

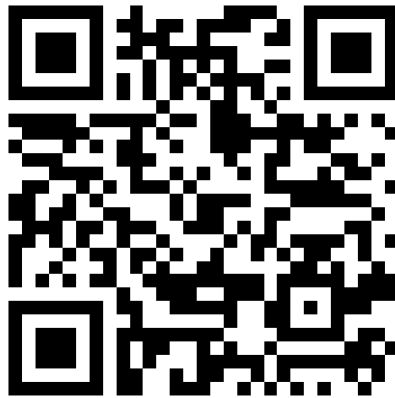
USER MANUAL

**COURSE CURRICULUM FOR FIRST PROFESSIONAL B.S.R.M.S
(PRESCRIBED BY NCISM)**

**(Applicable from 2022-2023 batch onwards for five years or
until further notification by NCISM, whichever is earlier)**



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



National Commission for Indian System of Medicine

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

An Act..

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

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**NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE
BOARD OF UNANI, SIDHA AND SOWA-RIGPA
NEW DELHI- 110058
COURSE CURRICULUM FOR B.S.R.M.S**

USER MANUAL

Welcome to new curriculum of NCISM for I Professional **B.S.R.M.S.**

This is an introduction before reading the curriculum file for any course. These instructions in the manual will help reader to easily retrieve the information from the curriculum files. This document involves many familiar and less familiar terms. Some of them are explained in here.

First Page: Contains Name, Code, Year and “**QR code**” for downloading the document.

Preface is a short description about subject or the course. Next is Index for easy assessment. All the major tables/points are indexed.

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

Curriculum: The curriculum is defined as the guideline of the academic content covered by an education system while undergoing a particular course or program. Curriculum has a wider scope which covers the knowledge, attitude, behaviour, manners, performance & skills that are imparted or inculcated in a student. It contains every aspect from objectives to assignments. This is outcome-based approach of the curriculum.

Objectives

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

Sl. No.	Name of the subjects / Course		
	Subject/ Course Code	Subjects / Course	Equivalent Terms
1	SRUG-LT	<i>gso rig lo rgyus dang gzhi rtsa'i lta grub</i>	History and Fundamental Principles of Sowa-Rigpa
2	SRUG-GL	<i>grub pa lus</i>	Human Anatomy and Physiology
3	SRUG-NT-I	<i>nad brtag thabs-I</i>	Sowa-Rigpa Pathology (Part-I)

4	SRUG-TN	<i>tha mal nad med</i>	Principles and Disciplines of Disease Prevention, Public health and Sowa-Rigpa Yogic Science
5	SRUG-MZ-I	<i>sman rdzas-I</i>	Materia Medica (Part –I)
6	SRUG-KY	<i>skad yig</i>	Bhoti Language
7	SRUG-KT	<i>gso dpyad rtsis rig</i>	Sowa-Rigpa Medical Astrology
8	-	<i>blo rgyugs</i>	Oral Test*
9	-	<i>rtsa rgyud yang na bshad rgyud sdong 'grems</i>	Concept Mapping-I or II**
10	Electives (Minimum Three) Subjects		

**Table 1 - Course Code and Name of Course
First Professional B.S.R.M.S.**

*Tsawa memorization and recitation (over and above teaching hours)

** Concept Mapping is about the overall precise on individual *rgyud* (Treatise) which shall be delivered in non-lecture form and the students are required to opt any of the Part-I or II Concept Mapping.

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

Name of the subject / course: Complete name of the subject/course is indicated in the table in each course as per Sowa-Rigpa system.

Equivalent Terms – The equivalent term used to indicate the subject / course in the English.

Table 2: Contents of the Course-

Table 2 :- THEORY (CONTENTS, TERM AND DISTRIBUTION OF HOURS)

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours
1.		
2.		

Table 2 explains contents of course.

First column - List of topics/Chapter/Sub chapters/ Sections and distribution according to term and marks.

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours
1.		

Term – I professional **B.S.R.M.S** have seven courses/ subjects. Each course is of three terms of six months each. Topics in first column are to be covered in three terms. This column indicates topics to be covered as per each term. Indicated by I, II, III.

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours

1.		
----	--	--

Distribution of Hours: This column indicates the number of hours allotted to that Chapter/ Section.

Table 3:-THEORY (LECTURE AND NON-LECTURES)

Chapter/ Sub-headings	Lecture (L) / Non Lecture NL	Teaching-Learning (TL) Methods	Distribution of hour	
			LH	NLH
Chapter 1: Name of Chapter			6	
<u>At the end of the chapter/ Subchapter/ section, the students should be able to</u>				
K: Knowledge/ Cognitive domain				
S: Skills/ Psychomotor domain				
A: Attitude/ Affective domain.				
a. Subchapters/ points in the chapter or section.	L/NL		2	1
b. Subchapters/ points in the chapter or section.	L/NL		1	2

Table 3: - Describes the Theory lectures and non-Lecture hours with appropriate teaching learning Methods.

First column describes Chapters. Subchapters/ Points in the chapters/ Section as per the need of the subject. These are further description of points in table two. You can find statements written below the chapter name. These are learning objectives of that chapter.

Learning objectives are clearly written, specific statements of observable learner behaviour or action that can be measured upon completion of an educational activity. It is a description of what the learner(student) must be able to do upon completion of an educational activity/ Chapter/ Section. A well-written learning objective outlines the knowledge, skills and/or attitude the learners will gain from the educational activity. One Topic/Chapter/ Section covers one or many learning objectives. They are noted in by the term's K/ S/ A below each chapter. Each objective start with a verb. Before that line a common line "**At the end of the chapter/ Subchapter/ section/ practical session, the students should be able to**" is common everywhere and to all the statement. This line is not written and should be considered before for all statements of objective(s) in all chapters/ Subchapters/ Sections.

The letters K/ S / A indicates domains of learning.

K: indicates Knowledge/ Cognitive domain

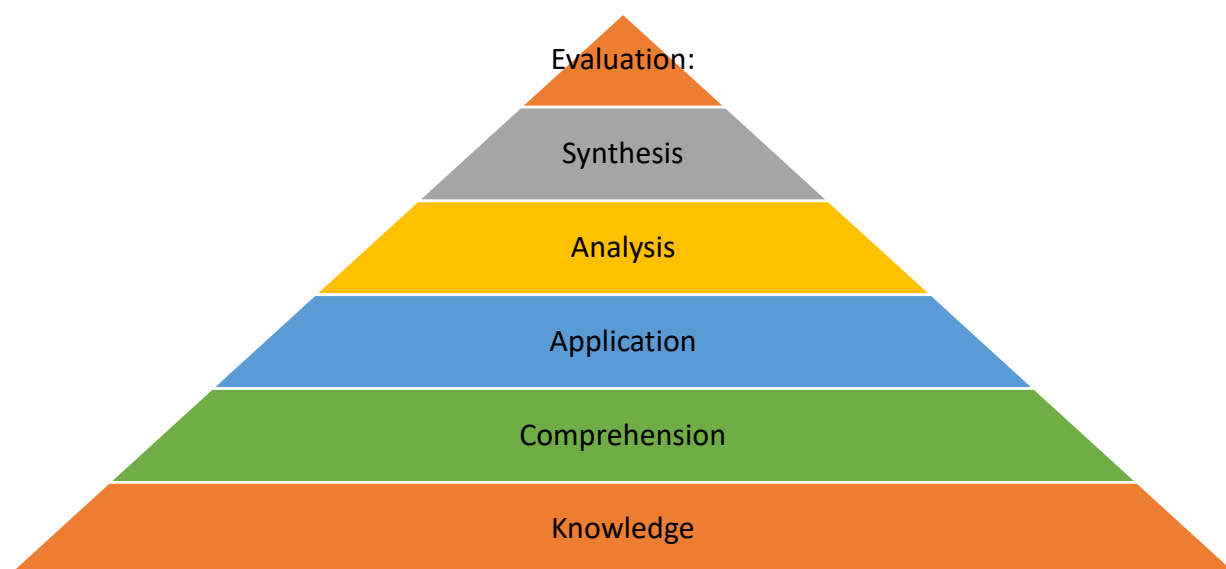
S: indicates Skills/ Psychomotor domain

A: indicates Attitude/ Affective domain.

Domain of learning. Benjamin Bloom has identified three domains of educational activities. The three domains are Cognitive, Psychomotor and Affective. Cognitive is for mental skills (Knowledge), Psychomotor is for manual or physical skills (Skills) while Affective is for growth in feelings or emotional areas (Attitude), They are indicated by KSA (Knowledge, Skills and Attitude). All activities related to teaching and learning are aligned to these domains of learning.

Cognitive Domain

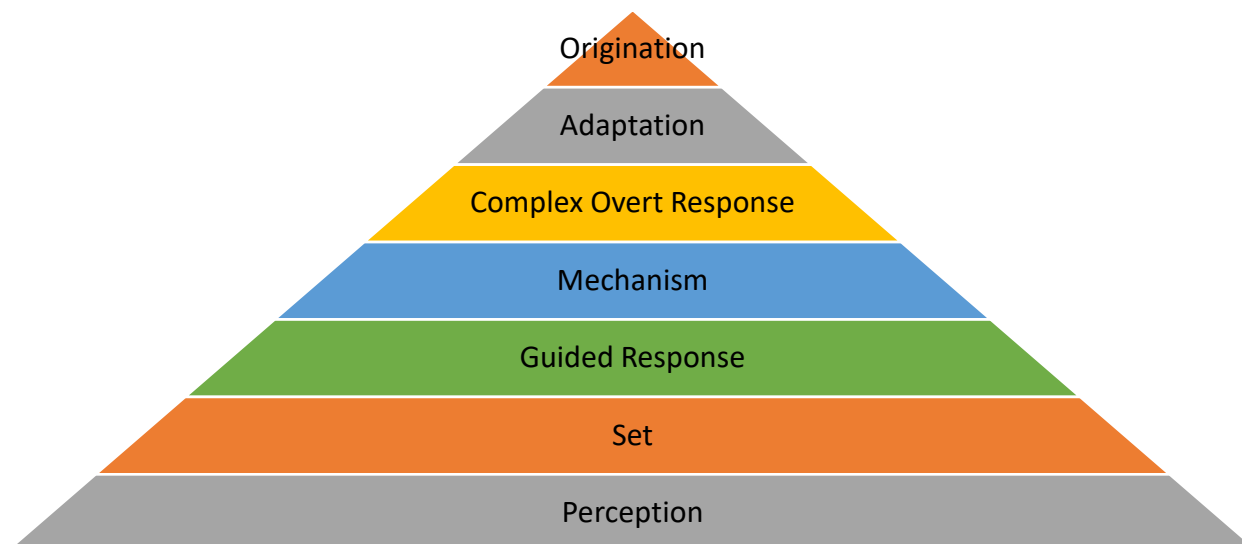
Cognitive domain involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. There are six major categories. They are in ascending order.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



Knowledge: the ability to recall data and/or information. **Comprehension:** the ability to understand the meaning of what is known. **Application:** the ability to utilize an abstraction or to use knowledge in a new situation. **Analysis:** the ability to differentiate facts and opinions **Synthesis:** the ability to integrate different elements or concepts in order to form a sound pattern or structure so a new meaning can be established. **Evaluation:** the ability to come up with judgments about the importance of concepts.

Psychomotor Domain

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



Perception: the ability to apply sensory information to motor activity. **Set:** the readiness to act.

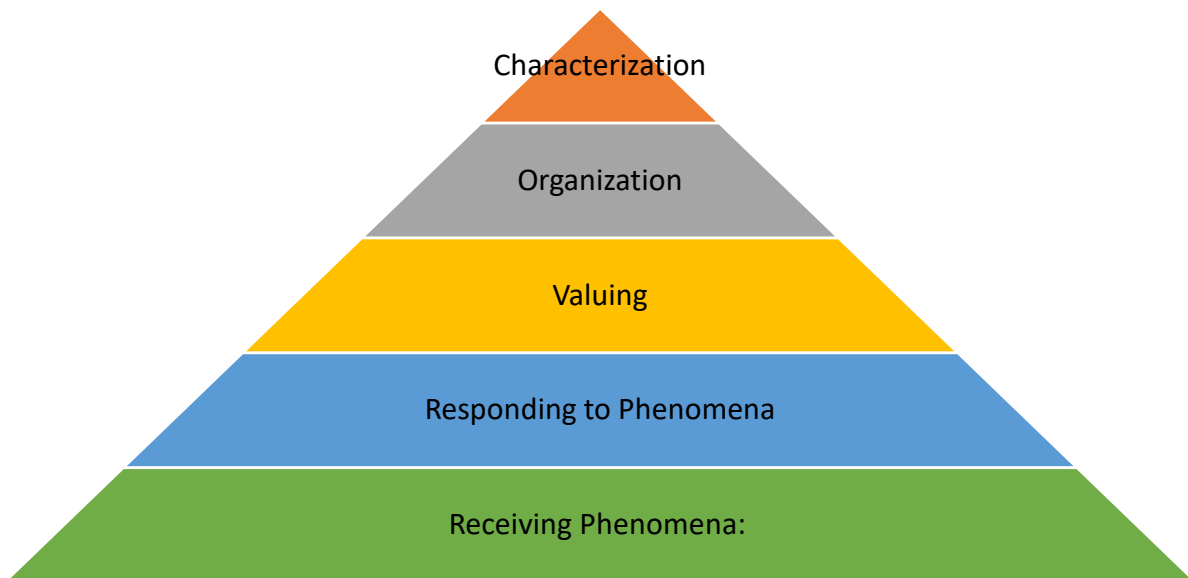
Guided Response: the ability to imitate a displayed behaviour or to utilize trial and error.

Mechanism: the ability to convert learned responses into habitual actions with proficiency and confidence. **Complex Overt Response:** the ability to skilfully perform complex patterns of actions.

Adaptation: the ability to modify learned skills to meet special events. **Origination:** creating new movement patterns for a specific situation.

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

Affective Domain:



Receiving Phenomena: the awareness of feelings and emotions as well as the ability to utilize selected attention. **Responding to Phenomena:** active participation of the learner. **Valuing:** the ability to see the worth of something and express it. **Organization:** ability to prioritize a value over another and create a unique value system. **Characterization:** the ability to internalize values and let them control the person's behaviour.

Next column indicates T-L Methods-Teaching and Learning methods.- Appropriate method based on the objective is explained in this column.

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

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

In lecture, various other methods can be included. A large classroom can be converted to small groups for

Discussions: - Leading discussions can be one of the most rewarding, and most challenging, teaching methods. Using discussions as a primary teaching method allows us to stimulate critical thinking. Large group can be converted to small groups and activity can be conducted.

Brainstorming is used as one of the teaching methods. the students participate by responding or presenting views on the topic. This technique encourages new ideas among students.

Inquiry-Based Learning starts from a place of questioning. Students may spontaneously ask questions or be prompted to ask questions about a particular topic. They might search to find answers, engage in activities that will help them pursue answers, or work collaboratively in pursuit of answers.

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

Case based learning: - Same as above. A case on clinical practice or any real-life situation.

Project-Based Learning: -Project-based learning requires students to spend an extended period of time (e.g., a week) on a single project. Students will complete project with Learning objective and will present in class.

Team-based learning (TBL) is a structured form of small-group learning that emphasizes student preparation out of class and application of knowledge in class

Flipped classroom: -Flipped classrooms involve asking students to complete the reading, preparation and introductory work at home. Video or presentations are supplied before the class. Then, during class time, the students will ask questions and participate in discussions.

Blended Learning:- Blended learning is a mix method. Classroom lecture and technology together. This method relies heavily on technology, with part of the instruction taking place online and part in the classroom via a more traditional approach, similar but different than flipped classroom approach. Various online tools, apps can be added in the classroom activities.

Edutainment: - A combination of education and entertainment is helpful in maintaining students' interests, by using various methods of teaching such as videos, Power Point slides, demonstrations, discussions, etc.

Early Clinical Exposure (ECE) provides a clinical context and relevance to basic sciences learning. It also facilitates early involvement in the healthcare environment that serves as motivation and reference point for students, leading to their professional growth and development. It can be for healthy individuals or Patients. In a large classroom, it can be achieved by recorded videos, cases.

Simulation is also the pedagogical approach of providing students with the opportunity to practice learned skills in real-life situations. Simulation-based learning allows students to apply abstract concepts to active hands-on practice. Practicing with mock or real patients in a dedicated clinical environment such as a clinical skills lab helps students learn to make appropriate decisions at various points within the scenario.

Role plays: -Role play is the basis of all dramatic activity. Role playing is a way of working through a situation, a scenario, or a problem by assuming roles and practicing what to say and do in a safe setting. It is effective way of learning cognitive, affective as well as communication.

Self-directed learning is the process through which an individual takes responsibility for their learning. This includes assessing the needs and readiness for learning, identifying learning goals, engaging in the learning process and self-evaluation. As a part of learning students are needed to acquire many essential skills by these methods. Many online tools, E learning portals, MOOC's related to syllabus are available. As per importance of topics nice to know topics can be selected for this method.

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

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

Workshops on few topics for can be good Teaching method. Skills development, communication skills, ethics and many other programme outcomes can be achieved with this method.

Game-Based Learning Students love games, game-based learning, which requires students to be problem solvers as they work on quests to accomplish a specific goal. For students, this approach blends targeted learning objectives with the fun of earning points or badges, much like they would in a video game.

Table 4: Assessment Summary:

Assessment is subdivided in A to G points.

A-Number of Papers and Marks Distribution for First professional B.S.R.M.S.

Sl. No.	Subject	Papers	Theory	Practical or Clinical Assessment					Grand Total
				Practical or Clinical	Viva	Electives	IA	Total	
1	<i>gso rig lo rgyus dang gzhi rtsa'i lta grub</i> (History and Fundamental Principles of Sowa-Rigpa) Paper -1 and Paper - 2	2	200	-	30	-	20	50	250
2	<i>grub pa lus</i> (Human Anatomy and Physiology) Paper -1 and Paper - 2	2	200	100	20	10 (Set-FA)*	20	150	350
3	<i>nad brtag thabs-l</i> (Sowa-Rigpa Pathology Part-I)	1	100	100	20	10 (Set-FB)*	20	150	250
4	<i>tha mal nad med</i> (Principles and Disciplines of Disease Prevention, Public health and Sowa-Rigpa Yogic Science)	1	100	-	30	-	20	50	150
5	<i>sman rdzas-l</i> (Materia Medica Part – I)	1	100	100	20	10 (Set-FC)*	20	150	250
6	<i>skad yig</i> (Bhoti)	1	100	-	30	-	20	50	150
7	<i>gso dpyad rtsis rig</i> (Sowa-	1	100	-	30	-	20	50	150

	Rigpa Medical Astrology)								
8	<i>blo rgyugs</i> (Oral Test)	-	-	-	80	-	20	100	100
9	<i>rtsa rgyud yang na bshad rgyud sdong 'grems</i> (Concept Mapping- I or II)	-	-	-	80	-	20	100	100
Grand Total									1750

[*Set: - FA, FB, FC – Sets of Electives for First Professional B.S.R.M.S.]

B - Scheme of Assessment (formative and Summative)

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

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

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

Formative assessment as, it is assessment for learning, various other methods can be used. Considering cognitive, psychomotor and affective domain appropriate method (as above table), should be adopted. Formative assessment should be frequent activity after teaching. Records should be kept and cumulative marks should be forwarded to university as per table

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

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

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

Term	Periodical Assessment				Term Test	Term Assessment	
	A	B	C	D	E	F	G
	1 (20)	2 (20)	3 (20)	Average (A+B+C/3) (20)	Theory (MCQ + SAQ + LAQ) & Practical (Converted to 20)	Sub Total (40 marks)	Term Assessment (20 marks)
First						D + E	D + E/2
Second						D + E	D + E/2
Third					Nil	D	D
Final IA	Final Internal Assessment: Average of three Term Assessment marks as shown in 'G' column						

Calculation method of Internal Assessment Marks (20 marks) for Oral test and Concept Mapping

Term	Periodical Assessment				Term Test	Term Assessment	
	A	B	C	D	E	F	G
	1 (20)	2 (20)	3 (20)	Average (A+B+C/3) (20)	Oral test (Recitation based) and Concept Mapping (Performance based) (Converted to 20)	Sub Total (40 marks)	Term Assessment (20 marks)
First						D + E	D + E/2
Second						D + E	D + E/2
Third					Nil	D	D
Final IA	Final Internal Assessment: Average of three Term Assessment marks as shown in 'G' column						

D Evaluation Methods for Periodical Assessment

Sl. No.	Evaluation Method
1.	Practical / Clinical Performance
2.	Viva Voce / Multiple Choice Question (MCQ) / Modified Essay Question (MEQ)/Structured Questions
3.	Open Book Test (Problem Based)
4.	Summary Writing (Research papers)
5.	Class Presentations
6.	Work Book Maintenance

7.	Problem Based Assignment
8.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Mini Clinical Evaluation exercise (Mini-CEX), Direct Observation Procedures (DOP), Case Based Discussion(CBD)
9.	Extra-curricular activities (Social Work, Public Awareness, Surveillance Activities, Sports or other activities which may be decided by the department).
10.	Small Project
11.	Activities Indicated in Table 3 as per Indicated I, II.

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

Conduct periodic test for 20 marks.

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

E Question Paper Pattern

I PROFESSIONAL B.S.R.M.S EXAMINATIONS

<Code of Subject>

PAPER-1

Time: 3 Hours Maximum Marks: 100

INSTRUCTIONS: All questions compulsory

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

Similar for Paper II (If applicable).

F Distribution of theory Exam and Question paper-Blue print

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

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

First column indicates List and name of topic and subtopic

Second column indicate Term

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

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

G Distribution of Practical Exam

SN	Heads	Marks
1	Practical (Total Marks 100)	
2	Viva Voce	
3	Internal Assessment(IA)	
4	Electives (if applicable))	
	Total Marks	

References books/ Resources

Books and Resources for the course/ Subject are provided in this point.

Implementation

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

LESSON PLAN TEMPLATE

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

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

Contributions: Curriculum Committee



Vaidya Jayant Deopujari,
Chairman,
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE
NEW DELHI-110058

Dr. K Jagannathan, M.D (Siddha), Ph.D
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BOARD OF UNANI, SIDDHA, AND SOWA-RIGPA,
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE (NCISM), NEW DELHI-110058

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Chief Co-ordinator for First Professional B S R M S

Dr. Tenzin Yeshi	Men-tsee-khang, Bengaluru.
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Sl. No.	Subject Code	Subject	Equivalent term
I	SRUG-LT	<i>gso rig lo rgyus dang gzhi rtsa'i lta grub</i>	History and Fundamental Principles of Sowa-Rigpa
	Name	College Name	
1	Dr. Thinlay Namgyal (Subject Co-ordinator)	CIBS, Ladakh.	
2	Dr. Tenzin Lhundup	Men-tsee-khang, Dharamsala, H.P.	
3	Dr. Pema Chodon	CTMI, Darjeeling, W.B.	
II	SRUG-NT	<i>lus kyi gnas lugs dang mtshan nyid</i>	Human Anatomy and Physiology
	Name	College Name	
1	Dr. Norchung	Men-tsee-khang, Bengaluru.	

	(Subject Co-ordinator)		
2	Dr. Passang Dolma	NIT, Gangtok, Sikkim.	
3	Dr. Karma Rapsal	CIBS, Ladakh.	
III	SRUG-PN1	<i>phel 'grib nad-I</i>	Sowa-Rigpa Pathology (Paper-I)
	Name	College Name	
1	Dr. Tenzin Yeshe (Subject Co-ordinator)	Men-tsee-khang, Bengaluru.	
2	Dr. Tenzin Yutso	CTMI, Darjeeling, W.B.	
3	Dr. Ngawang Tsering	NISR, Ladakh.	
IV	SRUG-TN	<i>tha mal nad med</i>	Principles and Disciplines of Disease Prevention, Public health and Sowa-Rigpa, Yoga
	Name	College Name	
1	Prof. Lobsang Tenzin	CIHTS, Sarnath, U.P.	
2	Dr. Lobsang Yeshe (Subject Co-ordinator)	Men-tsee-khang, Bengaluru.	
3	Dr. Rigzin Smanla	NISR, Ladakh.	
V	SRUG-TM1	<i>skye dngos gter sogs smanrdzas-I</i>	Materia Medica (Paper-I)
	Name	College Name	
1	Dr. Tsering Norbu (Subject Co-ordinator)	Men-tsee-khang, Dharamsala, H.P.	
2	Dr. Tenzing Phelgyay	CTMI, Darjeeling, W.B.	
3	Dr. Tashi Stobgais	NISR, Ladakh.	
VI	SRUG-KY	<i>bod kyi skad yig</i>	Bhoti/Tibetan Language
	Name	College Name	
1	Dr. Lhakpa Tsering (Subject Co-ordinator)	CIHTS, Sarnath, U.P.	
2	Khenpo Karma Bhutia	NIT, Gangtok, Sikkim.	

3	Dr. Rabga Bhutia	CTMI, Darjeeling, W.B.	
VII	SRUG-KT	<i>bod kyi skar dpyad rtsis</i>	Medical Astrology
	Name	College Name	
1	Mrs. Sonam Palmo (Subject Co-ordinator)	Men-tsee-khang, Bengaluru.	
2	Mr. Tashi Tsering	CIHTS, Sarnath, U.P.	
3	Dr. Konchog Tsering	CIBS, Ladakh.	

Concept Mapping I and II

Sl.No.	Name	College Name
1.	Dr. Tenzin Yeshi	Men-tsee-khang, Bengaluru.
2.	Dr. Tashi Dawa	CIHTS, Sarnath, U.P.
3.	Dr. Thinles Yangjor	CIBS, Ladakh

QR Code

grub pa lus (Human Anatomy and Physiology) Paper -1 and Paper – 2



gso dpyad rtsis rig (Sowa-Rigpa Medical Astrology)



**gso rig lo rgyus dang gzhi rtsa'i lta grub (History and Fundamental Principles of Sowa-Rigpa),
Paper -1 and Paper – 2**



nad brtag thabs-I (Sowa-Rigpa Pathology Part-I)



skad yig (Bhoti)



sman rdzas-I (Materia Medica Part-I)



tha mal nad med (Principles and Disciplines of Disease Prevention, Public Health and Sowa-Rigpa
Yogic Science)



rtsa rgyud yang na bshad rgyud sdong 'grems (Concept Mapping- I)



rtsa rgyud yang na bshad rgyud sdong 'grems (Concept Mapping- II)

