

SI No	Name of the Course	Intake	SI No	Name of the Course	Intake
CONTINUATION MD/MS AYURVEDA COURSES					
1	Dravyaguna	05 (Five) seats	6	Kriya shareera	04 (Four) seats
2	Rasashastra & Bhaishajya Kalpana	05 (Five) seats	7	Shalakyatantra	04 (Four) seats
3	Panchakarma	05 (Five) seats	8	Kaumarabhritya	04 (Four) seats
4	Swasthavritha	05 (Five) seats	9	Prasooti Tantra & Streeroga	04 (Four) seats
5	Shalyatantra	05 (Five) seats			

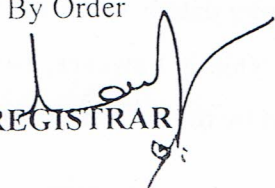
By Order
Sd/-
REGISTRAR

To,

The Principal,
Shri Jagadguru Gavisiddeshwara Ayurvedic Medical College,
Gavimath Campus,
Koppal – 583 231.

Copy to:

1. The Principal Secretary to the Government of Karnataka, Department of Health & Family Welfare, (Medical Education), Vikas Soudha, Dr. B.R. Ambedkar Road, Bangalore-560 001.
2. The Director of Indian System of Medicine and Homoeopathy, Dhanvantry Road, Bangalore – 560 009.
3. The Secretary, Central Council of Indian Medicine, No.61-65, Opp'D' Block, Institutional Area, Janakpuri, New Delhi-110 058.
4. The Secretary to the Government of India, Ministry of Health & Family Welfare, Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha & Homoeopathy (AYUSH), "AYUSH BHAWAN", B-Block, GPO Complex, INA, New Delhi -- 110 023.
5. The Registrar (Eva)/ Director, CDC / Deputy Registrar – Syndicate / Admission / Office Copy / Guard File.

By Order

REGISTRAR