

Resume for Ayurveda Graduate

Name: [Your Full Name]

Contact Information:

- **Phone:** [Your Phone Number]
 - **Email:** [Your Email Address]
 - **Address:** [Your Address]
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Objective

To contribute to the field of Ayurveda by utilizing my knowledge and skills to provide holistic healthcare, promote wellness, and advance the ancient science of life.

Educational Qualifications

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- 1. Bachelor of Ayurvedic Medicine and Surgery (BAMS)**
 - **Institution:** [Your College Name]
 - **University:** [University Name]
 - **Year of Completion:** [Year]
 - **Percentage/CGPA:** [Score]
 - 2. Higher Secondary Education (Class 12)**
 - **Institution:** [Your School Name]
 - **Board:** [Board Name]
 - **Year of Completion:** [Year]
 - **Percentage/Marks:** [Score]
 - 3. Secondary Education (Class 10)**
 - **Institution:** [Your School Name]
 - **Board:** [Board Name]
 - **Year of Completion:** [Year]
 - **Percentage/Marks:** [Score]
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Internship/Clinical Experience

1. Rotatory Internship

- Duration: [Duration]
- Responsibilities:
 - Conducted patient consultations and provided Ayurvedic treatments.
 - Assisted in Panchakarma therapies.
 - Managed patient records and follow-ups.

2. Practical Training in Panchakarma

- Institution: [Institution Name]
 - Key Learnings: [Brief Key Learnings]
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Key Skills

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- Proficient in diagnosing and treating diseases with Ayurvedic principles.
 - Expertise in Panchakarma therapies and Rasayana chikitsa.
 - Strong knowledge of Ayurvedic pharmacology (Dravya Guna Vijnana).
 - Proficient in preparation and administration of Ayurvedic medicines.
 - Basic knowledge of yoga and dietetics in Ayurvedic practice.
 - Effective communication and patient counseling skills.
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Research and Academic Achievements

1. Research Work:

- Topic: [Your Research Topic, if any]
- Institution: [Institution Name]

2. Seminars and Workshops Attended:

- [Seminar/Workshop Name] - [Year]
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Certifications

- Certificate in Panchakarma Therapy – [Institution Name, Year]
 - Certificate in Yoga Therapy – [Institution Name, Year]
 - Any other relevant certifications.
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Awards and Achievements

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- [Award Name] – [Description]
 - [Any Recognition or Honor]
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Professional Memberships

- Member, Central Council of Indian Medicine (CCIM) – [Membership ID, if any]
 - Member, [Any other relevant professional body]
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Languages Known

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- [Language 1]
 - [Language 2]
 - [Language 3]
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Personal Information

- Date of Birth: [Your Date of Birth]
- Nationality: [Your Nationality]
- Marital Status: [Your Marital Status]