya mubtina ki tamheed aur afaal, Tihaal aur iske afaal.
- 8. DIGESTIVE SYSTEM:** Introduction of digestive system, Histological structure of salivary glands & secretion of Saliva. Composition, secretion and function of Gastric juice, Pancreatic juice, Succus entericus and Bile. Movements of Alimentary canal and their functions, Formation of Faeces and Defecation. Structure and & functions of Liver, Digestion of carbohydrate, protein and lipds, Absorption of water (NIZAM-E-HAZM: Tamheed-e-nizam-e-hazm, Khurdbeeni sakht of ghudood-e-Luabiya, Luab-e-dahan ki tarkeeb, iski tarssho aur afaal, rutubat-e-maaddi, rutubat-e-banqras, rutubat-e-mayvi, aur rutubat-esafravi ki tarkeeb, tarassho aur afaal, Majra-e-ghizai ke harkat aur unke afaal, Fuzla ki banavato-lqhraj, Jigar ki saaqht-o-afaal, Hazme-Nishashta, Shorain and Shaham, Paani ka injezab).
- 9. RESPIRATORY SYSTEM:** Introduction of Respiratory system/organs, histological structure, Respiratory muscles & functions of respiratory system/organs, Transport of Oxygen & Carbon dioxide, Gaseous exchange in lungs and tissues, Centres of respiration, Artificial respiration and its methods, Pulmonary Volume, Pulmonary Capacities, Dyspnoea, Anoxia, Apnoea, hypercapnia, Physiological effect of High altitude & under water (**NIZAM-E-TANAFFUSS:** Mukhtalif tanaffussi aaza ki tamheed, khurdbeeni sakht, Uzlaat-e-tanaffuss aur unke afaal, Oxygen aur Carbon di oxide ki muntaqheeli, Riya aur insaja may gason ka tabadila, Tanaffuss ke marakiz, Masnooi tanaffuss aur inke mukhtalif tareekhe, Jasamat-e-reviya, Waqaat-e-reviya, Usre teanaffuss, Qillat-e-baad, Dushwaar-e-tanaffuss, Izdiyad-e-tanaffuss, Sat-he-martafa aur gehre paani ke feliyati asraat.)
- 10. EXCRETORY SYSTEM:** Introduction to the organs of excretion
- a. KIDNEYS:** Structure and functions, Nephron, functions of glomerulus, Formation, composition & volume of urine, Normal and Abnormal constituents of Urine, Reaction and Specific Gravity of Urine, Role of Kidney in maintenance of body temperature & Acid base balance, Micturation definition and mechanism (**KULLIYA:** Sakht aur afaal, Kulvi ikai, Uqda-e- Urooq ke afaal, bowl ki paidaish, tarkeeb aur miqhdaar, Bowl ke tabayyi aur ghair tabayyi ajza, Bowl ka raddo amal aur wazn-e-makhsoos, Hararat-e-badniya ko aetadal par rakhne ke liya gurdon ka amal, tarsh-e- qhalvi tavazun, lqhraje-bowl ki tareef aur meekaniya)
- b. SKIN:** Structure and functions of skin [Integument], Sweat, and regulation of body temperature, abnormal and sub-normal temperature. (**JILD:** Jild ki sakht aur afaal, Paseena, Hararat-e-badaniya ka tavazun, ghair tabiyyee hararat aur qillate-hararat)
- C. NIZAM-E-IQHRAJ-E-BOWL:** Aaza –e- bowl ka taaruf
- 11. NERVOUS SYSTEM [in brief]:**
- a.** Nerve structure, functional aspects of nerves, fore brain, hind brain meninges, mid brain, medulla oblongata, spinal cord, cerebro- spinal fluid and its function, Function of central nervous system. (**NIZAM-E-AASAB** [Ikhtesaar ke saat]: Aasab ki sakht aur afaal-e-muqhaddum wa muakkhir-e-dimag, butoon-e-dimag, ausat dimag, Raas un nukha, nukha, rutubat-e-dimaghiya aur nukhaiya, Aasabi 16mraz16 ke afaal).
- b. SENSORY ORGANS:** Physiology of Taste, Smell, Hearing Vision and touch (**NIZAAM-E-SHIRKE AFAAL:** Mechania- Zaika, Sha'ama, Sama'at, basarat aur lams)
- 12. ENDOCRINE SYSTEM:** General description of Endocrine glands, Secretions and functions of Pituitary, Thyroid, Parathyroid Thymus, Supra-renal glands, Pancreas, Ovaries and Testes. (**GHUDDOOD-E-GHAIR NAAQIL:** Ghudood-e-ghair naaqila ka aam bayan, Ghudood-e-Nikhamiya, darqiya, Jawul darqiya, temusiya, fauqhul kulliya, banqras, khusyat-ur- raham and Khusiya ke ifrazaat aur afaal.)
- 13. Male and Female Reproductive System:** Male reproductive system: Male reproductive organs, puberty, spermatogenesis, composition of semen, prostate glands and its function. Female reproductive System: Menstruation, ovulation, fertilization and implantation. (Nizame tauleed Mardana wa Zanana: Nizam-e- Tauleed Mardana: Aza-e-Tauleed Mardana, Buloogat, Haiwane manwiya kay irtiqae madarij, Tarkeeb-e-Mani, guda-e-Mazi aur uske afaal. Nizam-e-Tauleed Zanana: Daura-e- Tams, Amal-e Tabaveez, Baar-aawari and Isteqrara Hamal)

4. TAREEKH-E-TIB **(History of Medicine)**

- (1) Tareekh-e-Tib aur iski Ahmiyat.**
Medical History and its importance.
- (2) Fan-e- Tib ki Ibteda aur Fan –e- Tib ke Awwalin Marakiz.**
Origin of Medicine and its Primary Centers.
- (3) (a) Babuli Tib, Misri Tib aur iske zara-e- Maloomat, (b) Cheeni Tib aur iska Maqsoos Tareeq-e-ilaj, (c) Irani Tib aur Madars-e-Jund-e-Shahpur, (d) Hindi Tib aur Ayurveda ke mashhoor Waid: (i) Charak, (ii) Sushruth, (iii) Wagbhat.**
(a) Babelonean Medicine and Egyptian Medicine and its sources of information, (b) Chinese Medicine and its specific Methodology of Treatment, (c) Iranian Medicine and School of Jund-e-Shahpur, (d) Famous Physicians of Indian Medicine and Ayurveda: (i) Charak, (ii) Sushruth, (iii) Wagbhat.
- (4) Tib ke darje zail bunyadi uloom ka ajmali khaka aur mukhtasar tareekh (i) ilm-e-Tabiyath, (ii) ilm-e-Kimiya, (iii) ilm-e- Nabatath, (iv) ilm-e-Haiwanat, (v) ilm-e-Madaniyat, (vi) ilm-e-Hayyat, (vii) ilm-e- Tashreeh, (viii) ilm-e-Manaf-ul-Aza, (ix) ilm-ul-Jarahath.**
Brief description and history of Fundamental subjects of Medicine viz: (i) Physics, (ii) Chemistry, (iii) Botany, (iv) Zoology, (v) Mineralogy, (vi) Astrology, (vii) Anatomy, (viii) Physiology, (ix) Surgery.
- (5) Tib ke mukhtalif Adwar: (a) Unani Tib ma qable Buqrat, (b) Hazrath Idrees, (c) Tabeeb-e-Awwal Asqaliboos.**
Different periods of Medicine : (a) Unani Tib before Hippocrates, (b) Prophet Idress, (c) First Physician Asqaliboos.
- (6) Mandarje zail Atibba-e-Qadeem ke mukhtasar halaath aur karnamein: (a) Buqrat, (b) Arastu, (c) Herofuloos, (d) Irastarastoos, (e) Madarsa-e-Iskandariya ke mukhtasar halaath.**
Biographical sketches of ancient physicians and their contribution to the Unani system of medicine: (a) Hippocrates, (b) Aristotle, (c) Herofuloos, (d) Irastarastoos, (e) Brief description of School of Sikandriya.
- (7) Roomi atibba (a) Deasqaridoos, (b) Jalinoos.**
Roman Physicians : (a) Dioscorides, (b) Galen.
- (8) Bazanteni Tib aur Tabeeb: (a) Fausulmanifi.**
Bazantini Medicine and its Physician: (a) Fausulmanifi.
- (9) Tib- e- Unani ka Arabi daur aur iska tafseeli bayan.**
Detailed description of Unani Medicine in Arabic Era.
- (10) Ahde jaheliyat mein Tib: Haris bin Kulha.**
Medicine during Age of Ignorance: Haris bin Kulha as a physician.
- (11) Tib-e-Nabawi ka ek Jayeza.**
Brief description on Prophetic Medicine
- (12) Tib Ahde Khilafat-e-Rasheda mein (a) Amawi daur, (b) Tiyazooq, (c) Ibn-e-Umal, (d) Jaber bin Hayyan, (e) Khalid bin Yazeed.**
Medicine in Cliphatic era: (a) Amawai era, (b) Tiyazooq, (c) Ibn-e-Umal, (d) Jaber bin Hayyan, (e) Khalid bin Yazeed.
- (13) Tib Abbasi daur mein, Baitul Hikmat, Tib-e- Unani ki taraqqi mein iska hissa.**
Medicine in Abbasi era: House of Wisdom, and its role in Development of Unani system of Medicine.
- (14) Namwar mutarjimeen: (a) Yuhina bin Masway, (b) Hunain bin Ishaq, (c) Sabith bin Qarha, (d) Yaqoob bin Ishaq, (e) Jibrayeel bin Baqtishu (f) Qusta bin Luqa.**
Famous translators: (a) Yuhina bin Masway, (b) Hunain bin Ishaq, (c) Sabith bin Qarha, (d) Yaqoob bin Ishaq, (e) Jibrayeel bin Baqtishu (f) Qusta bin Luqa
- (15) Baghdad mein Hindustani Atibba ki amad aur tib par iske asraath, Vedak Kitabon ke Tarjume:** Entry of Indian Physicians in Baghdad and its influence on Medicine, Translation of Ayurvedic literature.
- (16) Qaroon-e-Wasta ke namwar atibba: (a) Ali bin Rabban Tabri, (b) Ahmed bin Mohammed Tabri, (c) Ali bin Abbas Majusi, (d) Abu Bakr bin Zakariya Razi, (e) Hunnain Bin Nuhul Qamari, (f) Abu Sahel Masihi, (g) Ibn Sina, (h) Sharfuddin Ismail Jarjani, (i) Ibne Jazla, (j) Abu Rehan Berooni, (k) Ibne Butlan, (l) Abdul Lateef Baghdadi, (m) Kamaluddin Irani, (n) Najeebuddin Samarqandi, (o) Alauddin Qarshi, (p) Nafees Bin Awaz Kirmani, (q) Mahmood Aml, (r) Ali bin Esa kahal.**
Famous physicians of Middle Age: (a) Ali bin Rabban Tabri, (b) Ahmed bin mohammed Tabri, (c) Ali bin Abbas Majusi, (d) Razes, (e) Hunnain bin Nuhul Qmari, (f) Abu Sahel Masihi, (g) Avicenna, (h) Sharfuddin Ismail Jarjani, (i) Ibn Jazla, (j) Abu Rehan Berooni, (k) Ibn Butlan, (l) Abdul Lateef Baghdadi, (m) Kamaluddin Irani, (n) Najeebuddin Samarqandi, (o) Alauddin Qarshi, (p) Nafees Bin Awaz Kirmani, (q) Mahmood Aml, (r) Ali bin Esa kahal.
- (17) Atibba-e-Undulus: Ibn Rushd, (b) Abul Qasim Zahravi, (c) Ibn Wahid, (d) Ibn Zuhur, (e) Ibn Betar, (f) Ibne Khateeb, (g) Moosa Bin Maimoon.**
Famous Physicians of Undilus: (a) Ibn Rushd, (b) Abulcasis, (c) Ibn Wahid, (d) Avenzer,

- (e) Ibn Betar, (f) Ibne Khateeb, (g) Moosa Bin Maimoon.
- (18) Atibba Misr-o-Shaam: (a) Dawood Antaki, (b) Ali bin Rizwan, (c) Ibn Hayatham, (d) Ishaq bin Sulaiman Israili, (e) Ibn Abi Usaiba, (f) Jamaluddin Qafati, (g) Ibn Qaf Masihi.**
Famous Physicians of Egypt and Syria: (a) Dawood Antaki, (b) Ali bin Rizwan, (c) Ibn haysam (d) Ishaq bin sulaiman israili, (e) ibnabi usaiba, (f) jamaluddin qafati, (g) ibn Qaf Masihi
- (19) Hisdustan ka tibbi daur: Ahde Tughlaq ke namwar tabeeb, (a) Zia Mohammed Masood Rasheed Farangi, Ahde Lodhi ke Tabeeb, (a) Behwa bin Qawas.**
Medicine in India – Brief discussion, Famous physicians of Tughlaq Era: (a) Zia Mohammed Masood Rasheed Farangi, Ahde Lodhi ke Tabeeb, (a) Behwa bin Qawas.
- (20) Gujrat ka mashoor tabeeb: Shahab Abdul Kareem Nagori.**
Famous physicians of Gujrat: Shahab Abdul Kareem Nagori.
- (21) Tib kashmeer mein: Nooh bin Mansoor.**
Medicine in Kashmir: Nooh bin Mansoor.
- (22) Ahde Moghliya ke namwar tabeeb: (a) Hakeem Ali Geelani, (b) Hakeem Sidra, (c) Hakeem Yousufi, (d) Hakeem Akbar Arzani, (e) Hakeem Hashim Alvi Khan, (f) Hakeem Amanullah, (g) Hakeem Shareef Khan.**
Famous physicians of Moghal period: (a) Hakeem Ali Geelani, (b) Hakeem Sidra, (c) Hakeem Yousufi, (d) Hakeem Akbar Arzani, (e) Hakeem Hashim Alvi Khan, (f) Hakeem Amanullah, (g) Hakeem Shareef Khan.
- (23) Qutubshahi daur ke namwar hakeem: (a) Hakeem Mir Momin, (b) Hakeem-ul-Mulk Nizamuddin Gilani.**
Famous physicians of Qutubshahi period: (a) Hakeem Mir Momin, (b) Hakeem-ul-Mulk Nizamuddin Gilani.
- (24) Nizamshahi daur ke hakeem: (a) Rustum Jarjani, (b) Wali Gilani.**
Famous physicians of Nizamshahi period: (a) Rustum Jarjani, (b) Wali Gilani.
- (25) Adilshahi daur ke hakeem: Mohammed Qasim Farishta.**
Famous physician of Adilshahi period: Mohammed Qasim Farishta.
- (26) Asifjahi daur ke tabeeb: (a) Hakeem Raza Ali Khan, (b) Hakeem Shafai Khan.**
Famous physician of Asifjahi period: (a) Hakeem Raza Ali Khan, (b) Hakeem Shafai Khan.
- (27) Bartanwi ahad ke atibba: (a) Maseeh-ul-Mulk Hakeem Ajmal Khan, (b) Hakeem Abdul Aziz Lucknawi, (c) Hakeem Azam Khan, (d) Hakeem Abdul Hameed, (e) Hakeem Abdul Haleem, (f) Hakeem Abdul Lateef Falsafi.**
Famous physicians of British period: (a) Maseeh-ul-Mulk Hakeem Ajmal Khan, (b) Hakeem Abdul Aziz Lucknawi, (c) Hakeem Azam Khan, (d) Hakeem Abdul Hameed, (e) Hakeem Abdul Haleem, (f) Hakeem Abdul Lateef Falsafi.
- (28) Chand mashoor atibba: (a) Hakeem Kabeeruddin, (b) Hakeem Ghulam Hussain Kantoori, (c) Hakeem Mohammed Ilyas Khan.**
Few famous physicians: (a) Hakeem Kabeeruddin, (b) Hakeem Ghulam Hussain Kantoori, (c) Hakeem Mohammed Ilyas Khan.
- (29) Hindustan mein tib ki taleem ka naya daur: (a) Taleemi Idare aur Nisaab, (b) A'la Taleem, (c) Unani Tib mein Tahqeeq.**
Unani Education system in India in Modern era, (a) Academic Institutions and syllabus, (b) Higher Education, (c) Unani Medical Research.
- (30) Hindustan mein (i) Tibbi marakiz: (a) Ayurved aur Unani Tibbi College, Delhi, (b) Takmeel-ut-Tib College, Lucknow, (c) Ajmal Khan Tibbiya College, Aligarh (d) Nizamai Tibbi College, Hyderabad, (e) Hamdard Tibbia College, Delhi (ii) Tibbi Khanwade: (a) Delhi, (b) Rampur, (c) Lucknow, (d) Hyderabad, (e) Rajasthan, (f) Bhopal, (g) Madras, (g) Mysore.**
(i) Unani Medical Centres in India a) Ayurved aur Unani Tibbi College, Delhi, (b) Takmeel-ut-Tib College, Lucknow, (c) Ajmal Khan Tibbiya College, Aligarh, (d) Nizamai Tibbi College, Hyderabad, (e) Hamdard Tibbia College, Delhi. (ii) Eminent medical families in India belonging to: (a) Delhi, (b) Rampur, (c) Lucknow, (d) Hyderabad, (c) Rajasthan, (f) Bhopal, (g) Madras, (g) Mysore.
- (31) Ma'baad Azadi Unani marakiz ka khayaan, inki Tareeq, Tadween, Aghraz-o-Maqasid: (a) Central Council of Indian Medicine, (b) Central Council For Research in Unani Medicine, (c) National Institute of Unani Medicine.**
Post-Independence Establishment of certain Unani centres, their Aims and Objectives, Development and Functions: (a) Central Council of Indian Medicine, (b) Central Council For Research in Unani Medicine, (c) National Institute of Unani Medicine.
- (32) Mo'ahida-e-Buqratiya: iska Matan, Mo'ahida-e-Buqratiya ka asar mabaad sadiyon per, Mutalimeen-e-Tib ke Ausaaf, Tabeeb ke Farayz.**
Hippocratic Oath: the text and its effect on latter centuries, Ethical Values of Medical Students, Ethical Duties of the Unani Physicians.

5. TAHAFFUZI WA SAMAJI TIB **(Preventive and Community Medicine)**

1. Tahaffuzi wa Samaji Tibb Definition, historical background, importance, aims and

- objectives
2. Sehat (Health) Definition, aims & objectives and guidelines for health, Detailed discussion of Asbaabe Sitta Zarooriyah (six essentials of life), classification of food including macro and micronutrients and balanced diet.
 3. Marz (Disease) Definition and causes of disease with details.
 4. Tabae Mahaul (Physical Environment) Fizaee Mahaul (atmospheric environment), components of Tabae Mahaul (Physical environment) and its related factors. Factors affecting physical environment (Physical, chemical and biological causes).
 5. Air Physical properties and composition. Natural and artificial method for purification of air, procedures for the prevention and control of diseases caused by air pollution and their preventive measures.
 6. Water Sources and types of water, safe & wholesome water, examination of water, purification methods.
 7. Environmental Pollution Definition and classification, causes, health effects and preventive measures of different types of pollution i.e. air pollution, water pollution and noise pollution.
 8. Masaakin wa Tahviya (Housing and Ventilation) Need and importance, disadvantages of ill ventilated rooms, standards of ventilation, different types of ventilation (Natural and Artificial)
 9. Indifae Fuzlaat (Disposal of Waste) Definition and types of waste, solid waste disposal, excreta disposal, municipal sewage disposal plant, biomedical waste disposal.
 10. Hakhshi Hifzane Sehat (Personal Hygiene) Healthy habits, cleanliness, menstrual hygiene, Importance of ilaj Bit Tadbeer in Shakshi Hifzane Sehat Dalak, Riyazat, Hammam and bathing. Prevention of lifestyle diseases.
 11. Khandani Mansooba Bandi wa Zabte Tauleed (Family Planning and Birth Control) Definition, scope, types of birth control measures: temporary, permanent.
 12. Taadiya (Infection) Definition, mode of spread, routes of entry of infection, reservoirs of infection and their carriers, classification, quarantine, Incubation period, isolation. Important vectors spreading the disease Concept of Waba and related terminologies.
 13. Infectious Diseases Asbaabe Wa'sila wa Moidda (causative and predisposing factors), causes, sign and symptoms, differential diagnosis, Muddate Hizanat (incubation period), Muddate Tadiya (infective period) and methods of Tahaffuz (prevention) of following diseases: a. Humeqa (Chicken pox) b. Khasra (Measles) c. Judri (Small Pox) d. Warne Aslul uzn (Mumps) e. Influenza, Swine Flu, Bird Flu (Tuberculosis) f. SARS g. Chickenguina h. Shaheega (Pertussis) i. Khunnaq (Diphtheria) j. Diq (Tuberculosis) k. Haiza (Cholera) l. Deedane Amaa (Helminthiasis) m. Hummae Taifoodiya (Typhoid Fever) n. Hummae ijamia (Malaria) o. Hummae Asfar (Yellow Fever) p. Khaarish q. Hummae Danj (Dengue Fever) r. Ta'oon (Plague) s. Kala Azar t. Daul Kalb (Rabies) u. Kuzaaz (Tetanus) v. Juzaam (Leprosy) w. Daul feel (Filariasis) x. Falije Atfaal (Poliomyelitis) y. Jamra (Anthrax) z. AIDS aa. Iltihaabe Kabid (Hepatitis)
 14. Manaaf and Amale Talqeeh (Immunity and Vaccination) Immunity: Definition, classification and importance of immunity
 15. Amale Talqeeh (Vaccination) Definition, types of Vaccines, advantages and disadvantages of vaccines, Naqshae Tamnee (Immunization Schedule), Amale Tamnee ke muzir asraat (adverse effects of immunization)
 16. Amale Tattheer (Sterilization) Definition, importance & necessity, latest methods, natural, physical & chemical. Information about various Istilahaat (terminology) like deodorant, antispect, pesticides, insecticides, germicides and detergents etc.
 17. Dafaee Ta'affun (Disinfectant) Sources, methods of disinfection and their indications.
 18. San'atee Tib Definition and importance of occupational health, occupational diseases and hazards and their preventive measures.
 19. Sehate Tanzimat (Health Organizations) a) National health organizations b) Aalami Sehate Tanzeemaat (International Health Organizations) World Health Organization (WHO), United Nations International Children Emergency Funds (UNICEF), Food and Agriculture Organization (FAO).
 20. Nigehdasht Mashaikh (Geriatrics) Problems of old aged people viz. Financial, mental, physical, social and psychological. Tadabeer-e-Mashaikh (diet, exercise, massage etc.).
 21. Sehate Aamma (Public Health) Tash'heer (notification), methods of propoganda of public health issues and its importance, school health services. Health care at village level, preventive measures and cleanliness in fairs and festivals and prevention of epidemic diseases.
 22. Tibbi indirajat (Demography) Mardum Shumari (census and registration system), Sharahe Paida'ish (birth rate) and Sharahe Amwaat (death rate) etc. Basic medical statistics, including central tendencies.
 23. Sehate Programmes (Health Programmes) Primary Health Centers (PHC) Various Health Programs run by Govt. Of India, healthcare delivery system of India.

6. ILMUL ADVIYA

I. KULLIYATE ADVIA

1. Usoole Shanakht Advia (Principles of Identification of drugs { Pharmacognosy} (i) Makhaz

- e Adiva (Sources of drugs) (ii) Wasful aqaqir ke aitbaar se mufrad dawaon ki darjabandi (Classification of single drugs according to Pharmacognosy) (iii) Morphological characters of Unani medicinal plants (iv) Taxonomical classification of Unani single drugs.
2. Dawa, Ghiza, and Zulkhassa: Ta'reef, aksam aur ahmiyat (Dawa, Ghiza, and Zulkhassa: Definition, types and importance)
 3. Mizaje Advia: Ta'reef, aksam aur ahmiyat (Mizaje Advia: Definition, types and importance)
 4. Sammi Advia wa Tiryaaq: Samm-e- mutlaq, Samoom, fad zehar (Poisonous drugs and Antidotes)
 5. Badni istalah par Advia Ka T'aseer: Mufradul Quwa, Murakkabul Quwa wagairah (Effects of drugs on metabolism: Mufradul Quwa, Murakkabul Quwa etc.)
 6. Adiva ki Ajza'e tarkeebi, Ajza'e mo'esira: Alkaloids, Glycosides aur roghaniyat (Composition of drugs: Active and non-active constituent-Alkaloids, Glycosides, oils, tannins, saponins, gums, resins, mucilage, phenolic compounds, flavinoids).
 7. Advia ki tabai khusosiyat (Physical properties of drugs)
 8. Gair Maa'ruf Advia ki maloomat ke zara'e (Principals and methods of assessing the action of unknown drugs)
 9. Qiyas wa tajurba (Analogy and experimentation)
 10. Mukhtalif nizame jismani par Unani Advia mufradat ke asrat (Action of Unani single drugs on various systems of the body)
 11. Ashkale Advia (Different dosage forms)
 12. Masalike Advia (Routes of administration of drugs)
 13. Hasul, Tahaffuz wa amare Advia (Collection, storage, preservation and shelf life of drugs)
 14. Muzir aur Musileh (Adverse effects of drugs and their correctives, and scope of pharmacovigilance in Unani medicine)
 15. Abdale Advia (Substitution of drugs)
 16. Tanakuz e Advia (Drug antagonism)
 17. Usoole tarkeebe Advia, ahmiyat wa zaroorat (Drug compounding: Principles and importance)
 18. Istelahat e Advia ba Atbare Taseer wa Nauyiate Amal (terminologies with respect to the effects and actions of drugs) : a) Aasir, Akkal, Hakkak b) Dafae Taffun, Dafae Huma, Dafe Tashannuj Dabiq c) Ghassal, Jali, Haliq, Habis d) Jazib, Kavi, Kasire Riyah, Lazie, Lazij, Khatim d) Muarriq, Moaddil, Moattis, Mufajjir, Muhallil e) Mohammir, Muallide Dam, Muallide Mani, Mubahi f) Mubarrid, Mudammil, Mudire Baul, Mudir-e-Tamas, Mudire Laban g) Mufareh, Mufatteh, Mufateete Hisat, Mughalliz, Mughazzi Murakhi Dorane Khoon, Murakh, Muharriqe Aasab, Dimagh wa Qalb h) Mujaffif, Munjamid, Mukhaddir, Mukhashin, Mukhrije Janeen wa Masheema i) Mulattif, Mulaiyyan Mulazziz Mumsik Munaqqi Munawwim, Munabate shair, Munzij, Muqawwi, Muqawwi Aamma j) Muqawwiyyate makhsoosa, Muarikh, Murratib, Mushil, Musaddai k) Musaddid, Musaffi Dam, Musakkin, Musakkine Alam, Musammin e Badan l) Moutfish, Muzayeeq, Mulattif, Muhayyej m) Mushtahi, Muzayyede Laban, Muzliq, Nasif, Qabiz, Qateh, Qatil- Deedan Ammae, Radae,

II. Ilmul Adviya- ADVIA MUFRADAH

Darjazail Advia ki shinakhat, Makhaz, hasul, mizaj, afa'l, Mua'ka wa tareeka istema'al, miqdar khurak Mudate taseer, Muzir Asrat, Musleh wa jadeed tahkikat. (Identification, source, collection, mizaj, actions, therapeutic uses, methods of usage, dose, shelf life, adverse effects, corrective measures and recent research information of following single drugs).

Part A: Adiva Nabatiya (Plant origin drugs)

a) Abhal, Atees, Azaraq, Adusa, Aspand, Aspaghol, Afiun, Asgandh, Asaroon, Asrol, Aftimoon, Afsanteen, Anjeer, Atrilal, Akleelul Mulk, Aloo Bukhara, Aloo Baloo, Amla, Anar, Anjabar, Anisoon, Aslosus, b) Babchi, Badaward, Baboona, Badam, Badranjboya, Bartang, Babool, Barhamdandi, Baranjasif, Bazrulbang, Bisfaj, Biskhapra, Baladur, Balela, Banafsha, Buzidan, Bahman Safaid, Bahman surkh, Behi dana, Bahroza, Bedanjeer, Bed mushk, Belgiri, Barahmi, Beesh c) Persiyaoshan, Palas papda, panbadana, podina d) Talmakhana, Tuxhme Balanga, Turanj, Turb, Tamar Hindi, Toot, Tudri safaid wa siyah, Taj, Tubud e) Salab misri f) Javitri, Jozbua, Jamun, Jadwar, Juntiyana, Jawakhar, Jauz maasil g) Chaksu, Chiraita, Chob chini, Chob zard h) Habbul Aas, Habbus Salateen, Habbul qurtum, Habbul qilt, Habbul ghar, Hilteet, Hulba, Hanzal, Hina i) Khaksi, Khatmi, Khubbazi, Khapaza, Khurfa, Kharbaq, Khulanjan, Khayarain, Khyar shambar, Khare Khashak, Kahoo, Karfis j) Dar hald, Dare filfil, Dar chini, Durmina Turki, Duroonaj Aqrabi, Dammul akhwain k) Ral Safaid, Rasut, Reetha, Rehan, Rewand chini l) Zarawand, Zarishk, Zaranbad, Zafaran, Zanjbeel, Zufa, Zaitoon, Zeera safed, Zeera siah, Zarnab, m) Sazij Hindi, Sapistan, Satawar, Suddab, Sarphoka, Sad Kufi, Saqmoonia, Sumbulut tib, Suranjan shireen, Suranjan Talkh, Sadabahar, Sahajana n) Shahatra, Shuqae, Shuneez, Sheetraj Hindi o) Satar Farsi, Samaghe Arabi, Sandal Surkh wa safaid, Samaghe Kateera, p) Tabasheer q) Aqarqarha, Ushba, Unnab, Ood saleeb, Ood gharqi r) Ghariqoon, Ghafis s) farfiun, faranjmushk, Fafil Daraz, Fafil siyah, Filfil Safad t) Qaranful, Qinnab (bhang), u) Kat safed, Kateera, Kasni, Kafoor, Kakra Singhi, Kaifal,

Kabab Chini, Kababah, Khandan, Kataan, Kasoos, Karanjawa, Kasondi, Kishneez, Kamela, Kundur, Kanghi, Kanocha, Kewda v) Gajar, Gaozaban, Gilo Gule Surkh, Gule Gurhal, Gule Tesu w) Loban, Lodh pathani, Lahsun x) Mayeen Khurd wa Kalan, Malkangani, Mazoo, Marzanjosh, Maror 29mraz29, Mastagi, Muqil, Mako, Mundi, Maveez y) Najeel Daryae, Nilofer, Neem, Nankawah z) Vaj, Halelajat, Haliyun, Heel Khurd, Heel Kalan.

Part B: Advia Maadaniya (Mineral Origin Drugs)

a) Abrak Safaid wa Siyah, Tinkar, Hazjrul Yahud b) Khusul hadeed, Zangar Zaharmohra c) Safeda kashghari, Sumaq, Sammul far, Sang Jarahat d) Shubb-e-Yamani, Shingraf, Shora Qalmi e) Tila, Faulad, Kibreet f) Gil Armani. Gile Surkh, Gau Danti g) Murdar, Sang, Nuqra h) Namakiyat, Hartal, Hirakasis

Part C: Advia Haiwaniya (Animal Origin Drugs)

a) Abresham, Baiza Murgh, Beer Bahuti, Jund bedastar b) Kharateen, Kharmohra c) Reg mahi, Sartan, Sange Saremahi, Saresham Mahi, Sadaf, d) Asal, Ambar, Ambar ashab, Kafe dariya e) Qaranul Aiyal, Luk-e-maghsool, Marjan, Mom, Marvareed

Part D: Advia Jadeeda (Modern Drugs)

a) Pharmacological Terminologies: Definition, Scope & Branches b) Routes of drug administration c) Introduction to Pharmacokinetics: Drug absorption, Drug metabolism, Excretion of drugs, plasma half life and doses d) Introduction to Pharmacodynamics: Non Receptors and Receptor mechanism e) Drug Modifying factors f) Antiseptics and Disinfectants g) Introduction to Pharmacological actions, therapeutic uses, absorption, fate and excretion, doses and adverse effects of the following drugs: h) Analgesics: Narcotic and Non-narcotic analgesics, anti-inflammatory and antipyretics. i) Sedatives: hypnotics and tranquilizers. j) Anesthetics: Local, Spinal and General k) Antibiotics : Definition & Classification l) Chemotherapeutic Agents: Sulphonamides, tetracyclines, Penicillin, chlorophenicol and Amnioglycosidal Drugs m) Antiprotozoals, Antivirals, Anthelmintic, Antifungal drugs n) Hormones: Insulin and Thyroid hormones o) Contraceptives p) I.V. Fluids q) Oral Hypoglycaemic Drugs r) Antihypertensive Drugs

7. MAHIYATUL AMRAZ (Pathology)

A. MAHIYATUL AMRAZ UMOOMI WA ILMUL JARASEEM- (General Pathology and Microbiology)

I. Ilmul Ahwal II. Ilmul Asbab III. Ilmul Alamaat

I. ILMUL AHWAL (A) a) Definition of Sabab, Marz & Arz b) Ahwale Badan, Sehat, Marz, Haalate Salisa c) Ajnase Amraaz: Amraaze Mufradah and Amraaze Murakkabh i. Amraaze Mufradah: Soo-e-Mizaj, Soo-e- Tarkeeb, Tafarruq Ittesal, ii. Amraaze Murakkabh: Definition & classification of Auram aur uski aqsaam. (B) a) Zarbe Khaliya (Cellular Injury): Fasadat & Saraiyat Nakhr (Necrosis), Infarction, Ghangharana (Gangrene), b) Tatabuq (Adaptation): Zamoor (Atrophy), Tazakhkhum (Hypertrophy), Metaplasia, Khoon and Fasade Dawrane Khoon (Blood & circulatory disorders) (d) Faqrudam aur Aqsam (Anaemia & types), Abyazud dam (Leukaemia & types), Nazaffudam (Haemorrhage), Salabate Shiryani (Arteriosclerosis), Aqdi Salabate Shiryani (Atherosclerosis), akhashurudam (Thrombosis), Tasadududdam (Embolism), aflasuddam (Ischaemia) (e) Fasade Rutubate Badan (Fluid and Electrolyte Imbalance): Qillate Rutubat (Dehydration), Tahabbuj (Oedema), Sadma (Shock), (f) Mana'at (Immunity) and AIDS (g) Salaat (Neoplasm) ka ajmali bayan (General description)

II. ILMUL ASBAB Asbabe Kulli: Asbabe Badia, Asbabe Sabiqah, Asbabe Wasila, Ta'dia, Unani main tadiya ka tassavur. 1. Definition & classification of Asbab 2. Asbabe Badan: (a) Asbabe Maddiyah (b) Asbabe Suriyah I Asbabe Failiah (d) Asbabe Tamamiyah 3. Asbabe Sehat wa Marz (a) Asbabe Sabeqah (b) Asbabe Badiyah I Asbabe Wasilah (d) Asbabe Zarooriyyah (e) Asbabe Ghair Zarooriyyah (f) Asbabe Mohafizah (g) Asbabe Mughhiyyarah (h) Asbabe Mukhallifah (i) Asbabe Ghair Mukhallifah (j) Musakhinat, Mubardiat, Mujaffifat (k) Mufasidate Shakl 4. Umoomi Asbab: (a) Asbabe Warm (b) Asbabe Tararrue Ittisal I Asbabe Qarah (d) Asbabe Mufsadaate Shakal (e) Asbabe Suddah aur Zeeqe Majari (f) Asbabe Ittisae Majari (g) Asbabe Khushunat (h) Asbabe Malasat (i) Asbabe Khula (j) Asbabe Sue Tarkeeb (k) Asbabe Waja (l) Asbabe Taskeene Waja (m) Asbabe Tuxhma wa Imtila (n) Asbabe Ihtibaas wa Istigraagh (o) Asbabe Zo'fe Aaza

III Ilmul Alamaat Alamaat ke Umoomi Tazkira, Alamaat Fariqa, Alamaate Imtila, Ghal'bae Akhlat ke Alamaat, Alamaate Amzaja, Alamaate Sauda wa Warm, Alamaate Tafarruqe Ittisal, Alamaate Riyaah, Waja aur is ke Aqsaam.

B. ILMUL JARASEEM (MICRO BIOLOGY):

Aqsaame Jarasim (Classification of Micro-organism), Qluwin (Staining), Jarasimi Af'aal (Microbial Activity), Antigen, Ajsam Ziddia (Anti-Bodies), their reaction, Jarasimi Sammiyat (Toxins), General Description of following bacteria: Gram Positive Bacteria (Cocci & Bacilli) such as Staphylococcus, Sterptococcus, Pneumococcus, Clostridium Tetani, Mycobacterium Tuberculosis & M. Leprae. Gram Negative Bacteria (Cocci & Bacilli) such as Neisseria Meningitides and N. Gonococci, Salmonella, E. Coli Shigella, Vibrio Cholera

Spirochete: Treponema Pallidum Tufailiyat (parasites), fungi and Virus ka Ajmali Bayan (General Description)

C. MAHIYATUL AMRAZ NIZAMI-Systemic pathology

1. Amraaz Qalb wa Urooq (Disease of the Heart & Blood Vessels): Insidad Shiryani Iklii (Coronary Occlusion), Itihab Batana Qalb (Endocarditis), Izamul Qalb (Hypertrophy of the Heart), Amraaz Azlaate Qalb (Cardiomyopathies), Fisharuddam (Hypertension) Salaabate Shiryani (Arteriosclerosis), Anurisma (Aneurysm), Amraz Samamate Qalb (Valvular Heart Diseases), Pericarditis (Itihabe ghilaful-qalb).
2. Amraaz Nizam Tanaffus (Diseases of Respiratory System): Itihabe Shobi (Bronchitis), Zaturriyah (Pneumonia), Zatul Janb (Pleurisy), Tadarrum Revi (Pulmonary Tuberculosis), Zeequn Nafas (Asthma), Nafkhturriyaya (Emphysema), Ittisae Shoeb (Bronchiectasis)
3. Amraaze Meda wa Am'a (Gastro- Intestinal Diseases): Qrahae Medi wa Asna Ashree (Gastric & Duodenal Ulcer), Hummae Mevi (Enteric Fever), Itihab Zayada Aawar (Appendicitis), Zaheer (Dysentery), Warme Meda (Gastritis), Qurooh-e-Qoloon (Ulcerative Colitis).
4. Amraaze Kabid wa Mirarh (Diseases of Hepato- Biliary System): Itihabe Kabid (Hepatitis), Talayyaful Kabid (Cirrhosis of Liver), Yarquan (Jaundice), Dubailatul Kabid (Liver Abscess), Itihabe Mirara (Cholecystitis), Hisate Mirara (Cholelithiasis).
5. Amraaze Kilia wa Masana (Diseases of Kidney & Urinary Bladder): Glomerulonephritis, Itihabe Hauzul Kilia (Pyelonephritis), Hisat Kilia wa Masana (Renal & Cystic Stones), Itihabe Masana (Cystitis)
6. Amraaze Banqaras (Diseases of Pancreas): Ziabatus Shakri (Diabetes Mellitus), Itihabe Banqaras (Pancreatitis).
7. Amraaze Dimagh (Cerebral Diseases) : Itihabe Aghshia (Meningitis), Encephalitis, Jiryannuddam Dimaghi (Cerebral Haemorrhage)

8. ILMUL SAIDLA & Murakkaba **Unani Pharmacy & Compounds**

I. Ilmul Saidla

1. Saidla ki tareef, darjbandi, ahmiyat aur tareekhi pashmanzar (Definition of Pharmacy, its classification, short history and chronological development of pharmacy.)
2. Hindustani Qarabadiin ke Khusoosi hawala se Unani tibbi, Quomi Qarabadiin ka ta'aruf. (Introduction to Unani Pharmacopoeias (Qarabadiin), National Formulary with special reference to the Indian Pharmacopoeia).
3. Awzan-e-Advia: jadeed wa qadeem awzan wa paimane (Introduction of ancient and contemporary system of Awzan-e-Advia { unit of measurement}).
4. Mufrad wa murakkab dawao ke husool, Zakheera andozi, tahaffuz aur tanzeem 36mraz36 ke usool wa qwaneen, naiz aml tajfeef, iski aksam, aalat tajfeef, A'amar e Advia. (Brief introduction about collection, storage of simple and compound drugs, preservation and management for pharmacy stores. Drying: (Different types of Dryer), shelf life of Unani drugs.)
5. Aamale Dawasazi, istalahat wa askale Advia ka ijmal bayan: (Brief description and application of technical terminologies and different Unani dosage forms) Taqtee, Daq wa Raz, Bard, Tahmees, Tadheen, Tashwia, Tarveeq, Tajfeef, Tajveef, Tabalwur, Tabkheer, Tarseeb, Tarsheeh, Tasyeed ,Ihraq, Taklees Taqsheer, Dhannab, Tahbeeb, Tasweel, Tabakh, Irgaha. Tadbeere Advia, Joshanda, Khesanda aur zula.
6. Safoof (Powder): Mukhtalif chhalniyo ke tawassut se safoof ki darzbandi (Size Reduction Standards of sieves, powder gradation.) Tahbib (Granules): tareeka e tahbib (Methods of granulation) Darjazail Advia ki safoofsazi (Powdering of the following drugs): Aarad Kurma, Ushuq, Muqil, Afiyoon, Rasaut, Mastagi, Abresham, Magziat, Zafran, Hajariyat, Sadaf, Marwareed, Sange Jarahat.
7. Ba'az dawao ki tareeka tayyari k makhsoos aamal: (Preparatory Methods of certain drugs) Amle tarweeq (specific separation technique): Barge mako sabz, Barge kasni sabz, Amle Tasfia (Clarification/Purification): Salajeet, Shahad, Kharateen, Amle Tasyeed (Sublimation): Sammulfar, Gandhak, Kafoor Amle Iqla (Preparation of Lexiviation/salt): Chirchita, Mooli, Jau
8. Unani dawao ki tarkeeb tayyari mein GMP ka Ta'ruf wa intebaqa (Brief description of Good Manufacturing Practices (GMP) in the manufacturing of Unani Drugs)
9. Drug wa Cosmetic Act ka ta'aruf (Introduction to Drugs & cosmetics Act.)
10. Akras wa Haboob (Tablets & Pills making process): ta'reef, mukhtalif aksam wa khusiyat, tareeka tayyari k aamal makhsoosa, mukhtalif rabtajat, inki khamiya, nakayis mukhtalif dyes, gilaf qurs wa hab. (Definition, Different kinds of Tablets and their application, Process involved in the production of tablets; Tablets excipients, Defects in tablets. Different dyes, Tablet coating)
11. Usaara (Extraction): tareeka e ta'aseer, rub, sat (Various methods of Extraction).
12. Tattheer aur iski aksam (Sterilization- Concept, types & Significance in relation to Unani

- Drugs.)
13. Amale-e-T'areeq or iske riwayat ki jadeed tarike (Distillation: conventional and modern methods)
 14. Darjazail ashkhas Advia ki aksam, tarteebe ajza wa tarkeeb tayyari (Types, formulation, manufacturing procedures of): Marham (Ointments) creams pastes gels
 15. Advia ki baham aamejish wa yaksaniyat- safoof, sayyal, neem jamid dawai ajza ki baham aamezish (Mixing and Homogenisation of Liquid, powders and semisolid ingredients)
 16. Tasfia or iske mukhtalif zara'e (Filtration- Theory of filtration, different filter media)
 17. Ba'az makhsoos Advia ke asli or mayari hone ki shinakhat or inki khususiyat k jaanchne ke tareeke (Methods for identification, determination of quality and purity of certain drugs): mushk, amber, zafran, Shahad, roghan badam, Roghan Zaitoon, Roghan Kalonji, marwareed.
 18. Mukhtalif murakkabat me istemal hone wale qiwam ki tarkeeb, tayyari or rivayati or jadeed tariko se iska tajzia (Preparation of qiwam for compound drugs and its assessment with the help of refractometer, Sacchrometer) Murakkabat me mushtami muwajiza ajza'e shakriya, launiya wa atria (Permissible sweetening, colouring & Flavouring agents) Darjazail qiwami 38mrz ki tarkeeb, tayyari (Preparation of the following qiwami drugs): Sharbat, Lauq, Khameera, Majoon, Jawarish, Itrifal, Laboob, Murabbe, Gulqand, sikanjbeen.
 19. Roghan aur tila bnane ke mukhtalif tareeke aur tayyari (Different methods of preparation of oils and tila):
 20. Darjazail Advia ki tadbeer wa islah e Advia ke mukhtalif tareeke (Methods of tadbeer wa islah, Detoxification Process/ Corrective measures of the following drugs): Ajwain, Zeera, Afyoon, Anzaroot, Aelwa, Bahroza, Bhang, Biladur, Habbus Salateen, Azaraq, Post 38mrz murgh, Turbud, Chaksu, Haleela, Gariquoon, Saqmoon, Khubsul Hadeed, Gandhak, Sammul faar, Sang Basri, Surma.
 21. Aml'e Ithraq wa Taklees ke riwayat ki jadeed tareeke (Methods of incineration, 38mrz38 e 38ng3838 with conventional and modern method) Filizat, Hajariyat, Zavil arwah Boota, Gile hikmat, Kaproti, (Use of 'put' and its types) Darjazail Kushto'n ke hawale se Kham Kushto'n ki shinakht (Identification of Kushta Kham of the following with reference to the following Kushta): Kusht-e-Tila, Kusht-e-Nuqra, Kusht-e-Faulad, Kusht-e-Tamba, Kusht-e-Qalayee, Kusht-e-Seesa, Kusht-e-Shingraf, Kusht-e-Sammul Faar. Darjazail Kushto'n ki tarkeeb tayyari, istemal aur miqdar e khuraq (Methods of preparation, mode of administration and doses of the following kushta): Kusht-e-Sammul Faar, Kusht-e-Post 38mrz murgh, Kusht-e- Sadaf, Kusht-e- Marjan, Kusht-e-Abrak, Kusht-e- Faulad, Kusht-e-Qalayee, Kusht-e- Hajrul yahood, Kusht-e-Khabtul Hadeed, Kusht-e-Musalas.
 22. Darjazail Advia ki Nauiate Tarkeeb (Composition of the following drugs): Dare chikna Safeda Kashghari, Raskapoor, Kajli
 23. Ba'az makhsoos Aghzia wa Masnua'at aarish ki tarkeeb tayyari (Brief Introduction and preparation method of Dawa-e-Ghizai {Nutraceuticals} and Cosmeceuticals): Maul jubn, Maul asl, Maul laham, Maul buzoor, Maul boquool, Maul fawakeh, Maul Shayeer, Ghaziyah (Face powder), Ghaliyah, Kajal, Ubtan (Face packs).
 24. Aml'e Takhmeer ka ta'aruf (Introduction to Fermentation): Preparation of Sirka, Nabeez, Dar Bahra etc.
 25. Aalati dawasazi ka ta'ruf or tareeka e istemal (Brief description of Pharmaceutical equipments and their application)

II. Ilmul Adviya-ADVIYA MURAKKABAH

- I. Tarkeebe Advia ki agraz wa makasid (Aims and objectives of compounding of the drugs)
- II. Tibbi Unani ki mayari aur quomi qarabadeen me mazkor darjazail ashkale Advia k aijmali bayan (General description on the following Drugs mentioned in the standard pharmacopoeia and the National Formulary of Unani Medicine) Arq, Sharbat, Sikanjabeen, Laooq, Majoon, Khameera, Anooshdaru, Jawarish, Barshasha, Itrifal, Luboob, Murabba, Gulqand, Tiryaq, Mufarrehat, Safoof, Qurs, Sheyaf, Qairooti, Kohl, Marham, Kushta.
- III. Darjazail murakkabat ke ajza'e makhsoosa, afa'l wa khawas, mehl, istemal aur tarkeebe tayyari (Main constituents, Therapeutic uses, actions, dosage and preparation of following compound formulations):
 1. **Arqiyaat:** Arqe Musaffi, Arqe Baranjasif, Arqe Gaozaban, Arqe Badiyaan, Maul Laham, Arqe Mako, Arqe Kasni.
 2. **Sikanjabeen:** Sikanjabeene sada, Sikanjabeene Bazoori, Sikanjabeene Na'nayi, Sikanjabeene Lemooni.
 3. **Sharbat:** Sharbate Faulad, Sharbate Eijaz, Sharbate Aalu Balu, Sharbate Anjibaar, Sharbate Bazoori, Sharbate Deenar, Sharbate Vard.
 4. **Laooq:** Laooqe Sapistan, Laooqe Katan, Laooqe Khayar Shambar, Laooqe Khash' khash, Laooqe Nazli, Laooqe Badam.
 5. **Khameera:** Khameera Abresham sada, Khameera Abresham Hakim Arshad wala,

- Khamira Abresham Sheerae Unnab wala, Khameera Abresham Ood Mastagi wala, Khameera Gaozaban sada, Khameera Gaozaban Ambari Jawahar wala, Khameera Gaozaban Ambari Jadwar od Saleeb Wala, Khameera Khash' khash, Khameera Banafsha, Khameera Marwareed, Khameera Sandal.
6. **Majoon:** Majoon Aarade Khurma, Majoon Falasfa, Majoon Fanjnoosh, Majoon baladur, Majoon dabid ul wurd, Majoon Azaraqi, Majoon suparipaak, Majoon sarkhas, Majoon Salab, Majoon Naja'
 7. **Jawarish:** Jawarish Jalinoos, Jawarish Kamooni, Jawarish Mastagi, Jawarish Podina, Jawarish Bisbasa, Jawarish Shahi, Jawarish Anarain, Jawarish Amla, Jawarish Tabasheer.
 8. **Itrifal:** Itrifal Ustkhudoos, Itrifal Kishnizi, Itrifal Muqil, Itrifal Zamani, Itrifal Deedan, Itrifal Mulyan.
 9. **Luboob:** Luboob Sagheer.
 10. **Tiryaaq:** Tiryaaqe Arba, Tiryaaqe Pechish, Tiryaaqe Meda, Tiryaaqe Nazla,
 11. **Mufarrehaat:** Mufarreh Sheikhur Rayees, Mufarreh Barid, Mufarreh Yakut-e-Motadil
 12. **Sofoof:** Sofoof Moalif, Sofoof Chutki, Sofoof Mulayyin, Sofoof Muqliyasa, Sofoof Bars, Sofoof Muhazzil, Sofoof Namak Sulaimani, Sofoof Teen.
 13. **Sanoon:** Sanoon Mujalli Dandan
 14. **Huobob:** Habbe Shifa, Habbe Iyarij, Iyarij Faiqra, Habbe Kabid Naushadri, Habbe Jadwar, Habbe Papita, Habbe Asgand, Habbe Tinkaar, Habbe Muqil, Banadiqul Buzoor, Habbe Suranjan, Habbe Rasaut, Habbe Raal, Habbe Hilteet, Habbe Azaraqi, Habbe Mumsik, Habbe Simaq.
 15. Barshasha
 16. Dayaqqoza, Dawaul Kurkum, Dawaul Misk
 17. Zaroor Kath
 18. Rubb: Rubbe Anaar, Rubbe Seb, Rubbussoos
 19. **Roghan:** Roghan Amla, Roghan Badam, Roghan Baizae Murgh, Roghan Bed Anjeer, Roghan Qust, Roghan Malkangani, Roghan Kaddu, Roghan Samaat Kusha, Roghan Haft Barg.
 20. **Qurs:** Qurs Tabasheer, Qurs Kafoori, Qurs Mosallas, Qurs Mulayyin, Qurs Dawaul Shifa, Qurs Malti basant.
 21. **Shiyaf:** Shiyafe Abyaz
 22. **Qairooti:** Qairooti Aarade Kar' sana.
 23. **Kohl:** Kohlul Jawahar
 24. **Marham:** Marham Zangaar, Marham Dakhiliyoon, Marham Kafoori, Marham Raal
 25. **Zimad:** Zimad Jalinoos, Zimad Muhalill
 26. **Tilae:** Tilae Surkh

9. TIBBE QANOONI WA ILMUL SAMMOM **(Medical jurisprudence & Toxicology)**

1. Introduction Definition of Medical Jurisprudence and Forensic Medicine. Courts & their powers and proceedings. Sentences authorized by Law. Medical evidences (medical certificates and medico legal reports). Medical code of conduct.
2. Shanakht (Identification) Introduction and types. Points of identification: Age, Sex, Race, Religion, Acquired features (occupational marks, tattoo marks, scars & other malformation), Congenital features (facial appearance, finger prints, foot prints, hairs and other malformation and their medico legal importance). Basic knowledge of DNA and its medico legal importance, Naash Brari (exhumation).
3. Maut (Death) Definition, stages, modes of death (syncope, asphyxia, coma). Sudden death and its causes. Signs of death: Immediate Sign, (cessation of circulation, respiration and brain functions). Early Signs, (changes in eyes, skin, algor mortis, rigor mortis, post mortem lividity). Late Signs, (putrefaction, saponification & mummification).
4. Marge Tashaddud (Violent death) Causes & types. Suicide, homicide and accidental death. Asphyxia and its stages. Death from hanging, Strangulation, suffocation, drowning, starvation and their medico legal importance.
5. Jarah wa Zakhm (Wounds) Definition, characters and medico legal importance of various types of wounds. Sahaj (abrasion), Razz (bruise), Mumziaqh (lacerated wound), Shaqq (incised wound), Wakhziah (punctured wound) and Jarahe Nariya (gunshot wound). Difference between ante mortem and post mortem wounds.
6. Harq (Burns) and Salaq (Scald) Definition, classification, stages & difference between ante mortem & post mortem wounds and their medico legal importance.
7. Ananat (Impotence), Uqr (Sterility) Definition causes and medico legal importance.
8. Dosheezgi (Virginity) Definition, signs and medico legal importance.
9. Sexual offences Types of natural and unnatural sexual offences. Examination of Fa'el (active agent) and Maf'ool (passive agent) after Zina bil- Jabr (rape) & lawatat (sodomy). Examination of blood & semen spots.
10. Hamal (Pregnancy) & Isqaate Hamal (Abortion) Medico legal importance of pregnancy. Definition, types and signs of abortion. MTP (India) Act 1971 & 1975, Qatle Janeen (foeticide), Qatle Afal (infanticide)

ILMUS SAMOOM(TOXICOLOGY)

Definition of Ilmus Samoom (toxicology) and Samm (poison). Classification of poisons. Route of administration of poisons. Action of poison. Modifying factors of the action of poisons. Diagnosis. General principles of treatment in poisoning (removal of unabsorbed poison, use of Tiryaaq (antidote), elimination of absorbed poisons, symptomatic treatment and maintenance of general condition of patient). Characteristic poisoning symptoms, Mohalik Miqdar (fatal dose), Muddate Halakat (fatal period), Tiryaaq (antidotes), Treatment Zawahir Tashreeh Baadul Maut (postmortem appearance) & Tibbe Qanooni Nazaryiah (medico legal aspect) of the following poisons.

A. Samoome Akkaal (Corrosive poisons)

Haamiz (Acids):- Hamiz Kibriyati (Sulphuric acid), Hamize Malhi (hydrochloric acid), Hamize Shora (nitric acid), Hamize Khal (acetic acid), Hamize Qatran (carbolic acid), Oxalic acid & Hydrocyanic acid. Qalviyat (Alkalis):- Nutrun Qalvi (caustic Soda), Qalmi Qalvi (caustic Potash), Choona (calcium oxide).

B. Samoom Laziat (Irritant Poisons) I. Samoom-Ma'dani (Metallic Poisons) and their Toxic compounds: Sammuul Far (arsenic), Seemaab (mercury), Sisa (lead), Surma (antimony). II. Ghair Dhatee (Non metallic): chlorine, iodine, Nooreen (phosphorus) III. Samoome Nabaati (vegetable poisons): Baladur (semicarpus anacardium), Madaar (calotropis), Habbus Salateen (croton seed), Shahme Hanzal (colocynth), Ghoonghchi (abrus precatorius). IV Samoome Haiwani (Animal poisons):- Signs & symptoms & treatment of Ladghul Hayya (snake bite poisoning), Aqrab (scorpion bite), Telni Makkhi (canthride).

C. Samoome Asbi (Neurotic poisons) Dimaghi (cerebral):- opium, alcohol, chloroform, kerosene oil, cocaine, thorn apple, Bhang (cannabis indica), Yabroojus sanam (belladonna), Azaraaqi (nux vomica).

D. Qalbi (cardiac poison):- Tobacco Beesh (aconite).

E. Sannome Tannaffusi:- Carbon monoxide, carbon dioxide.

F. House hold poisons:- Tick-20,44mraz44e44ng44 balls, DDT powder, aluminium phosphate, pesticide, cosmetics like hair dye, shampoo, lipstick, skin cream, eyelotion and eye shades.

10. Maolajat (Medicine)**I. SAREERIYAT WA USOOLE ILAJ-(Bed Side Clinic & Principles of Management)****II. Moalajat 1&2****III. Ilaj Bil Tadbeer****I. Sareeriyat vo Usoole Ilaj**

1. Ta'ruf, Sareeriyat ki gharz wa ghayat (Introduction, Aim & Objectives)

2. Roodade Mareez (History taking)

3. Imtehan Mareeze umoomi (General examination of the patient)

4. Istifarat wa imtehane nizami (Interrogation and systemic examination of the patient): a) Nizam-e- Hazm (Digestive System) b) Nizam-e-Tanaffus (Respiratory System) c) Nizam-e-Qalb wa Urooq (Cardiovascular System) d) Nizam-e- Baul wa Tanasul (Urinary & Reproductive System) e) Nizam-e-izam wa Mafasil (Musculoskeletal System) f) Imtehan-e-Jild (Examination of Skin) g) Nizam-e-Asbi (Nervous System) h) Nafsiyaat (Psychiatry) i) Moaina-e-Affaal (Examination of Children) j) Behosh Mareez ka Moaina (Examination of unconscious Patients) k) Imtehan-e-Chashm, Uzn wa Anf (Examination of Eye, Ear and Nose) l) Imtehan-e-amraze damviya (Examination of haemopoitic system) m) Amraz ki zahiri alamat (External manifestation of disease)

5. Nabz (Pulse)

Nabzki Ta'reef, Dekhne ke tareeqe aur sharai't, Nabz par umoomi tabsira, Ajnase nabz aur unka Ijmali bayan, Nabze mufrad ke aqsaam mai ta'raefat, Nabze murakkab ki aqsaam mai Ta'reefat, Asbab-e-nabz, Asbab-e-masika ke ahkam wa asar, Mukhtalif mizajon ki nabz, Aourton, Bachchon aur Haamla Aourton ki nabz, Nabz e auram, Nabze auja, Nabz ke ahkam, Awarize Nafsanika ke lihaz se. (Definition, method & precautions to be observed in the examination of the pulse, Types and definition of Simple and Compound pulse, factors involving in the formation of pulse, guidelines regarding the essential factors for the existence of the pulse, pulse in various temperaments, pulse in females, children & pregnant women, guideline for the variation of pulse in the different psychic states)

6. Baul (Urine)

Imtehan -e- Baul ke sharait (Conditions of urine examination) Aqsaam-e- baul ba eitbare (Types of urine in the respect of following points): Siqle Izafi (Specific Gravity) Laun (Color) Qiwwam (Consistency) Boo (Odour) Jhag (Froth) Rusoob (Precipitation) Kadoorat (Turbidity) Miqdar (Quantity) Imtehan-e- Baul barae Tashkhees-e-Amraz (Examination of urine in respect of diagnosis of diseases)

7. Baraz(Stool) Imtehan-e- Baraz barae Tashkhees-e-Amraz (Examination of stool in respect of diagnosis of diseases)

8. Alamat wa asbab su-e-mizaj sada wa maddi

9. Usoole Ilaaj (Principles of Management) Amraaz-e-sue Mizaj saada wa maddi ka Usoole

Ilaaj: Tadeel wa tabdeele mizaj Istifraghe madda: Istifragh ke ahkaam, usool wa shara'it, aghraaz wa maqasid

- 10. Auraam ka Usoole Ilaaj:** Auraam-e-harrah Auraam –e- barida Auram-e-hadda Auram-e-muzminah Auram-e- sulba Auram –e- reehi Musakkinat:- Darde umoomi wa maqmi aur munawwimat,(Analgesics: general, local and hypnotics)
- 11. Usoole Ilaaj mein Mundarja Zail Umooor ke Ahkaam:** Mausam ki shiddat mein qawi ilaaj, qawi Ilaaj mein e'aanut, Ilaaj me Tadreej, Tabdeele Aab wa Hawa, Tabdeele Waza, Tash'khees na hone ki surat mein Ilaaj, Ilaaj mein kash'makash (Guidelines for the following factors in the principles of management: Potent treatment in extreme climate, assistance in potent treatment, grades in managements, change of climate, change of posture, treatment of undiagnosed diseases, dilemma in treatment)
- 12. Usoole Ilaaj Nizami:** Amraz-e-qalb wa daurane khoon Amraz-e-tanaffus Amraz-e-hazm, kacid, tihal wa mararah Amraz-e-kulliya wa masana Amraz-e-baah Amraz-e-reham Amraz-e-aaza'e nafsaniya maslan sarsam, laqwa, fallj, sudaa Amraz-e-guddud-e-laqanatiya Amraz-e-naqs-e istehala Bezabta tarz-e- zindagi se paida hone waala 48mraz (Lifestyle disorders)
- 13. Basic understanding of following investigations:** Radio diagnosis including CT scanning and MRI Scopy (Endoscopy, Laproscopy, Colonoscopy, Sigmoidoscopy etc) ECG, ECHO, Angiography and Cardiac catheterization Doppler FNAC and Biopsy Tapping of fluid Spirometry and PFT

II. MOALIJJAT-I (General Medicine)

A. Amraze Nizame A'asab wa Dimagh (Diseases of Nervous System)

Applied Anatomy and Physiology, Signs & Symptoms, Diagnostic Parameters and important investigations of the System. Causes, pathogenesis, clinical features, investigations, diagnosis differential diagnosis, principles of treatment, treatment, mamoolate matab, complications and important procedures of following disorders:

Suda 'a aur uske aqsam

Sarsam aur uske aqsam (Franeetas, Lasarghas, Utaash, Sarsam aur Sarsam Kazib) (Meningococcal Meningitis, Cerebro-Spinal Fever, Fungal Meningitis, Crypto- coccal Meningitis, Tubercular Meningitis) Sal ' at-e- Dimag (Tumours of the Brain) Khuraje Dimag (Brain Abscess) Nazaf-ud-Dam Dimagi (Cerebral haemorrhage) Taksir-ud-Dam Dimagi (Cerebral thrombosis) Tasad-ud- Dimagi (Cerebral embolism) Falij aur uske aqam (Paralysis and its types) Laqwa (Facial Paralysis) Huzal Zohri (Tabes Dorsalis) Dw' ar (Vertigo) Sub' at (Coma) Nisyan(Amnesia) Sra'a (Epilepsy) Da'ul raqs(Chorea) Ra' sha (Tremors) Marze Parkinson (Parkinson' s Disease) Marze Alzheimer (Alzheimer's disease) Warne Aa' sab (Neuritis) Waja ' ul Aa' sab (Neuralgia) Nafsiyati Amraz (Psychiatric disease) Ta'aruf wa darja bandi (Introduction and classification) Iztarab-e-Nafsani (Anxiety) Izmehlal (Depression) Ikhtlal shakshiyati (Personality Disorders)

Mania(Mania) Male ' kholiya aur uske aqam (Malenkholia and its types) Schizophrenia Ikhtanaq-ur-Reham (Hysteria) Junoon Kaboos (Nightmare) Sahar (Insomnia) Mental Retardation Dawaon ki ya Sharab ke nashe ki adat(Drug addiction and Alcoholism) Shaqa Qaloos Dimaghi Humra Dimaghiya Ma'ashra Sidr Ishq Ra'onat wa Humaq Ikhtilate Aql Sakta Istarkha Tashannuj Nazla Wabaiya Zukam Zakawate His dimagh Talayyeen-e- Dimagh Tasalub-e-Nukha Zagoot Imtala-e- Dimagh Warne Nukha

B. AMRAZ-E-TANAFUS, QALB, DAURANE KHOON, AMRAZE DAM WA LYMHAVIA (Diseases of Respiratory, Cardiac, Circulatory, Hoemopoetic And Lymphatic Systems)

I. AMRAAZE TANAFUS (RESPIRATORY DISEASES): Applied Anatomy and Physiology, Signs & Symptoms, Diagnostic Parameters and important investigations of the System. Causes, pathogenesis, clinical features, investigations, diagnosis, differential diagnosis, principles of treatment, treatment, mamoolate matab, complications and important procedures of following disorders: (a) Nazla-e-Haar, Barid wa Muzmin (b) Sual-e-Yabis wa Ratab (c) COPD (Chronic Obstructive Pulmonary Disease) Warm-e- Shoub (Bronchitis) Zeeq-un-Nafse/ Rabue Shoubi (Bronchial Asthma) Nafkhat-ur-Riya (Emphysema) Ittisae Shobat –ur-Riya (Bronchiectasis) (d) Tadarrun-e- Revi (Pulmonary Tuberculosis) (e) Zatur Riya (Pneumonia) (f) Dubaelat-ur-Riya(Lung Abscess) (g) Nafkhat-ur-Riya (Emphysema) (h) Taqeeh-ur-Riya (Empyema) (i) Zat-ul-anb/shusa(pleurisy) (j) Istasqa-us-sadr (PleuralEffusion) (k) Acute Respiratory Distress Syndrome (ARDS) (l) Sartane Shobat-ur- Riya (Bronchial Carcinoma) (m) Fibrosis of Lungs (n) Tropical Easinophillia (o) Environmental Pulmonary Disorders (p) Occupational Hazards Silicosis Asbestosis (q) Fungal Infection of lung Basic knowledge of following investigation and procedures: i. Examination of Sputum ii. Radiological investigations (X-ray, CT chest, MRI) iii. Brochoscopy iv. Pleural Aspiration Cytology Biochemistry v. Biopsy.

II. AMRAAZE QALB WA DAURANE KHOON (CARDIO-VASCULAR DISEASES)

Applied Anatomy and Physiology, Signs & Symptoms, Diagnostic Parameters and important investigations of the System. Causes , pathogenesis, clinical features, investigations,

diagnosis, differential diagnosis, principles of treatment, treatment, mamoolate matab, complications and important procedures of following disorders: Sooe Mizaj Qalb (Altered temperament of heart) Ghashi (Syncope) Waram-e-uzn Qalb (Atrial hypertrophy) Istasqa-e-Qalb (Pericardial effusion) Jazb-e-Qalb Warm Butanae Qalb (Endocarditis) Amraze Samamat-e- Qalb (Valvular Heart Disease) Insidade Samamat-e-Qalb Insidade Samamat-e- Taji Insidade Hilali Qalbi Revi Amraz (Cor Pulmonale) Batu-e-Qalb (Bradycardia) Sura'at-e-Qalb (Tachycardia) Fallot's Tetralogy Arrhythmias Khafqan Tachycardia (Palpitation of Heart) Zabha-e-Sadria (Angina Pectoris) Iflaase Qalb (Ischaemic Heart Disease and Myocardial Infarction) Marze Azlaate Qalb (Cardiomyopathies) Iltihabe Qalb & aqşam (Carditis & types) Daul Qalb Hudari (Rheumatic Heart disease) Amraze Samamaate Qalb (Valvular diseases) Tazayyuqe Zur-rasain (Mitral Stenosis) Tazayyuqe Aorta (Aortic Stenosis) Qusoore Zurrasin (Mitral Incompetence) Qusoore Awarta (Aortic Incompetence) Manuate Qalb (Heart Block) Suqoote Qalb (Cardiac Arrest) Right and left ventricular failure. Amraaze Urooqe Damviya (Diseases of Blood vessels) Tasallube Shardeen (Arteriosclerosis) Iltihab Aurdia Takhasri (Thrombophlebitis) Zaqt ul dam Qavi (Hypertension) Suqoote Daurane Khoon (Circulatory failure) Amraze Dam wa Lymhavia (Diseases of Blood & Lymphatic system) Nazfud Dam Mizaji (Haemophilia) Qillate Sufehiyatuddam (Thrombocytopenia) Basic knowledge of following investigation and procedures: Echocardiography (ECG) & Treadmill Angiography & Angioplasty Cardiac Catheterisation Pericardial Paracentesis Cardiac Biomarkers (CPK-MB, Troponin-t & I, SGOT etc.) Lipid Profile

III. HOEMOPOETIC SYSTEM:

1. Anatomy & Physiology of hoemopoetic system
2. Anaemias Introduction Classification Sign/Symptoms in general Basic investigations & its interpretation
3. Lukaemia
4. Lymphoma
5. Water & Electrolytes imbalance

II. B-MOALIJJAT-II (General Medicine)

A. Amraze Nizame Hazm, Kabid, Tihal, Baul-o-Tanasul (Diseases of Digestive system, Liver, spleen and Urogenital system)

I. AMRAAZE NIZAME HAZM (DISEASES OF DIGESTIVE SYSTEM) Applied Anatomy and Physiology, Signs & Symptoms, Diagnostic Parameters and important investigations of the System. Causes, pathogenesis, clinical features, investigations, diagnosis, differential diagnosis, principles of treatment, treatment, mamoolate matab, complications and important procedures of following disorders:

1. Amraaze Mari (Diseases of Oesophagus) Warne Mari (Esophagitis) Istirkhae Mari (Achalasia Cardia) Taqahqure Mari (Reflux esophagitis) Usrul bala (Dysphagia)
2. Amraze Meda (Diseases of stomach) Zoafe Meda (weakness of the stomach) Sooe Mizaj Meda (altered temperament of Stomach) Warne Meda (Gastritis) Qarhe Meda wa Asna Ashri (Gastric & Duodenal ulcer) Sartan Meda (Carcinoma of stomach) Naf'kh (Flatulence) Fawaq (Hiccup) Qillat wa kasrate humoozate Medi (Hypo and hyper acidity) Nuqse Ishteha (Anorexia) Ghasyan (Nausea) Tehevvo (Eructation) Barazuddam (Malaena) Joo'ul baqar (Bulimia) Zauf-e-Hazm, Soo-e- Hazm, Tuxhma (Indigestion/ Dyspepsia) Qai-ud-dam (Haemetemesis) Wajaul Fawad (Cardialgia).
3. Amraaze Ama'a (Intestinal diseases) Warne Ama'a (Enteritis) Tadarrune Mevi (Intestinal tuberculosis) Is'hal (Diarrhoea) Warne Qolon (Colitis) Zaheer (Dysentery) Sahaje Ama'a (Intestinal Abrasion) Zalaqul Ama'a Illate tahreek-e-Mevi (Irritable bowel syndrome) Qoolanje Ama'a (Intestinal colic) Deedane Ama'a (Intestinal worms) Bawaseer (Haemorrhoids) Warne Baritoon (Peritonitis) Istisqa (Ascitis) Qabz (Constipation) Samane Mufrat (Obesity) Naqs-e-Tagazia (Malnutrition) Naqs-e-Injizab Syndrome (Malabsorption Syndrome) Qillate Hayateen (Vitamin Deficiencies)

II AMRAAZE KABID (LIVER DISEASES)

Zouf aur Saqoot Kabid (Hepatic Insufficiency and Failure) Sooe mijaz Kabid (Altered Hepatic Temperament) Warne Kabid (Hepatitis) Dubailatul Kabid (Liver abscess) Talayyuf-ul- Kabid (Cirrhosis of liver) Sartanul Kabid (Hepatic carcinoma) Yarqan (Icterus /Jaundice)

III. AMRAAZE MIRARA (DISEASES OF GALL BLADDER)

Warne Mirara (Cholecystitis) Hisatul Mirara (Cholelithiasis) Sartane Mirara (Carcinoma of gall bladder)

IV. AMRAAZE TIHAL (DISEASES OF SPLEEN)

Warne Tihal (Inflammation of Spleen) Sartane Tihal (Carcinoma of Spleen) Izm-e- Tihaal (Splenomegaly)

V. AMRAZE BANQARAS (DISEASES OF PANCREAS) Warne Banqaras (Pancreatitis) Hisatul Banqaras (Stones of Pancreas) Salate Banqaras (Carcinoma of Pancreas) Warne Baritoon (Peritonitis).

VI. AMRAAZE NIZAME BAUL (DISEASE OF URINARY SYSTEM)

Zoufe wa Suqoot-e- Kuliya (Renal insufficiency and Failure) Warne Kuliya (Nephritis) Diqqul

Kulliyya (Renal tuberculosis) Hisatul Kulliyya (Renal stones) Wajaul Kulliyya (Renal colic/ Nephralgia) Sila'ate Kulliyya (Renal tumours) Tasammume bouli (Uraemia)

VII. AMRAAZE MASANA (BLADDER DISORDERS)

Zoafe Masana (Dystonia of the bladder) Warne Masana (Cystitis) Hisate Masana (Bladder Stones) Ihtebase Baul (Retention of urine) Salasul Baul (Incontinence of Urine) Bauluddam (Haematuria) Tadia Majra-e-Bauli (Urinary Tract Infection) Baule Zulali (Proteinurea/albuminuria) Salate Masana (Tumour of bladder)

VIII. AMRAAZE TANASUL (GENITAL DISORDERS)

Zoafe bah (Anaphrodisia) Sur'ate Inzaal (Premature ejaculation) Kasrate Ihtelam (Excessive nocturnal emissions) Jiryane mani wa mazi (Semenorrhoea Prostatorrhoea) Warne ghuddae mazi (Prostatitis) Warne Khusia (Orchitis) Sighre Khusia (Testicular atrophy) Izme Khusia (Testicular hypertrophy) Qillate Haiwanya manviya (Oligospermia) Iltihabe khusia –a-aghdidooos (Epididymo-orchitis) Tazzayuq Majara-e-baul (Urethral stricture) Erectile dysfunction.

Basic knowledge of following investigation and procedures: Endoscopy Radiological Examination CT/MRI/USG/X-ray/ IVP Sigmoidoscopy Colonoscopy Proctoscopy Ascitic tapping Liver Biopsy

B. Amraze Mutaddiyeh, Hummiyat, Amraze Jild wa Tazeeniyat, Amraze Mafasil

I. AMRAAZE JILD (SKIN DISEASES) Applied Anatomy and Physiology, Signs & Symptoms, Diagnostic Parameters and important investigations of the System. Causes, pathogenesis, clinical features, investigations, diagnosis, differential diagnosis, principles of treatment, treatment, mamoolate matab, complications and important procedures of following disorders: Jarb (Scabies), Hikka (Pruritis), Bars (Vitiligo), Basoore labniya (Acne vulgaris), Shar'a (Urticaria), Bahaq Abyaz (Pityriasis alba), Daus sadaf (Psoriasis), Naare farsi & Dermatitis (Eczema), Qooba (Dermatophytosis), Juzam (Leprosy), Namla (Herpes), Kalaf (Melasma), Red spots, Sa'aleel (Warts), Surkh Bada (Erysepelas), Bade-shnam (Acne Rosacea) Hasba (Measels) Shabe Chiragh (Carbuncle), Qillat wa kasrate irq (Anhydrosis & Hyperhydrosis), Irg mantan (Dracantiasis)

Diseases of Appendages of Skin (Hair, Nails, Sebaceous & Sweet glands) Talawun-e-Sha'ar (Herbal hair dyes) Anatomical Variants of hair& their normal cycle Intishaar Sha'ar (Hair fall), Shaib (Premature hair graying/ Canities) Bafa (Seborrhoea of scalp), Qummul wa Sibyan (Pediculosis), Da'-ul- sa'alab (Alopecia), Da'-ul-Hayya, Sa'afa

Amraaze Azfaar (Diseases of Nails): Azfar ki Nigehdasht ka amoomi bayan, Azfar ka Taghziya wa Tahaffuz Raz-ul- azfar, Zufra-e-Talaqiya, Tashauq Zafra, Iltihab-e-Azfar (Paronychia), Daakhis (Ingrowing of Nails)

Tazeeniyat (Cosmetology) Tazeeniyat ka umoomi bayan (General description of cosmetology) Jild ka taghziya wa tahaffuz (Nutrition and maintenance of Skin health) Skin Aging and Regimen to delay ageing Aftaab aur uske asarat (effect of sun exposure on skin) Khushbu-aat wa mane-aate-badboo (Perfumes/ Deodorants) Bleaching and Waxing Zeenat-e-Jild ke liye umoomi tadabeer Hammam, Ilaj-bil Shamoom (Aromatherapy) Riyazat-e-Wajha Taghreeel (Spa therapy) Zimad (Cream) Nigehdasht chehre ki Unani tadabeer (Ghaza, Zimade chehra) Halq-ul- Wajha (Facial Epilation), Shaaq –ul- Sha'ar (spilling of hair) Mane Shikan Tadabeer (Anti wrinkles Procedures)

II. AMRAZE MAFASIL Wajaul- Mafasil Iltihabe- Mafasil Niqras Irgunnisa Tahajjure-Mafasil Waja'ul Warik Hadba-wa-riyahul-afrsa Iltihabul-fuqrat

Procedures:- Diagnostic tools, Ancillary Techniques and Lab aids skin disorder Hand lens, Glass slide, Phototherapy, wood lamps, Microscopy, Cytological test, Immunological test, immunofluorescence. Radiotherapy Skin scrapping Skin biopsy Preparation of slit smears.

III. HUMMIYAT

1. Hummiyat ka umoomi bayan, Jismani, Hararat, Tauleed wa Ikhraj aur Tawazune Hararat se ijmalii behas, Tareefe Humma, Kulli Taqseem wa ajnas ka tazkira, Darjate Hararat, Ista'dade Bukhar, Auqate Bukhar, Muddate Bukhar par Alamaat sey Istedlal, Bukhar Ke Awaraze Lazima, Usoole Tashkhees, Admae Tashkhees Ki Soorat me Humma ka Usoole Ilaj Ahkame ghiza

2. Hummiyate Youm Hummiyate Youm par ek Umoomi bayan, Ta'areef, Aqşam, Asbab wa Alamaat A'ama, Umoomi Ilaj wa tadabeer

3. Hummae Khilliya Ufoonia, umoomi bayan, Mustauqade ufoonat, aqşam, Umoomi Asbaab wa Alamaat, Aam Usoole Ilaj, Hummae Damvi, Matbaqa Sonukhas iski aqşam, Ufonat wa Sukhonat, Hummae Safravi, Ghibbe Daira, Ghibb Lazima, Hummae Muhariqqa, Hummae Balghami, Hummae Lisqa (Lazima wa Daima), Muwaziba (Naiba), Hummae Saudavi, Rubae Daira, Rubae Lazima, Hummae Murakkab, Shatrul Ghib

4. Hummiyat haddah, Ta'reef, Umoomi, Ilaj, Awariz wa Tadaruk, Ahkame Ghiza

5. Hummae Diq ka mukammal bayan

6. Hummae Auram

7. Bohran: Ta'aref, Umoomi Alamaat, Alamate Bohrane Jaiyad and Bohrane Raddi, Bohran ki tadabeer

8. Amraze-Mutaddi wabai Concept and classification of infectious diseases, usoole ilaj wa ilaj Brief discussion of viral protozoal and helmenthic causes of fever a) Hummae Meviya (Typhoid fever) b) Hummae Ijamia (Malarial fever) c) Kala Azar (Lieshminiasis) d) Hummae Hudariya (Rheumatic fever) e) Hasba/Khasra (Measles) f) Humaiqa (Chicken pox) g) Anaful

anza (Influenza) h) Ta'oun (Plague) i) Hummae Danj (Dengue fever) j) Hummae Asfar (Yellow fever) k) Hummae Qurmiziya (Scarlet fever) l) Bird Flu m) Ebola n) Chickengunia o) Swine Flu p) Pyrexia of unknown origin q) Miscellaneous diseases

III. ILAJ BIT TADBEER-(Regimnal Therapy)

Ilaj-bit-Tadbeer ka ta'aruf, tareekhi pashmanzar, garz wa gayayt wa ahmiyat ka umoomi bayan. (General Introduction of Ilaj-bit-Tadbeer)

Asbab e sitta zarooiya ki garaz wa gayat wa tadbeeri ahmiyat ka bayan (Therapeutic implication of six essential factors and thier regimental importance)and Tadabeer ki Taqseem (classification of various modes according to Asbab-e-sitta zarooiya)

Ilaj-bit-Tadbeer ki mandarjazail tadabeer ke usool wa zawabit, sharait, agraz wa maqasid, tareeke istemaal wa mawaniyat ka tafseeli bayan (Detailed description of various regimnal modalities along with their indicatins and centra indications): a) Taleeq (Leeching/leech Therapy) b) Hijamah (Cupping) c) Fasad (Venesection) d) Tareeq (Diaphoresis) e) Hammam (Bath/ hammam) f) Takmeed (Fomentation) g) Amale kai (Cauterization) h) Abzan (Sitz bath) i) Qai (Emesis) j) Shamoom (Aroma Therapy) k) Huqna (Enema) l) Natool (Irrigation/Hydration) m) Saoot (Nasal drop) n) Lakhlakha (Inhalation) O)Zimaad wa Tila (paste/Liniment) P) Pashoya(Footbath) Q)Gargara (Gargle) r) Mazmaza (Mouthwash) s) Tadheen (Oil Massage/Knead) t) Ilaam (Counter Irritant) u) Bakhloor wa Inqebab (Vaporisation/ Steam inhalation)

Istifragh, Munizij o Mus' hil ke usool wa zawabit, sharait, agraz wa maqasid ka tafseeli bayan (Details description of Istifragh, Munizij o Mus'hil Therapy)Dalak ki tareef, garaz wa gayat, ehkam, aksam, zarorat, fawayid, modlijati ahmiyat, dalak me roghaniyat ka istemal, dalak ke jadeed tarkie wa jadeed maloomat (Definition, Aims & Objectives, Recommendations, Types, Therapeutic Application Indications, Oil massage and Recent developments in Massage Therapy)

Riyazat ki tareef, garaz wa gayat, ehkam, aksam, zarorat, fawayid, modlijati ahmiyat, aur jadeed tarike wa asri maloomat (Definition, Aims & Objectives, Recommendations, Types, Therapeutic Indications and Recent Advances in Exercise Therapy)

Ilaj fizai me mushta'e amal manadarjazail fani tareekekaar (Technical Procedures) ki tafseeli maloomat (Details of the following technical Procedures of Physio- therapy): Takmeed bil mauj taveela (Long Wave Diathermy) Takmeed bil mauj sagherah (Short Wave Diathermy) Takmeed bil Ultra Sound (Ultra Sound Therapy) Takmeed bil Shiga tahtul Ahmar (Infrared Therapy) Riyazat treadmill (Treadmill Exercise) Riyazat katfi da'iri (Shoulder Wheel Exercise) Tahdeed (Traction) Riyazat mufsa'il'e ka'b (Ankle Exercise) Harkate raqbi gair mufa'ili tassasuli (Knee Continuous Passive movements)

Ghiza 50mraz'areef, aksam,(ghiza e latif, ghiza e kasif, ghiza e raddi ul kamus, ghiza e jaid ul kamus, ghiza e khaam wa ghiza e matbookh, mutawazzin ghiza ghiza ke Harare, umar, jins wa mausam k lihaj se ghiza ka ta'ayun, nuks taghzia or isse paida hone wale Amraz or inka tadaruk (Diet its types, Balance diet, Diet calories and their method of calculation, Diet in different Age, Sex, & Climates, Malnutrition and its remedy):

Makhsoos ghizai tanzeem bahalat sehat wa maraz (Special Dietary Management of certain healthy/ Diseased conditions) Do'ran e hamal wa rizayat (Pregnancy & Lactation) Munafeulazai (Physiological) Ghizai Atfal, naujawan wa shayukh (Dietary recommendation for children, Adult & Oldage) Marazi (Diseased): Saman e Muftrat (Obesity), Zaiibitis Shakri (Diabetes Mellitus), Diq (Tuberculosis), Qalabi Amraz (Cardio-vascula diseases), Amraze Zauf e Mana'at (Immuno-difficiency diseases), Sartani Amraz (Malignancies), killat e hayate'n wa maddiniyat (deficiencies of Vitamins & Minerals), Kulwi Amraz (Renal diseases), Zigtuddum Qawi (Hypertension), Qabdi Amraz (Hepato-billary diseases), Farahat ta'adsum fil dum (Hyperlipidemia)

Manadarjazail makhsoos halato mein Ilaj e Tadbeeri ka khusoosi qirdar (Application of Ilaj-bit-Tadbeer in specific conditions):

Taskeen e waja' (Pain Management) Waja'ul mufasil (Arthritis- Osteoarthritis, Rheumatoid arthritis) Waja'ul unq (Cervical spondylosis) Waja'ul zehar (Lumbago) Laqwa (Bell's Palsy) Falij (Paralysis) Saqiqa (Migraine) Sehar (Insomnia) Zigtuddum Qawi (Hypertension) Do'ali (Vericose Vein) Do'aul sadaf (Psoriasis) Irq-ku-nisa (Sciatica) Muscle Sprain, Tenosynovities, Post Stroke Complications, Fibromyalgia and Obesity, Chronic Fatigue Syndrome, Frozen Shoulder, Chronic Ulcers, Diacbetes mellitus.

11. AMRAZ-E- ATFAL (PAEDIATRICS)

The course includes systematic instructions in growth and development, nutritional needs of a child, immunization schedules and management of common diseases of infancy and childhood, scope of Social paediatrics.

OBJECTIVES:

The broad goals of the teaching of undergraduate students in paediatrics are to acquire knowledge and appropriate skills for optimally dealing with major health problems of children and to ensure their optimal growth and development.

KNOWLEDGE:

At the end of the course, the student shall be able to: (a) Describe the normal growth and development during foetal life, neonatal period, childhood and adolescence and outline deviations thereof; (b) Describe the common paediatrics disorders and emergencies in

terms of epidemiology, aetio- pathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation; (c) State age related requirements of calories, nutrients, fluids, drugs etc. In health and disease; (d) Describe preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse; (e) Outline national programmes relating to child health including immunization programmes.

SKILLS:

At the end of the course, the student shall be able to: (a) Take a detailed paediatrics history, conduct an appropriate physical examination of children including neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigation and plan & institute therapy. (b) Take anthropometric measurements, resuscitate newborn infants with bag and mask at birth, prepare oral rehydration solution, start intravenous line and administer vaccines available under current national programmes.

CHAPTER-1: Importance of Paediatrics & Paediatric Care in developing countries- INDIA

a) Why Paediatric care? b) What is Paediatric care? c) How to deliver Paediatric care? d) Responsibility of medical personnel.

CHAPTER-2: History taking and physical examination in paediatrics, Diagnosis & Management in Paediatrics including recent diagnostic procedures.

CHAPTER-3: New born care: Neonatal resuscitation, equipment required, drugs and steps for resuscitation. Examination of Newborn.

CHAPTER-4: Growth & development & nutrition & nutritional disorders:

1) Vitamin Deficiency 2) Protein Energy Malnutrition 3) Rickets

CHAPTER-5: Immunization, Immunity in Newborn & Children Principles and Practice of Immunization Immunization Schedules (mana' ati khaka)

CHAPTER-6: Amraz-e-mutaddi (infectious diseases):

Chaikchak, judri (small pox) Humaiqa (chicken pox) Hasba, khasra (measles) Humma-e-danj (dangue fever) Humma –e- qarmizia (scarlet fever) Humma-e-ijamiya (malarial fever) Humma-e-mevi (enteric fever) Poliomyelitis (faalij e atfaal) Common cold (zukaam) Tuberculosis (53mraz me marz-e-diq) Diphtheria(khunaaq) Tetanus (kuzaaz) Kala-azar HIV (AIDS)

CHAPTER-7: Congenital diseases and genetic disorders (54mraz-e kahlqi wa moaroosi wa janeeni nuqsi 54 mraz): DMD, Haemophilia, Thalassaemia, Neural Tube defect, Down's syndrome and other chromosomal disorders.

CHAPTER-8: Breast feeding and diet and nutrition of children: breast feeding, composition of breast milk, colostrums, initiation and technique of feeding, exclusive breast milk. Hazards and demerits of pre-lacteal feed, top milk and bottle-feeding. Feeding of LBW babies. Infants feeding/ weaning foods, method of weaning.

CHAPTER-9: Dehydration and its management (rehydration, micronutrient and fluid therapy)

CHAPTER-10: Puberty and related problems.

CHAPTER-11: Adolescent and related diseases.

CHAPTER-12: Amrz-e- Dimagh wa Aasab (diseases of brain and nerves) Isatasqa-e-dimaagh (hydrocephalus) Warm-e-aghshiya-e-dimaagh (meningitis) Umms sibyaan (epilepsy) Tashannuj-e-atfal (convulsion) Laqwa (bell's palsy) Guillain-Barre syndrome Febrile Seizures Mental retardation in children

CHAPTER-13: Amraz-e-Ain (diseases of eye) Ramad (conjunctivitis) Shaeera (style or hordeolum) Sulaaq (blephritis) Jarab-ul- ajfaan (trachoma) Barda (chalazion)

CHAPTER-14: Amraz-e- Gaus (diseases of ear) Iltihab-e-uzn (otitis) Sailan-e-uzn (otorrhoea) Qazaf-ul-(foreign body in the ear)

CHAPTER-15: Amraz-e-Anaf (diseases of nose) Rua'af, nakseer (epistaxis) Qazaf-ul- anaf - (foreign body in the nose)

CHAPTER-16: Amraz-e-Dahan (diseases of mouth) Qulaa (stomatitis) Warm-e-lisaan (glossitis) Qurooh-e- dahan (mouth ulcers) Ta'akkul dandan (dental carries)

CHAPTER-17: Amraz-e-Halaq (diseases of throat) Warm-e-lauzatain (tonsillitis) Warm-e-hanjra (pharyngitis) Warm-e- aslul uzn or ghudda-e-nakaf (mumps and parotiditis)

CHAPTER-18: Amraz-e-Tanaffus (diseases of respiratory tract) Sual (bronchitis) Shaheeqa (whooping cough) Zeeq-un- nafs (bronchial asthma) Zaat-ur-ria (pneumonia) Zaat-ul-janab (pleurisy)

CHAPTER-19: Amraz-e-Qalb (Cardiac diseases) Kuliqi 55mraz (congenital heart diseases) Hudari 55mraz-e-Qalb (rheumatic heart diseases) Taaffuni iltihab –e- ghisha-e Qalb (infective endocarditic)

CHAPTER-20: Amraz-e-Maida wa Jigar (diseases of stomach and liver)

Qai (vomiting) Tashannuj-e-shikam (abdominal colic) Warm-e- kabid (hepatitis) Yeraan (jaundice) Hepato megaly Splenomegaly

CHAPTER-21: Amraz-e-Ama'a wa miq'ad (diseases of intestine and rectum)

Qabz (constipation) Is' haal (diarrhoeal disorders) Paichish, zaheer (dysentery) Deedan-e-amaa (worm infestations) Tadarrun-e-maivi (intestinal tuberculosis) Warm-e-bankharas (pancreatitis)

CHAPTER-22: Amraz-e-Tanasulya (diseases of genitalia) Zeequl ghalfa (phimosis) Qeela

maieeya (hydrocele) Fataq (hernia) Warm-e-khusiya (orchitis) Cryptochidism

CHAPTER-23: Amraz-e-Majra e Boal (diseases of urinary tract) Acute Glomerulonephritis Warm-e- majra e boal (UTI) Nephrotic syndrome Boul fil farash (enuresis)

CHAPTER-24: Amraz-e Dam (Haematology) Suoo-ul- qinnia, faqrud dam (anaemia) Leukaemia Thalassiam Haemphilia Sickle cell disease

CHAPTER-25: Ghair 56mraz56e gududi ke 56mraz (Endocrinology) Growth disturbances Obesity Thyroid disease Diabetes

CHAPTER-26: Miscellaneous: Drugs & drug dosage in children

12. AMRAZ E NISWAN (GYNAECOLOGY) & Obstetrics (Ilmul Qabala)

A. Amraz e Niswan:

OBJECTIVES: The aim of the teaching (during clinical posting) in obstetrics and gynaecology is that student should be able to: Diagnosis and management of common gynaecological problems and emergencies. Diagnosis and management of antental, intranatal, postnatal period of normal and abnormal pregnancy

AMRAZ-E-NISWAN (Gynaecology)

1. TASHREEH AZA-E-TANASULYA-WA-GHAIR TABAIEE SHAKLEIN (ANATOMY OF FEMALE GENITAL TRACT AND ITS VARIATIONS, SUPPORTS AND DEVELOPMENTAL ANOMALIES)
2. TASHREEH E SADDI (ANATOMY OF BREAST)
3. AFAL-E-AZA-E TANASULYA (PHYSIOLOGY OF GENITAL ORGAN)
4. MAREEZ KE SABIQA HALAAT WA ISTAFSARAAT (HISTORY TAKING AND CLINICAL EXAMINATION)
5. BALUGHAT (PUBERTY AND ADOLESCENCE: PUBERTAL CHANGES AND PUBERTAL DISORDERS)
6. INQATA E TAMS (MENOPAUSE AND ITS RELATED PROBLEMS)
7. TABAIEE IDRAR-E-TAMS AUR NIZAAM-E-LAQANAATI (PHYSIOLOGY OF MENSTRUATION AND RELATED ENDOCRINOLOGY)
8. **FATOORAT-E-TAMS (MENSTRUAL DISORDERS)** Ahtabass-e- Tams (Amenorrhoea) Tams Makhfi or Tams Kazib or Haiz-e-Makhfi (Cryptomenorrhoea) Usar-e- Tams (Dysmenorrhoea) Qillat Tams (Oligomenorrhoea) Tahtut Tams (Hypomenorrhoea) Taadud –e- Tams (Polymenorrhoea) Kasrat-e- Tams (Menorrhagia) Istehaza (Metrorrhagia) Nazaf-ur- Reham usrul-Wazeefi (Dysfunctional uterine Bleeding D.U.B.)
9. **AMRAZ-E-FURJ (DISEASES OF VULVA)** Hikkat-ul- Furj (Pruritus Vulvae) Qurooh-ul-Furj (Ulcers of Vulva) Iltihab-e-Furj (Vulvitis) Huzaal (Atrophy) Taghayyuraat Bain Ul Bashra, Daweera and Sulaat (Neoplasia and Cyst and Neoplasm)
10. **AMRAZ-E-MEHBAL (DISEASES OF VAGINA)** Iltihab-e- Mehbal (Vaginitis and Bacterial Vaginosis) Qurooh-e-Mehbal (Ulcers of Vagina) Khurooj-e- Mehbal (Prolapse of Vagina) & Isterkhai Mehbal Tashannuj –e- Mehbal (Vaginismus) Taghayyuraat Bain Ul Bashra, Daweera and Sulaat (Neoplasia, Cyst and Neoplasm)
11. **AMRAZ-E-REHAM (DISEASES OF UTERUS)** Sua-e-Mizaj-e- Reham (Abnormal Tempremment of uterus) Iltihab-e-Unaq-ur-Reham (Cervicitis) Taakkul-unaq-ur-Reham (Cervical Erosion) Iltihab-e-Reham (Inflammation of Uterus) Mailan wa Aujaj-ur-Reham (Displacement of Uterus) Inzalaq-e-Reham or Khurooj-e-Reham (Prolapse of Uterus) Inqalab –e- Reham (Inversion of Uterus) Taghayyuraat Bain Ul Bashra, Daweera and Sulaat (Neoplasia, Cyst and Neoplasm) Bawaseer Ur Reham (Polypi of Uterus)
12. **AMRAZ-E-QAZAFAIN-WA-KHUSYATUR-REHAM (DISEASES OF THE FALLOPIAN TUBES AND OVARIES)** Iltihab-e-Qazafain (Salpingitis) Iltihab-e- Khusyatur-Reham (Oophoritis) Daweera-wa-Sulaat (Cyst, Tumours and disorders of ovaries) Marz-e Iltihab-e-Hauz-e Ana (PID) Haad wa Muzmin Waja-e-Hauz-e-Ana(Acute and Chronic Pelvic Pain)
13. SAILAN-UR-REHAM WA GHAIR TABAIEE MEHBALI AFRAZAAT (EXCESSIVE AND ABNORMAL VAGINAL DISCHARGE)
14. UQR (INFERTILITY)
15. AZA-E-TANASULYA KE-ZARBAAT (INJURIES OF GENITAL TRACT)
16. AZA-E-TANASULYA-KE-NAASOOR (GENITAL TRACT FISTULAE)
17. ILTISAQ WA TAZAYYUQ-E-AZA-E-TANASULYA (ADHESIONS & ATRESIA OF GENITAL TRACT)
18. BATAN-E WA DAROON-E-REHMIYAT (ENDOMETRIOSIS AND ADENOMYOSIS)
19. **AMRAZ-E-MANQOOLA JINSIA (SEXUALLY TRANSMITTED DISEASES)** Qarah-e- Rakhv (Soft Sore or Chancroid) Aatshak (Syphilis) Suzaak (Gonorrhoea) Chlymidial Infection Trichomoniasis Illat-Qillat Manaaf-E- Maksooba (IQMEM) (HIV) HSV (Herpes Simplex Virus) HPV (Human Papilloma Virus) Lymphogranuloma venerum & Granuloma inguinale
20. TADARUN-E-AZA-E-TANASULYA (GENITAL TUBERCULOSIS)
21. LAYYAN UL IZAAM AND NAKHRUL (HASHSATUL) IZAAM (OSTEOMLACIA AND OSTEOPOROSIS)
22. JINS WA TAGHAYYURAT-E-BAIN-UL-JINS (SEX AND INTERSEXUALITY)
23. **AMRAZ-E-NISWAN MEIN HORMONE SE ILAJ (HORMONE AND PHYTO HORMONE THERAPY IN GYNAECOLOGICAL DISORDERS)**
24. **KHANDANI MANSOoba BANDI WA MAANA E HAMAL TADABEER (FAMILY PLANNING &**

CONTRACEPTIVE MEASURES)

- 25. TASKHEESI WA MOALEJAATI AMALYAAT (DIAGNOSTIC AND THERAPEUTIC PROCEDURES)** Hormone Assay Screening procedures (VIA, Schiller's, High Vaginal Swab) Imtihan-e-Khalvi (Cytological examinations); pap Smear Test Imtihan-e-Naseej-e-Marzi (Histopathological examinations) Tanzeerul Mehbal wa Reham (Colposcopy and Hysteroscopy) Tanzeer ul Batan (Laparoscopy) Shigaf-e-Batan (Laprotomy) Batan Beeni hamrah Rangbeeni (Laparoscopy with dye instillation) Hawaii Amboob Nigari (Tubal insufflation Test) Shigaaf-e-Reham (Hysterotomy) Ambubi-reham Nigari (Hysterosalpingography) Reham Barari (Hysterectomy) Salaa Azil Leefi Barari (Myomectomy) Ittasa wa Ijtaraafa (Dilatation and Curettage) Imaging Techniques in Gynaecology (Ultra Sonogram C.T. Scan, X-rays and Magnetic Resonance Imaging)
- 26. AMRAZ-E_-SADDIYAN (DISEASES OF BREAST)** Tashreeh e Saddi (Anatomy of Breast) Imtehaan-e-Saddiyain (Breast Examination) Waja e Saddi (Mastalgia) Ittihad-e-Saddiyain (Mastitis) Khuraj-Saddi (Breast Abscess) Daweera-wa- Sulaat-e-Saddi (Cyst and tumours of Breast)

B. ILMUL QABALAT WA NAUMAULOOD
(Obstetrics & Neonatology)

1. ANATOMY OF FEMALE GENITAL ORGANS. (ZANANA AZA –E- TOLID KI TASHREEH)
2. FEMALE PELVIS AND ITS DIAMETERS. (ANA KA TAFSILI BAYAN AUR USKE AQTAR) AND FOETAL SKULL AND ITS DIAMETER
3. OVULATION, FERTILIZATION, IMPLANTATION, (TABVEZ, AMAL-E-BARAWRI, AMAL-E-TANSEEB)
4. DEVELOPMENT OF FOETUS. (JANEENI IRTEQA)
5. FOETAL CIRCULATION (JANEENIDORAN-E-KHOON)
6. AMNIOTIC FLUID AND FOETAL MEMBRANES (RATOOBAT-E-AMINOOSI WA AGHSHIYAE JANEEN)
7. NORMAL PLACENTA, ABNORMAL PLACENTA.(TABAE MASHIMA, GHAIR TABAI MASHIMA)
8. UMBILICAL CORD, ABNORMALITIES OF UMBILICAL CORD.(TABAE HABLUSSURAH, GHERTBAI HABLUSSARH)
9. PREGNANCY (HAMAL) & PHYSIOLOGICAL CHANGES (HAMAL KE TABAI TAGHAYYURAT)
10. SIGNS & SYMPTOMS OF PREGNANCY. (HAMAL KI ALAMAT VA NISHANIYAN) DIAGNOSIS OF PREGNANCY.(HAMAL KI TASHKHEES)
11. PSEUDOCYESIS (FALSE PREGNANCY) (HAMAL –E- KAZIB) (RIJAA')
12. ANTE-NATAL CARE (HAMLA KI NIGAH DASHT)
13. FOETUS IN UTERO & FOETAL PELVIC RELATIONSHIP (JANEEN, JANEEN WA HAUZ E ANA KE TALUQQAT)
14. NORMAL LABOR, MECHANISM AND MANAGEMENT (TABAI WAZA-E-HAMAL, MIKANIA VA INTEZAMIA)
15. ABNORMAL LABOUR AND ITS MANAGEMENT (GHAIR TABAI WAZA-E-HAMAL AUR UNHKE INTEZAMAT)
16. ABNORMAL PRESENTATIONS (GHAIR TABAI TATREEQAT)
17. TWINS & MULTIPLE PREGNANCY (HAMAL-E-TAWAM VA HAMAL –E- ADEED) CONTRACTED PELVIS (MUNQABIZ ANA)
18. MEDICAL, SURGICAL AND GYNECOLOGICAL DISORDERS IN PREGNANCY
Hypertensive Disorders in Pregnancy, Epilepsy, Anaemia, Heart Diseases, Thyroid Disorders, Renal Disorders, Fevers, Viral infections, Tuberculosis, Rh Isoimmunization , Hyperemesis gravidarum, constipation, Haemorrhoids, oedema, pruritus vulva, insomnia, Varicosity, Jaundice, Diabetes Mellitus, Nephritis
19. OBSTETRIC DISORDERS IN PREGNANCY Abortion. (Isqat) Ectopic pregnancy (Hamal Kharij ure Reham) Intra Uterine Growth Retardation (IUGR) Oligohydramnios. (Qilatte Mae Amniosi) and Polyhydramnios. (Kasrat-e-Mae Amniosi) Ante Partum Haemorrhage,. (Jiryān- ud-dam Qabl wiladat) Post Partum Haemorrhage. (Jiryān-ud-dam bad Azwiladat) Gestational and Trophoblastic Diseases
20. PRETERM LABOR, PRETERM RUPTURE OF MEMBRANE, POST MATURITY, INTRA UTERINE FETAL DEATH (FAUT E JANEENI)
21. NORMAL PERPUERIUM AND ITS COMPLICATIONS. (ZAMAN-E-NIFAS AUR USKE AWAREZAT)
22. OBSTETRICAL PROCEDURES & OPERATIONS Version (Gardish) Episiotomy (Qata-ul-Aujaan) Forceps and Vacuum Delivery. Caesarean Section (Shigaaf-e-Qaisree) Destructive operations (Takhreesi Dastkariya)
23. ASSESSMENT OF FETAL WELBEING (Foetal surveillance)
24. DRUGS IN PREGNANCY
25. NEONATAL CARE (NAUZADA KI NIGHAHDASHT) Breast Feeding (Raza'at) Immunization Schedule (Manaati Khaka) Premature Neonates Postmature Neonates
26. NEONATAL DISEASES Asphyxia Neonatorum (Habs-e-Tanaffus) Central Council of Indian Medicine IBUMS UG Syllabus 2014-15 77 Ophthalmia Neonatorum (Aashob-e- Chashme Naumaulood) Icterus Neonatorum (yarqane naumaulood) convulsions (Tashannuj) Congenital Syphilis (Aatshak Khalqi)

27. CONGENITAL ANOMALIES OF NEWBORN Hydrocephalus (Ma ur Raas) Anencephaly (Adam-e-Dimagh) Microcephaly (Sighrud Dimagh) Down Syndrome (Humaq) C.H.D. (Congenital Heart Diseases)

13. ILMUL JARAHAT (Surgery)

A. Jarahiyat Umoomi (General surgery)

1. Tareekhi pasmanzar (Historical background)
2. Jarahat (Wounds): Darjabandi (Classification), Alamaat-o-Nishania (Clinical features) Usoole Ilaaj (Principles of treatment)

3.Ta'diya (Infection):

- a) Ta'diya umoomi (General Infection): Ta'ffunuddam (Septicaemia), Tasammumuddam (Toxaemia), Taqihuddam (pyaemia), Jaraseemuddam (Bacteraemia)/ Viraemia Jaraseemekush (Antibiotics), Vairoosi kush (Antiviral), Phaphoond kush (Antifungal)
- b) Ghair nauvi tadiya (Non specific infection): Iltihabe khulvi (Cellulitis), busoor (Boils), Shabe chiragh (Carbuncle), Humra (Erysipelas), jumra (Anthrax),
- c) Nauvi Tadiya (Specific Infections): So'zak (Gonorrhoea), Aatshak (Syphilis), Diq (Tuberculosis), Kuzaaz (Tetanus), Juzaam (Leprosy), AQMA (AIDS), Poliomyelitis

Parasitic diseases- Hydatid Cyst of Liver, Filariasis, Round worm Khuraj aur Aqsaam (Abscess and its types) Pyogenic, Pyaemic and Cold abscesses

Aam advia ki Tajweez (General prescription of the Unani and Allopathic drugs)

- Majra (Sinus) and Nasoor (fistula),
- Qaroh (Ulcer),
- Ghanqharana (Gangrene)
- Sadma (Shock), Darjabandi (Classification), Alamaat (Clinical features), Ilaaj (Management) and Awarizaat (complications)
- Jiryanuddam (Haemorrhage): , Darjabandi (Classification), Alamaat-o-Nishanyan (Clinical features), Ilaaj (treatment), Awarizaat (complications)
- Haemostasis-Methods
- Intiqaluddam (Blood transfusion) (Indications), Ijtima (Collection), Tareeqae Intiqal (Method of transfusion), Awarizaat aur unka Ilaaj (Complications and its treatment) Intiqale ajsae dam (Transfusion of fractions of blood)
- Harq wa salq (Burns and Scald), Darjabandi (classification and assessment), Alamaat (clinical features), Ilaaj (treatment), Awarizat (complications) Jildi tateem (Skin grafting) and its types, process of healing, Usoole Ilaaj (principles of treatment)
- Sal'aat(Tumours): Darjabandi (Classification), Alamaat (Clinical features), Usoole Ilaaj (Principles of treatment)
- Misc.lesions e.g. Corn, warts hypertrophic Scar and keloids)
- Akyas (Cysts)- Diagnosis & Management

Saddyain (Breasts): (i) Sadayain ki Khalqi Badwazae (Congenital anomalies of Breasts) (ii) Iltihabe Saddy (Mastitis) (iii) Khuraje Saddy (Breast abscess) (iv) Sala'ate Saddy (Breast tumors) Benign & Malignant tumors)

- **Nakhoon ke umoomi Amraaz** (Common diseases of nails)
- Tawazune Sayyalaat wa Namkiyat (Fluids and electrolyte balance)
- Tawazune Hamz wa isaas (Acid- Base balance),
- Ghair mawi taghziya (Parenteral nutrition).
- Blood volume expanders

Amale takhdeer (Anaesthesia): (a) Tarikhi Khaka (Historical aspect) (b) M'uaina qable takhdeer (Pre-anaesthetic assessment) and Istimaale Advia qable takhdeer (pre-anaesthetic medication) (c) Aqsaame Amale takhdeer (Types of Anaesthesia) (i) Amale Takhdeer Umoomi (General Anaesthesia) (ii) Amale Takhdeer Aqalimi (Regional Anaesthesia) (iii) Amale Takhdeer Mukhaee (Spinal Anaesthesia) (iv) Amale Takhdeer Bairooni jafiya (Epidural anaesthesia) (v) Amale Takhdeer Muqami (Local Anaesthesia)

- Mundarja bala amale takhdeer ke tariqa kar, mustamil advia, ifadiyat wa awarizat aur unka Ilaaj (Methods/procedures of above mentioned types of anaesthesia, drugs I anaesthetic agents, benefits, complications and management.) Ahya-e- Aamale Qalb wa Riya (Acute Cardio-Pulmonary Resuscitation)
- **Masnuei amale tanaffus (Artificial Respiration)**
- Ilaaj bit Tasneem (Oxygen Therapy)

Ilmul Izaam wa mafasil (Orthopedics):

a) Tarikhi Khaka (Historical background) Ta'reef (definition) and umoomi bayan (General description) b) Kusoor (Fractures): (i) Umoomi bayan (General description), Darjabandi (classification), Alamaat (clinical features), Awarizat (complications), Ilaaj (treatment), (ii) Balaa'e atraf ke kusoor, Kasre tar'qua, Uzd, Zanade ala wa asfal, Izam e mashtul yed, Izame rasghul yed (Fracture of bones of upper limb and its management: clavicle, humerus, radius and ulna, metacarpal bones and carpal bones.) (iii) Zereen atraaf ke kusoor aur unka Ilaaj, Aana, Qasbae Kubra, Qasbae Sughra, Mushtul qadam wa Rusghul qadam, Azmul Fakhaj, & Razgha (Fractures of bones of lower limb and its management: Pelvis, tibia and fibula, tarsal and metatarsal bones Femur and patella) (iv) Kasre umudul fuqrat (Fracture of the spine) (v) Kasre fakke aala wa asfal (Fracture of Jaws) (c) Khala aur uska Ilaaj (Dislocations and its management) (i) Bala'ee atraaf (Upper limb) (ii) Zereen atraaf (Lower limb) (iii) Khurooje qurs bainul fuqrat (Inter-vertebral disc prolapse) (d) Iqunnasa (Sciatica)-Tashkhees aur ilaj (Diagnosis & management) (e) Amraaze Izam wa mafasil (Diseases of the bones and joints): (i) Iltihabe azam aur uske aqsaam (Osteomyelitis and its types): Sadidi (pyogenic), diqqi (Tubercular) and atishaki (syphilitic) (ii) Iltihabe mafasil wa aqsaam (Arthritis and its types) (ii) Tadarrune fuqrat (Tuberculosis of spine) (f) Amraaze istihala (Metabolic disorders): (i) Kusah (Rickets) (ii) Layyanul Izam (Osteomalacia) (iii) Naqris (Gout) (iv) Tahajjurul mafasil (Osteoarthritis), Hudari Wajaul mafasil (Rheumatoid arthritis) (v) Takhalkhul Izam (Osteoporosis) (g) Salaatul Izam (Tumours of bones) (i) Salaate mehmooda (benign tumors) (ii) Salaate khabisa (malignant tumors) (h) Zarbe ansaja layyan wa Ilaaj (Soft tissue injuries and its management): (i) Zarbe Azlaat (injury of muscles) (ii) Altawae Azlaat (Sprain of muscles) (iii) Rabataat, Awtar, wa lafaif ke amraaz ka zarbat aur umoomi bayan (General description of injuries & diseases of muscles, tendon, ligaments and fasciae)

B.Jarahiyat Nizami (Systemic surgery)

1. Raas (Head): (i) Zaaheri aur baatni zarbat (External and Internal injuries) (ii) Kasoor Jamjama (Fractures of skull bones) (iii) Zarbaate Dimagh (Injuries of Brain) (iv) Sula'te dimagh saleema wa khabeesa (brain Tumours–benign & malignant)
2. Sadr (Thorax): (i) Zaaheri aur baatni zarbate Sadr aur inka Ilaaj (External and Internal injuries of thorax and their management). (ii) Taqeehus Sadr (Empyema thoracis) (iii) Sula'te munsife-sadr (mediastinal tumors) (iv) Sula'te Shobatur-Riya (bronchogenic Tumor)
3. Mari (Oesophagus) (i) Irtadale Medi Mari (GERD)
4. Batan (Abdomen): (a) Meda (Stomach) (i) Iltihabe Meda (Gastritis) (ii) Qarahe Meda wa Asna ashri (Gastric and Duodenal ulcer) (iii) Sartaane Meda (Carcinoma of stomach)
5. Ama'a (Intestine): (i) Warne Zaaede Aawar (Appendicitis) (ii) Tadarrune Ama'a (Intestinal tuberculosis) (iii) Insidate Ama'a (intestinal obstruction) (iv) Taqarruhi Iltihabe Qolon (Ulcerative Colitis) (v) Crohn's disease (Iltihab-e-lifae) (vi) Sula'te Ama (Intestinal tumors)
6. Qeela-e-Maaiya (Hydrocele)
7. Fataq (Hernia) Darjabandi, alamat aur awarizat & Inguinal Hernia
8. Maqad wa Qanaate Mabraz (Rectum and Anal canal) (i) Inshaqaqe Maqad (Anal fissure/fissure in ano) (ii) Nawaseer Maqad (Fistula-in-ano) (iii) Bawaseer (Haemorrhoid) (iv) Massae Maqad (Rectal polyps and external tag) (vi) Khurooje Maqad (Prolapse of rectum) (vii) Sartaane Maqad (Carcinoma of rectum)
9. Baaretoon (Peritoneum) (i) Iltihabe Baaretoon (Peritonitis) (ii) Istisqa (Ascites)
10. Mirara (Gall Bladder): (i) Hisate Mirara (Cholelithiasis) (ii) Iltihabe Mirara (Cholecystitis) (iii) Yarqaane Suddi (Obstructive Jaundice)
11. Banqaraas (Pancreas): (i) Iltihabe Banqaras (Pancreatitis) (ii) Sartaane Banqaras (Carcinoma of Pancreas)
12. Tihaal (Spleen) (i) Izme Tihaal (Spleenomegaly) (ii) Zarbe Tihaal (Injury of Spleen) (iii) Qatae Tihaal ke Mawaqe (Indications of Splenectomy)
13. Diaphargama (Diaphragm): (i) Dubeelae Tehtul Diaphargama (Subphrenic abscess)
14. Kabid (Liver): (i) Izme Kabid (Hepatomegaly) (ii) Dubelae Kabid (Liver Abscess) (iii) Kabid ki Pevendkare ke Mawaqe (Indications of Liver transplantation)
15. Majraae Baul (Urinary tract): Amraz-e-Aaz-e Baul (Diseases of Urinary system)
 - (a) Amraaze Kulliya (Diseases of kidney) (i) Khalqi badwazae (Congenital anomalies) (ii) Zarbate Majraae Baul (Injuries of urinary tract) (iii) Hisaate Kulliya (Renal Calculi) (iv) Akyase Kulliya (Polycystic Kidney) (v) Maa'ul Kulliya (Hydronephrosis) (vi) Iltihab wa Ijtamae Sadeede Kulliya (Pyelonephritis) (vii) Tadarrune Kulliya (Tuberculosis of the Kidney) (b) Amraaze Masana (Diseases of urethra) (i) Iltihabe Masana (Cystitis) (ii) Ojaje Masana (Divericulum of urinary bladder) (iii) Hisaate Masana (Vesical calculi) (c) Amraaze Majraae baul (Diseases of urinary bladder) (i) Iltihabe Majraae Baul (Urethritis) (ii) Tazeeq Majraae Baul (Urethral stricture) (iii) Bladdee outflow obstruction
16. Nizaam-e-Tanaasul (Genital System): (i) Zeeqe Ghulfa (Phimosis) (ii) Iqtiaque-e-Ghulfa (Paraphimosis) (iii) Sartane Qazeeb (Carcinoma of Penis) (iv) Iltihabe Aghdeedoos (Epididymitis) (v) Iltihabe Khusya wa Aghdeedoos (Epididymo-orchitis) (vi) Qeela-e-Maaiya (Hydrocele) (vii) Qeela-e-Damvi (Haematocele) (viii) Dawali saf'n (Varicocele) (ix) Khusyon ki khalqi Badwaze/Naqais (Congenital anomalies of testes) (x) Sula'te

Khusya (Testicular tumors) (xi) Itihabe Ghuddae Mazi (Prostatitis) (xii) Izme Ghuddae Mazi (Benign enlargement of Prostate) (xiii) Sartaane Ghuddae Mazi (Carcinoma of Prostate)

14. AMRAZE AIN WA AMRAZE UZN, ANAF WA HALAQ **(Ophthalmology and Diseases of Ear, Nose and Throat)**

A. Amraze Ain (Diseases of Eye)

1. Ain ki tashreeh aur munafe (Anatomy and Physiology of Eye) 2. Mua'ina –e- Ain aur uske mukhtalif tareeqe (examination of the eyes and its various methods)

a. Amraze ajfaan (Diseases of the eye lids)

i. Ittasaqul jafn (Symblepharon) ii. Jusatul jafn (Ankylo blepharon) iii. Sulaq/ Ittehabe ajfaan (Blepharitis) iv. Jarabul Jafan (Trachoma) v. Istirkhae jafn (ptosis) vi. Bardah (Chalazion/ meibomian cyst) vii. Shaeera (Stye) viii. Shatra e dakhli wa kharji (Entropion and Ectropion) ix. Sha're munqalib (Trichiasis) x. Sha're zayed (Districhiasis)

b. Alae damai ke amraaz (Diseases of lacrimal apparatus)

i. Ittihabe ghuddae damai (Dacryo- adenitis) ii. Ittihabe keesae dami (Dacryocystitis) iii. Sualat-e-ghuddae damai (Tumors of the lacrimal gland) iv. Gharb (Fistula lacrimallis) v. Dama'a watering of eye (Epiphora, Lacrimation)

c. Amraaze mehjarain (Orbital diseases)

i. Juhuzul Ain (Exophthalmous) ii. Sillul Ain (Atrophy of the eye) iii. Ittehabe mehjari khulwi (Orbital cellulitis)

d. Amraaze mullehma (Diseases of conjunctiva)

i. Ramad wa uski jumla aqsaam (Conjunctivitis & its all types) ii. Zafrah/ Nakhuna (Pterygium) iii. Sulalat –e- Multahama (Tumours of conjunctiva)

e. Amraaz-e-Sulbiya (Diseases of Sclera)

i. Ittehab-e-sulbiya, naseej-e-sulbi (Episcleritis) ii. Ittehab-e-Sulbiya

f. Amraaze qarriya (Diseases of cornea)

i. Ittihabe qarriya, haad wa muzmin (Acute and chronic keratitis) ii. Quroohe qarriya (Corneal ulcer) iii. Ittehab naseejul qarriya (Interstitial keratitis) iv. Burooze qarriya (Keratectasia) v. Bayaze qarriya (Corneal opacity)

g. Amraaze Inabiya (Diseases of iris): i. Ittihabe Inabiya (Iritis) ii. Ittihabe Inabiya noajisme hudbi (Iridocyclitis) iii. Zeeqe Hadqa (Myosis) iv. Ittasae Hadqa (Mydriasis)

h. Chashm ka andruni dabao aur Zaraqul Ma (Intra ocular pressure and Glaucoma)

i. Amraaze Tabqae Masheema (Diseases of choroid): i. Ittihabe tabqae masheema (choroiditis) ii. Ittehabe kullul Ain (Panophthalmitis) iii. Endophthalmitis

j. Amraaze shabkiya (Diseases of Retina)

i. Ittihabe shabkiya (Retinitis) ii. Shabkiya ke tafarruq ittisal (Detachment of retina) iii. Ziaabetes shakri ka shabkiya par asraat (Diabetic retinopathy) iv. Zigtuddam Qawi ke shabkiya par asraat (Hypertensive retinopathy)

k. Amraaze Adasa (Diseases of Lens)

i. Nuzoolul ma (Cataract)

l. Amraaze Basarat (Visual Disorders): i. Qareeb nazri (Myopia) ii. Baeed nazri (Hypermetropia) iii. Basare shiehookhat (Presbyopia) iv. Khalale basar/sudad nazri (Astigmatism) v. Zofe basar (Amblyopia) vi. Isha/shabkori (Night blindness) vii. Jahar/ Rozkori (Day blindness)

m-Hewal (squint)

n-Qazaul Ain (Foreign body in the eye)

o-Zarbul Ain (Ocular injuries)

p- Amraze chashm me istemal hone wali advia ka tafseeli mutala' (Detail knowledge of drugs used in the treatment of eye diseases):

Unani advia Jaraseem kush/ dafe Viroosi / Dafe Phaphoond advia (Antibiotics/ Antiviral/ Anti fungal etc.) Musakkin (Analgesic), Mukhaddir (Anaesthetic) dafe' hassasiyat (Antihistaminics) Amraaze Uzn, Anaf wa Halaq (Diseases of Ear, Nose & Throat)

B. Uzn (Ear):

1. Uzn ki Tashreehe umoomi, Munafe wa Mikaniyate Sama'at (Anatomy, Physiology of Ear & Mechanism of Hearing)
2. Mua'ina-e-Uzn (Examination of Ear)
3. Ittehab-e-Uzn (Otitis) Ittehab-e-uzn kharji aur uski jumla aqsaam (Otitis externa and its all types) Ittihaabe Uzn wasti (Otitis Media) a) Ittihaabe Uzn wasti sadeedi haad (Acute suppurative otitis media) b) Ittihaabe Uzn wasti sadeedi muzmin (Chronic suppurative otitis media)
4. Ittehab-e- Uzn wasti ke awarizaat (Complications of Otitis media) a) Ittihabe Sudgi Hulmi (Mastoiditis) b) Khuraj –e- Sudgi Hulmi (Mastoid abscess)
5. Behrapan (Deafness)
6. Wajaul Uzn (Otalgia)
7. Sailanul Uzn (Otorrhoea)
8. Taneen wa Dawi (Tinnitus)
9. Tasallub-ul- uzn (Otosclerosis)

10. Aarza-e-Menier (Menier's Disease)
11. Duwar (Vertigo)
12. Waskhul Uzn (Ear wax)
13. Qaziul Uzn (Foreign Body in the ear)
14. Salat-e-Uzn (Tumors of Ear)

C. Anf (Nose)

1. Tashreeh wa Munafe wa Mekaniyate Sham (Anatomy, physiology of Nose and mechanism of olfaction).
2. Mua' ina-e-Anf (Examination of Nose)
3. Iltihabe Anf aur uski jumla aqam (Rhinitis and its all types)
4. Iltihabe Tajaweefe Anf aur uski aqsaam (Sinusitis & its types)
5. Bawaseere anf (Nasal polyp)
6. Munharif fasile Anf (Deviated nasal septum)
7. Ru'af/ Nakseer (Epistaxis)
8. Busoor wa Qurooh-e- Anf (Nasal Boils & Ulcers)
9. Fasade Sham (Disorder of olfaction/parosmia) and Adme Sham (Anosmia)
10. Qaziul Anf (Foreign body in the Nose)
11. Salaate Anf-Saleema wa Khabeesa (Nasal tumors – benign & malignant)

D. Halaq (Throat)

1. Halaq wa Hanjarah ki Tashreeh umoomi wa Munafe (Anatomy & Physiology of Throat)
2. Mua'ina-e- Halaq (Examination of Throat)
3. Amraaze Halaq (Diseases of Throat) a) Iltihab-e-Balaum (Pharyngitis) b) Ta'zzum-e-Ghudade Anfi Halaqi (Adenoid hypertrophy) c) Iltihab-e-Lauzatain (Tonsillitis) d) Khuraj-e-Atrafe Laozatain (Quinsy) e) Iltihab-e-Hanjrah (Laryngitis) f) Bahtus Saut (Hoarseness of voice) g) Salaat –e-Hanjra (Tumours of larynx) h) Ustrul Bala (Dysphagia)

Jaufe Dehen (Oral Cavity):

1. Jaufe Dehen ki tashreeh wa munafe (Anatomy & physiology of Oral Cavity)
2. Mua'ina-e-Jaufe Dehen (Examination of Oral Cavity)
3. Qula (Stomatitis)
4. Quruhul fam (oral ulcers –Aphthous ulcer or dyspeptic ulcer)
5. Aaklatul fam (Cancrum oris)
6. Bakhrul fam (Halitosis)
7. Kasrate Luabe dahan (Ptylisis)
8. Zer-e- Mukhat Famwi leefyat (Oral Submucous fibrosis)
9. Sartaan Jaufe Dehen (Cancer of Oral Cavity)
10. Iltihabe ghudda-e-Tehtul nakif (Inflammation of parotid gland)
11. Iltihabe Shift (Cheilitis)
12. Busoor wa Qurooh Shiftain (Herpes Labialis)

Lisan (Tongue):

1. Lisan ki Tashreeh wa Munafe (Anatomy & Physiology of Tongue)
2. Moa'inae Lisan (Examination of Tongue)
3. Iltihabe Lisan (Glossitis)
4. Inshiqaaqul Lisan (fissured tongue)
5. Azmul Lisan (hypertrophy of tongue)

Asnaan wa Lissa (Teeth and Gums)

1. Tashreeh wa Munafe Asnaan wa Lissa (Antomy & Physiology of Teeth and Gums)
2. Mua'ina-e-Asnan wa Lissa (examination of Teeth & Gums)
3. Amraaze Asnan wa Lissa (Diseases of Teeth and Gums) a) Wajaul Asnan (Tooth ache)b) Takkulul Asnan (Dental carries) c) Hafrul Asnan (Tarter) d) Tahrrukul Asnan (Loosening of teeth) e) Iltihabe Lissa (Gingivitis) f) Taqayyuhul Lissa (Pyorrhoea) g) Lissa-e Damia (Bleeding gums) Ilaj:

Amraze Uzn, Anf, Halaq wa Asnan me istemal hone wali advia ka tafseeli mutala' (Detail knowledge of drugs used in the treatment of Dental and ENT disorders)

Unani advia Jaraseem kush / dafe' Viroosi / Dafe' Phaphoond advia (Antibiotics / Antiviral / Anti fungal etc.) Musakkin (Analgesic), Mukhaddir (Anaesthetic) dafe' hassasiyat (Antihistaminics)

Annexure-III

INSTRUCTIONS TO CANDIDATES

A. INSTRUCTIONS TO CANDIDATES:

- A.1. The applicants are required to go through the user guide and satisfy themselves as to their eligibility for this recruitment carefully before applying and enter the particulars completely online.
- A.2. Applicant must compulsorily fill-up all relevant columns of application and submit application through website only. The particulars made available in the website will be processed through computer and the eligibility decided in terms of notification and confirmed accordingly.
- A.3. The applications received online in the prescribed proforma available in the website and within the time shall only be considered and the Commission will not be held responsible for any kind of delay/discrepancy on part of the candidate.
- A.4. Applicants must compulsorily upload his/her own scanned photo and signature through .jpg format.
- A.5. The applicants should not furnish any particulars that are false, tampered, fabricated or suppress any material information while making an application through website.
- A.6. Important:-Hand written/typed/Photostat copies/printed application form will not be entertained.
- A.7. The applicant shall produce all the essential certificates issued by the competent authority, for verification by the commission, as and when called for. If candidates fail to produce the same, his/her candidature shall be rejected / disqualified without any further correspondence.
- A.8. The following certificate formats are available on the Commission's Website (<https://psc.ap.gov.in>) for reference.
 - A.8.1. Community, Nativity and Date of Birth Certificate
 - A.8.2. Declaration by the Un-Employed
 - A.8.3. School Study Certificate
 - A.8.4. Certificate of Residence
 - A.8.5. Medical Certificate for the Blind
 - A.8.6. Certificate of Hearing Disability and Hearing Assessment
 - A.8.7. Medical Certificate in respect of Orthopedically Handicapped Candidates
 - A.8.8. Creamy Layer Certificate
 - A.8.9. Local status certificate (if applicable)

B. INSTRUCTIONS REGARDING ON-LINE EXAMINATION FOR CANDIDATES:

- B.1. The candidates should take their seats at the prescribed time before the commencement of the examination. Biometric identification would be conducted before entry into examination hall. The entry time would be mentioned in the hall ticket. Late entry after the given entry time would not be allowed. Candidates should not leave the examination hall till the expiry of fulltime. Loaning and interchanging of articles among the candidates is not permitted in the examination hall. Electronic devices including cell phones and pagers are not allowed in the examination hall.
- B.2. The starting time of each examination paper and the entry time would be mentioned in the hall ticket
- B.3. Candidates will not be permitted to leave the examination hall till the expiry of full time. If any candidate leaves the examination hall in the middle, he would be disqualified. If there is any problem with computer system, the candidates have to wait without talking to others till the system is restored. In case of any violation, the candidate will be disqualified.
- B.4. The examination link with the login screen will already be available on your system. Please inform the invigilator if this is not the case.

- B.5. 10 minutes prior to the exam, you'll be prompted to login. Please type the Login ID (Roll No) and the Password (Password for Candidate will be given on exam day) to proceed further.
- B.6. Invigilator will announce the password 15 minutes before commencement of the Examination.
- B.7. Copying or noting down questions and/or options is not allowed. Severe action will be taken if any candidate is found noting down the questions and/or options.
- B.8. After logging in, your screen will display:
- *Profile Information - Check the details & click on "I Confirm" or "I Deny".
 - *Detailed exam instructions - Please read and understand thoroughly.
 - *Please click on the "I am ready to Begin" button, after reading the instructions.
- B.9. You have to use the mouse to answer the multiple choice type questions with FOUR alternative answers.
- B.10. To answer any numerical answer type question, you need to use the virtual numeric key pad and the mouse.
- B.11. On the online exam question screen, the timer will display the balance time remaining for the completion of exam.
- B.12. The question numbers are color coordinated and of different shapes based on the process of recording your response: White (Square) - For un-attempted questions. Red (Inverted Pentagon) - For unanswered questions. Green (Pentagon) - For attempted questions. Violet (Circle) - Question marked by candidate for review, to be answered later. Violet (Circle with a Tick mark) - Question answered and marked by candidate for review.
- B.13. After answering a question, click the SAVE & NEXT button to save your response and move onto the next question.
- B.14. Click on Mark for Review & NEXT to mark your question for review, and then go to the next question.
- B.15. To clear any answer chosen for a particular question, please click on the CLEAR RESPONSE button.
- B.16. A summary of each section, (i.e. questions answered, not answered, marked for review) is available for each section. You have to place the cursor over the section name for this summary.
- B.17. In case you wish to view a larger font size, please inform the Invigilator. On the Invigilator's confirmation, click on the font size you wish to select. The font size will be visible on the top.
- B.18. You may view INSTRUCTIONS at any point of time during exam, by clicking on the INSTRUCTIONS button on your screen.
- B.19. The SUBMIT button will be activated after 150 Minutes. Please keep checking the timer on your screen.
- B.20. In case of automatic or manual log out, all your attempted responses will be saved. Also, the exam will start from the time where it had stopped.
- B.21. You will be provided a blank sheet for rough work. Do write your Login ID and Password on it. Please ensure that you return it to the invigilator at the end of the exam after tearing only the password from it.
- B.22. Please don't touch the key board as your exam ID will get locked. If your ID gets locked, please inform a nearby invigilator who will help in unlocking your ID and then you can continue with the exam.
- B.23. Please inform the invigilator in case of any technical issues.
- B.24. Please do not talk to or disturb other candidates.
- B.25. In case you are carrying articles other than the admit card, photo identity proof and pen, please leave them outside the exam room.
- B.26. You cannot leave exam room before submitting the paper. Please inform the invigilator if you want to use the wash room.

C. GENERAL INSTRUCTIONS TO CANDIDATES:

- C.1. If the candidate notices any discrepancy printed on the Hall ticket, as to community, date of birth etc., he/she may immediately bring it to the notice of

Commission's officials/Chief Superintendent in the examination centre and necessary corrections can be made in the Nominal Roll, in the Examination Hall against his/her Hall Ticket Number for being verified by the Commission's Office.

- C.2. The candidate should satisfy the Invigilator of his/her identity with reference to the signature and photographs available on the Nominal Rolls and Hall Ticket.
- C.3. The candidates should take their seats at the given time before the commencement of the examination and are not to be allowed after the scheduled time. The time of Examination and entry time would be mentioned in the hall ticket. Late entry after the given entry time would not be allowed. Candidates should not leave the examination hall till the expiry of fulltime.
- C.4. The candidates must note that his/her admission to the examination is strictly provisional. The mere fact that an Admission to the examination does not imply that his/her candidature has been finally cleared by the Commission or that the entries made by the candidate in his/her application have been accepted by the Commission as true and correct. The candidates have to be found suitable after verification of original certificates; and other eligibility criteria. The Applicants have to upload his/her scanned recent colour passport photo and signature to the Application Form. Failure to produce the same photograph, if required, at the time of interview/ verification, may lead to disqualification. Hence the candidates are advised not to change their appearance till the recruitment process is complete.
- C.5. The candidates are not allowed to bring any Electronic devices such as mobile / cell phones, programmable calculators, tablets, iPad, Bluetooth, pagers, watches or any other computing devices to examination Hall. Loaning and interchanging of articles among the candidates is not permitted in the examination hall and any form of malpractice will not be permitted in the exam hall.
- C.6. The candidates are expected to behave in orderly and disciplined manner while writing the examination. Their candidature will be rejected in case of impersonation/ disorder/ rowdy behaviour during Examination and necessary F.I.R. for this incident will be lodged with concerned Police Station. The Chief Superintendent of the centre is authorized to take spot decision in this matter.
- C.7. Candidates trying to use unfair means shall be disqualified from the selection. No correspondence whatsoever will be entertained from the candidates.
- C.8. The Penal Provisions of Act 25/97 published in the A.P. Gazette No. 35, Part-IV.B Extraordinary dated: 21/08/1997 shall be invoked if malpractice and unfair means are noticed at any stage of the Examination. Action will be taken to penalize as per G.O.Ms.No.385, G.A. (Ser. A) Dept., Dt.18/10/2016.
- C.9. (a) Wherever the candidates are totally blind, they will be provided a scribe to write the examination and 20 minutes extra time is permitted to them per hour. Eligible candidates are also allowed to bring their own scribe after due intimation to the Commission after duly providing the full identification details of the scribe like name, address and appropriate proof of identification.
 - (b) The applicants shall upload the certificate relating to percentage of disability for considering the appointment of scribe in the examination.
 - (c) An extra time of 20 minutes per hour is also permitted for the candidates with locomotor disability and CEREBRAL PALSY where dominant (writing) extremity is affected for the extent slowing the performance of function (Minimum of 40% impairment). No scribe is allowed to such candidates.
 - (d) The candidate as well as the scribe will have to give a suitable undertaking conforming to the rules applicable
- C.10. In case the Hall-Ticket is without photo or too small, he/she should affix a passport size photo on Hall-ticket and appear by duly getting attested by Gazetted Officer. He/she shall handover similar photo for each paper to Chief Superintendent for affixing the same on the Nominal Rolls.
- C.11. The candidate will not be admitted to the examination Hall without procedural formalities.
- C.12. The candidate admission to the Examination is provisional, subject to the eligibility, confirmation/satisfaction of conditions laid down in this notification.
- C.13. The candidates should put his/ her signature and get the signature of the invigilator at the appropriate places in the Nominal Roll or OMR Answer Sheet.
- C.14. Instructions to be followed scrupulously in the Examination Hall.

ANNEXURE-IV
LIST OF SCHEDULED CASTES
(Definition 28 of General Rule - 2)
SCHEDULE - I

(Substituted with effect from 27-07-1977 through G.O.Ms.No. 838,
 G.A.(Services-D) Department, dated 15/12/1977)

- 1 Adi Andhra
- 2 Adi Dravida
- 3 Anamuk
- 4 Aray Mala
- 5 Arundhatiya
- 6 Arwa Mala
- 7 Bariki
- 8 Bavuri
- 9 Beda Jangam, Budga Jangam (In Districts of Hyderabad, Rangareddy, Mahaboobnagar, Adilabad, Nizamabad, Medak, Karimnagar, Warangal, Khammam and Nalgonda)*
- 10 Bindla
- 11 Byagara, Byagari*
- 12 Chachati
- 13 Chalavadi
- 14 Chamar, Mochi, Muchi, Chamar-Ravidas, Chamar-Rohidas*
- 15 Chambhar
- 16 Chandala
- 17 Dakkal, Dokkalwar
- 18 Dandasi
- 19 Dhor
- 20 Dom, Dombara, Paidi, Pano
- 21 Ellamalwar, Yellammalawandlu
- 22 Ghasi, Haddi, Relli, Chachandi
- 23 Godagali, Godagula (in the Districts of Srikakulam, Vizianagaram & Vishakapatnam) *
- 24 Godari
- 25 Gosangi
- 26 Holey a
- 27 Holey a Dasari
- 28 Jaggali
- 29 Jambuwulu
- 30 Kolupulvandlu, Pambada, Pambanda, Pambala *
- 31 Madasi Kuruva, Madari Kuruva
- 32 Madiga
- 33 Madiga Dasu, Mashteen
- 34 Mahar
- 35 Mala, Mala Ayawaru *
- 36 Mala Dasari
- 37 Mala Dasu
- 38 Mala Hannai
- 39 Mala Jangam
- 40 Mala Masti
- 41 Mala Sale, Netkani
- 42 Mala Sanyasi
- 43 Mang
- 44 Mang Garodi
- 45 Manne
- 46 Mashti
- 47 Matangi
- 48 Mahter
- 49 Mitha Ayyalvar
- 50 Mundala
- 51 Paky, Moti, Thoti
- 52 (Omitted)*

- 53 Pamidi
- 54 Panchama, Pariah
- 55 Relli
- 56 Samagara
- 57 Samban
- 58 Sapru
- 59 Sindhollu, Chindollu
- 60 Yatala (Srikakulam Dist. Only) Memo No. 8183/CV-1/2006-10 SW (CV-I) Dept., Dt. 31/03/2008
- 61 Valluvan * (Chittoor and Nellore Dist. Only) Memo No. 8183/CV-1/2006-10 SW (CV-I) Dept., Dt. 31/03/2008

* As for the Constitution (Scheduled Caste) orders (Second Amendment) Act 2002, Act No. 61 of 2002

LIST OF SCHEDULED TRIBES

1. Andh, Sadhu Andh *
2. Bagata
3. Bhil
4. Chanchu (Chenchwar omitted) *
5. Gadabas, Boda Gadaba, Gutob Gadaba, Kallayi Gadaba, Parangi Gadaba, Kathera Gadaba, Kapu Gadaba *
6. Gond, Naikpod, Rajgond, Koitur *
7. Goudu (in the Agency tracts)
8. Hill Reddis
9. Jatapus
10. Kammara
11. Kattunayakan
12. Kolam, Kolawar *
13. Konda Dhoras, Kubi *
14. Konda Kapus
15. Konda Reddis
16. Kondhs, Kodi, Kodhu, Desaya Kondhs, Dongria Kondhs, Kuttiya Konds, Tikiria Khondhs, Yenity Khondhs, Kuinga *
17. Kotia, Benthoriya, Bartika, Dulia, Holva, Sanrona, Sidhopaiko (Dhulia, Paiko, Putiya- omitted *)
18. Koya, Doli Koya, Gutta Koya, Kammara Koya, Musara Koya, Oddi Koya, Pattidi Koya, Rajah, Rasha Koya, Lingadhari Koya (Ordinary), Kottu Koya, Bhine Koya, Raj Koya (Goud-omitted *)
19. Kulia
20. Malis (excluding Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal District)
21. Manna Dhora
22. Nayaks (in the Agency tracts)
23. Mukha Dhora, Nooka Dhora
24. Pardhan
25. Porja, Parangi Perja
26. Reddi Dhoras
27. Rona, Rena
28. Savaras, Kapu Savaras, Maliya Savaras, Khutto Savaras
29. Sugalis, Lambadis, Banjara *
30. Thoti (in Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal Districts)
31. Valmiki (in the Scheduled Areas of Vishakapatnam, Srikakulam, Vizianagaram, East Godavari and West Godavari Districts *)
32. Yenadis, Chella Yenadi, Kappala Yenadi, Manchi Yenadi, Reddi Yenadi *
33. Yerukulas, Koracha, Dabba Yerukula, Kunchapuri Yerukula, Uppu Yerukula *
34. Nakkala Kurivikaran (Nakkala – A.P. Gazette, Part – III (B) Central Acts ordinance and Regulations Issue No. 05 Dt. 02/10/2003)
35. Dhulia, Paiko, Putiya (in the districts of Vishakapatnam, Vizianagaram *)

* As for the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002, Act No. 10 of 2003

LIST OF SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES

(Amended from time to time as on 31/08/2007)

GROUP - A

Aboriginal Tribes, Vimuktha Jathis, Nomadic and Semi Nomadic Tribes etc.,

1. Agnikulakshatriya, Palli, Vadabalija, Besta, jalari, Gangavar, Gangaputra, Goondla, Vanyakulakshatriya (Vannekapu, Vannereddi, Pallikapu, Pallireddy Neyyala and Pattapu) *Mudiraj / Mutrasi / Tenugollu, The G.O. Ms.No. 15 BCW(C2) Dept., dt. 19/02/2009 is suspended. Hence the inclusion of Mudiraj / Mutrasi / Tenugollu is suspended) vide Hon^{ble} A.P. High Court orders in WP No. 2122/2009 dated: 29-04-2009.
2. Balasanthu, Bahurupi
3. Bandara
4. Budabukkala
5. Rajaka (Chakali Vannar)
6. Dasari (formerly engaged in bikshatana)
(amended vide G.O.Rt.No. 32, BCW(M1) Department, dated 23/02/1995)
7. Dommara
8. Gangiredlavaru
9. Jangam (whose traditional occupation is begging)
10. Jogi
11. Katipapala
12. Korcha
13. Lambada or Banjara in Telangana Area
(deleted and included in S.T. list vide G.O.Ms.No. 149, SW, dated 3/5/1978)
14. Medari or Mahendra
15. Mondivaru, Mondibanda, Banda
16. Nayee Brahmin (Mangali), Mangala and Bajantri
(amended vide G.O.Ms.No. 1, BCW(M1) Department, dated 6/1/1996)
17. Nakkala (Deleted vide G.O. Ms. No. 21, BCW(C2) Dept., Dt. 20/06/2011)
18. Vamsha Raj (amended vide G.O.Ms.No. 27, BCW(M1) Department, dated 23/06/1995 deleting the Original name Pitchiguntla)
19. Pamula
20. Pardhi (Mirshikari)
21. Pambala
22. Peddamavandlu, Devaravandlu, Yellammavandlu, Mutyalammavandlu
(Dammali, Dammala, Dammula, Damala Castes confined to Srikakulam dist. Vide G.O.Ms. No.: 9 BCW(C2) Dept., Dt. 9/04/2008)
23. Veeramushti (Nettikotala), Veera bhadreeya (Amended vide G.O. Ms. No. 62, BCW (M1) Dept., Dt. 10/12/1996)
24. Valmiki boya (Boya, Bedar, Kirataka, Nishadi, Yellapi, Pedda Boya) Talayari and Chunduvallu
(G.O.Ms. No. 124, SW, Dt. 24.06.85) Yellapi and Yellapu are one and the same amended vide G.O. Ms. No. 61, BCW(M1) Dept., Dt. 05.12.1996)
25. Yerukalas in Telangana area (deleted and included in the list of S.Ts)
26. Gudala
27. Kanjara - Bhatta
28. Kalinga (Kinthala deleted vide G.O.Ms. No. 53, SW, Dt. 07.03.1980)
29. Kepmare or Reddika
30. Mondipatta
31. Nokkar
32. Pariki Muggula
33. Yata
34. Chopemari
35. Kaikadi
36. Joshinandiwalas
37. Odde (Oddilu, Vaddi, Vaddelu)
38. Mandula (Govt. Memo No. 40-VI/70-1, Edn., Dt. 10.02.1972)
39. Mehator (Muslim) (Govt. Memo No. 234-VI/72-2, Edn., Dt. 05.07.1972).
40. Kunapuli (Govt. Memo No. 1279/P1/74-10, E&SW, Dt. 03.08.1975)
41. Patra (included in G.O. Ms. No. 8, BCW(C2) Dept., Dt. 28.08.2006)
42. kurakula of Srikakulam, Vizianagaram and Visakhapatnam Districts only. Included vide in G.O.MS.No. 26 BC W (C2) Dept., Dt. 4/07/08
43. Pondara of Srikakulam, Vizianagaram, and Visakhapatnam Districts only. Included vide G.O.MS.No. 28 BC W (C2) Dept., Dt. 4/07/08
44. Samanthula, Samantha, sountia, Sauntia of Srikakulam District only. Included vide G.O.MS.No. 29 BC W (C2) Dept., Dt. 4/07/08
45. pala-Ekari, Ekila, Vyakula, Ekiri, Nayanivaru, Palegaru, Tolagari, Kavali of Chittoor, Cuddapah, Kurnool, Anantapur, Nellore, Hyderabad and Rangareddy Districts only. Included Vide G.O. MS. No. 23 B.C. W (C2) Dept., Dt. 4/07/08
46. Rajannala, Rajannalu of Karimnagar, Warangal, Nizamabad and Adilabad Districts only. (included in vide G.O.Ms. No. 44 B.C.W(C2) Dept., Dt.07/08/2008).

47. Bukka Ayyavars, Included vide G.O.Ms.No. 6 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
48. Gotrala, Included vide G.O.Ms.No. 7 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana Region only.
49. Kasikapadi / Kasikapudi, Included vide G.O.Ms.No. 8 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Hyderabad, Rangareddy, Nizamabad, Mahaboobnagar and Adilabad Districts of Telangana Region only.
50. Siddula, Included vide G.O.Ms.No. 9 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana Region only.
51. Sikligar / Saikalgar, Included vide G.O.Ms.No. 10 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
52. Poosala included vide G.O. Ms.No. 16 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
53. Aasadula / Asadula, included vide G.O. Ms. No. 13, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to East Godavari and West Godavari Districts only.
54. Keuta/Kevuto/Keviti, included vide G.O. Ms. No. 15, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Srikakulam District only.

GROUP – B (Vocational)

1. Achukatlavandlu in the Districts of Visakhapatnam and Guntur confined to Hindus only as amended vide G.O. Ms. No. 8, BCW(C2) Dept., Dt. 29.03.2000
2. Aryakshatriya, Chittari, Giniyar, Chitrakara, Nakshas (Muchi Telugu Speaking deleted vide G.O. Ms. No. 31, BCW (M1) Dept., 11.06.1996)
3. Devanga
4. Goud (Ediga) Gouda (Gamella) Kalalee, Goundla, Settibalija of Vishakhapatnam, East Godavari, West Godavari and Krishna Districts and Srisayana (Segidi) – (amended vide G.O. Ms. No. 16, BCW (A1) Dept., dt. 19.06.1997)
5. Dudekula, Laddaf, Pinjari or Noorbash
6. Gandla, Telikula, Devatilakula (Amended vide G.O. Ms. No. 13, BCW(A1) Dept., dt. 20.05.1997)
7. Jandra
8. Kummara or Kulala, Salivahana (Salivahana added vide G.O. Ms. No. 28, BCW(M1) Dept., 24.06.1995)
9. Karikalabhakthulu, Kaikolan or Kaikala (Sengundam or Sengunther)
10. Karnabhakthulu
11. Kuruba or Kuruma
12. Nagavaddilu
13. Neelakanthi
14. Patkar (Khatri)
15. Perika (Perikabaliya, Puragirikshatriya)
16. Nessi or Kurni
17. Padmasali (Sali, Salivan, Pattusali, Senapathulu, Thogata Sali)
18. Srisayana ((**sagidi**)- deleted and added to Sl.No. 4 of Group-B)
19. Swakulasali
20. Thogata, Thogati or Thogataveerakshtriya
21. Viswabrahmin, Viswakarma (Ausula or Kamsali, Kammari, Kanchari Vadla or Vadra or Vadrangi and Silpis) (Viswakarma added vide G.O. Ms. No. 59 BCW(M1) Dept., Dt. 06.12.1995)
22. Kunchiti, Vakkaliga, Vakkaligara, Kunchitiga of Anantapur Dist. Only vide G.O. Ms.No. 10 BCW(C-2) Dept., Dt. 9-04-2008
23. Lodh, Lodhi, Lodha of Hyderabad, Rangareddy, Khammam and Adilabad Districts only. Included in Vide G.O.MS.No. 22 BC W (C2) Dept., Dt. 4/07/08
24. Bondili (included in vide G.O.Ms. No. 42, B.C.W(C2) Dept., Dt.07/08/2008)
25. Are Marathi, Maratha(Non-Brahmins), Arakalies and Surabhi Natakavallu. (included in vide G.O.Ms. No. 40, B.C.W(C2) Dept., Dt.07/08/2008)
26. Neeli (included in vide G.O.Ms. No. 43, B.C.W(C2) Dept., Dt.07/08/2008).
27. Budubunjala/Bhunjwa/Bhadbhunja, included vide G.O.Ms. No. 11, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Hyderabad and Ranga Reddy District only.
28. Gudia/Gudiya, included vide G.O.Ms. No. 14, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Srikakulam, Vizianagaram and Vishakhapatnam, district only.

GROUP – C

Scheduled Castes converts to Christianity and their progeny
(Substituted in G.O.Ms.No.159, G.A.(Ser.D) Dept., dt. 02/04/1981)

GROUP – D (Other Classes)

1. Agar
2. Are-Katika, Katika, Are-Suryavamsi(Are-Suryavamsi added vide G.O. Ms. No. 39, B.C. W(C2) Dept., Dt. 7/08/08)
3. Atagara
4. Bhatraju
5. Chippolu (Mera)
6. Gavara
7. Godaba
8. Hatkar
9. Jakkala
10. Jingar
11. Kandra
12. Kosthi
13. Kachi
14. Surya Balija, (Kalavanthulu) Ganika (amended vide G.O.Ms. No. 20, BCW(P2) Dept., Dt. 19.07.1994)
15. Krishanabalija (Dasari, Bukka)
16. Koppulavelama
17. Mathura
18. Mali (Bare, Barai, Marar and Tamboli of all Districts of Telangana Region added as synonyms vide G.O. Ms. No. 3, BCW(C2) Dept., Dt. 09.01.2004 and G.O. Ms. No. 45, B.C.W(C2) Dept., Dt.07/08/2008)
19. Mudiraj / Mutrasi / Tenugollu.
20. Munnurukapu (Telangana)
21. Nagavamsam (Nagavamsa) vide G.O.Ms.No. 53, BC Welfare Dept., dated:19/09/1996
22. Nelli(deleted vide G.O.Ms. No. 43, B.C.W(C2) Dept., Dt.07/08/2008)
23. Polinativelmas of Srikakulam and Visakhapatnam districts
24. deleted vide G.O. Ms.No. 16 Backward Classes Welfare (C2) Dept., dt. 19/02/2009
25. Passi
26. Rangrez or Bhavasarakshtriya
27. Sadhuchetty
28. Satani (Chattadasrivaishnava)
29. Tammali (Non-Brahmins) (Shudra Caste) whose traditional occupation is playing musical instruments, vending of flowers and giving assistance in temple service but not Shivarchakars. Included vide G.O. Ms. No. 7, Backward Classes Welfare (C2) Dept., Dt. 19/02/2011).
30. Turupukapus or Gajula kapus {... the words "of Srikakulam, Vizianagaram and Vishakapatnam Districts" were deleted vide G.O.Ms.No. 62, Backward Classes Welfare (C2) Dept., dt. 20/12/2008 and G.O. Ms.No. 19 Backward Classes Welfare (C2) Dept., dt. 19/02/2009} who are subject to Social customs or divorce and remarriage among their women (G.O. Ms. No. 65, E&SW, dt. 18.02.1994)
31. Uppara or Sagara
32. Vanjara (Vanjari)
33. Yadava (Golla)
34. Are, Arevalli and Arollu of Telangana District (Included vide G.O.Ms.No. 11, Backward Classes Welfare (C-2) Department, dt. 13/5/2003 and G.O.Ms. No. 41, B.C.W(C2) Dept., Dt.07/08/2008)
35. Sadara, Sadaru of Anantapur Dist. Only vide G.O.Ms.No. 11 BCW (C-2) Dept., Dt. 9-04-2008
36. Arava of Srikakulam District only. Included in vide G.O. MS. No. 24 BC W (C2) Dept., Dt. 4/07/08
37. Ayyaraka, of Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, Krishna, Guntur, Khammam and Warangal Districts only. Included in vide G.O. MS. No. 25 BC W (C2) Dept., Dt. 4/07/08
38. Nagaralu of Srikakulam, Vizianagaram, Visakhapatnam, Krishna, Hyderabad and Rangareddy Districts only. Included in vide G.O. MS. No. 27 BC W (C2) Dept., Dt. 4/07/08

39. Aghamudian, Aghamudiar, Agamudivellalar and Agamudimudaliar including Thuluva Vellalas of Chittoor, Nellore, Kurnool, Anantapur, Hyderabad and Rangareddy Districts only. Included in vide G.O. MS. No. 20 BC W (C2) Dept., Dt. 4/07/08
40. Beri Vysya, Beri Chetty of Chittoor, Nellore and Krishna Districts only. Included in vide G.O. MS. No. 21 BC W (C2) Dept., Dt. 4/07/08
41. Atirasa included vide G.O. Ms.No. 5 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to East Godavari and West Godavari Districts only.
42. Sondi / Sundi included vide G.O. Ms.No. 11 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
43. Varala included vide G.O. Ms.No. 12 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana region only.
44. Sistakaranam included vide G.O. Ms.No. 13 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
45. Lakkamari Kapu included vide G.O. Ms.No. 14 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana region only.
46. Veerashaiva Lingayat/Lingabaliija, included vide G.O. Ms.No. 22 Backward Classes Welfare (C2) Dept., dt. 28/02/2009.
47. Kurmi, included vide G.O.Ms. No. 12, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Telangana Region and also Krishna District only.
48. Kalinga Komati / Kalinga Vysya vide G.O. Ms. No.10 Backward classes Welfare(c) Department Dated.24.9.2014. The area of operation shall be confined to Srikakulam, Vizianagaram and Visakhapatnam districts only.

GROUP – E

(Socially and Educationally Backward Classes of Muslims)

1. Achchukattalavandlu, Singali, Singamvallu, Achchupanivallu, Achchukattuvaru, Achchukatlavandlu.
2. Attar Saibuli, Attarollu
3. Dhobi Muslim/ Muslim Dhobi/ Dhobi Musalman, Turka Chakla or Turka Sakala, Turaka Chakali, Tulukka Vannan, Tskalas or Chakalass, Muslim Rajakas.
4. Faqir, Fhakhir Budbudki, Ghanti, Fhakhir, Ghanta Fhakhiru, Turaka Budbudki, Derves, Fakeer
5. Garadi Muslim, Garadi Saibulu, Pamulavallu, Kani-Kattuvallu, Garadollu, Garadiga.
6. Gosangi Muslim, Phakeer Sayebulu
7. Guddi Eluguvallu, Elugu Bantuvallu, Musalman Keelu Gurravallu
8. Hajam, Nai, Nai Muslim, Navid
9. Labbi, Labbai, Labbon, Labba
10. Pakeerla, Borewale, Deraphakirlu, Bonthala
11. Kureshi/ Khureshi, Khasab, Marati Khasab, Muslim Katika, Khatik Muslim
12. Shaik/ Sheikh
13. Siddi, Yaba, Habshi, Jasi
14. Turaka Kasha, Kakkukotte Zinka Saibulu, chakkitakanevale, Terugadu Gontalavaru, Thirugatiganta, Rollaku Kakku Kottevaru, Pattar Phodulu, Chakketakare, Thuraka Kasha
15. Other Muslim groups excluding Syed, Saiyed, Sayyad, Mushaik; Mughal, Moghal; Pathans; Irani; Arab; Bohara, Bohra; Shia Imami Ismaili, Khoja; Cutchi-Memon; Jamayat: Navayat; and all the synonyms and sub-groups of the excluded groups; and except those who have been already included in the State List of Backward Classes.

N.B.:1. The above list is for information and subject to confirmation with reference to G.O. Ms.No. 58, SW (J) Department, dated 12/05/1997 and time to time orders.

2. On account of any reason whatsoever in case of any doubt/ dispute arising in the matter of community status (SC/ST/BC/OC) of any candidate, subject to satisfaction with regard to relevant rules and regulations in force the decision of the Commission shall be final in all such cases.
