

**MBBS PHASE – III Part-II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

**GENERAL MEDICINE
PAPER- I**

Q.P. Code: A018

Answers should be specific to the Questions asked.
Draw neat, labeled diagrams wherever necessary.
All questions are compulsory.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Classify heart failure. Discuss the clinical features and management of heart failure.	(2+3+5)
3. A 31-year-old female patient, married few months back, presented with acute onset of back pain, nausea, fever and increased frequency of micturition. What is the provisional diagnosis? Discuss clinical features and management of cystitis.	(2+4+4)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. A 30 year old female presents with complaints of easy bruising, bleeding gums, weakness and loss of appetite. Enumerate the various clinical features and management of vitamin C deficiency.	
5. Describe the role of various genetic and epigenetic factors in determining the obesity.	
6. A 45 year old male diabetic patient presented to casualty with complaints of high grade fever, productive cough with gross hemoptysis. Write possible differential diagnosis. Differentiate exudative and transudative pleural effusion.	(2+3)
7. A 30 year old woman presents with chronic diarrhea, weight loss and bloating. She has history of iron deficiency anaemia. Stool analysis shows excess fat content and small bowel biopsy confirms villous atrophy. What is the most likely diagnosis? Outline the management for the same.	
8. A 40-year-old male known case of decompensated chronic liver presents to casualty with history of hematemesis, melena and severe hypotension. His Hb-4.5 gm/dl, platelet -80000 cu.mm. Total Bilirubin-6.3, ALT-250, AST-110. Plan the management for this patient.	
9. Discuss the complications of acute coronary syndrome.	
10. Describe acute and chronic complications of uncontrolled diabetes mellitus.	
11. Discuss the complications in Organophosphorous compound poisoning.	

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12. Discuss clinical features and management of osteoporosis. (2+3)

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. List the HIV associated diseases in patients with CD4 counts less than 100 cells/ μ L.
14. List the clinical features of Sickle cell crisis.
15. List **five** clinical features of Multiple Myeloma.
16. Write common causes for upper GI bleed.
17. Describe the role of physician in counseling a patient of Chronic Kidney Disease planning for long term hemodialysis.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : General Medicine Paper I, QP Code: A018	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Which of the following stages of Hodgkin's Lymphoma involves Lymph node regions on both the sides of the diaphragm?
(A) Stage 1 (B) Stage 2
(C) Stage 3 (D) Stage 4
2. A 30 year old male with daily intake of alcohol of more than 80 gram per day. Which of the following scoring system is **commonly** used to assess the severity of alcoholic hepatitis?
(A) MELD score (B) Child-Pugh score
(C) Ranson criteria (D) APACHE II score
3. A 40-year-old male patient presents with hepatitis B positive with HbsAg level of 500mg/dl and HBV DNA positive. In which stage of Hepatitis B infection does HBsAg typically disappear?
(A) Acute phase (B) Chronic phase
(C) Recovery phase (D) Latent phase
4. The conversion of heme to bilirubin occurs primarily in which organ
(A) Liver (B) Spleen
(C) Kidney (D) Intestine
5. What is the most **common** thyroid autoantibody in Graves' disease?
(A) Anti-thyroglobulin (B) Anti-peroxidase
(C) TSH receptor antibody (D) Thyroglobulin
6. Which complication is **common** in patients with diabetes and is related to microvascular damage?
(A) Coronary artery disease (B) Diabetic retinopathy
(C) Peripheral artery disease (D) Hypertension
7. A 70-year-old woman presents with symptoms of depression. What is the **most** appropriate treatment?
(A) Fluoxetine (B) Olanzapine
(C) Electroconvulsive therapy (D) Counseling only
8. Plummer-Vinson syndrome is **NOT** associated with
(A) Angular stomatitis (B) Dysphagia
(C) Clubbing (D) Post-cricoid web
9. An 80-year-old man presents with several months of epigastric pain, weight loss, fatigue and dyspnea. His complete blood count (CBC) reveals a hematocrit of 24% and a mean cell volume (MCV) of 75 fL. What malignancy is **most** likely responsible for his symptoms?
(A) Myelodysplastic syndrome (B) Gastric cancer
(C) Colon cancer (D) Mucosa-associated lymphoid tissue (MALT) lymphoma
10. Which of the following test is used for confirmation of diagnosis of HIV?
(A) ELISA (B) Western blot
(C) Rapid HIV test (D) All of the above

11. A 28-year-old man with a history of alcoholism presents with confusion, ataxia and Nystagmus. He also exhibits signs of peripheral neuropathy. What is the **most** likely vitamin deficiency?
(A) Vitamin B1 (B) Vitamin B6
(C) Vitamin B12 (D) Vitamin E
12. Which class of drugs is **commonly** used for long-term pharmacological management of obesity?
(A) Orlistat (B) Beta-blockers
(C) Statins (D) Steroids
13. Which of the following is a responsibility of physicians in community health?
(A) Identifying and addressing health disparities (B) Providing medical services
(C) Conducting research studies (D) Developing health policies
14. Which of the following is a limitation of Botulinum antitoxin in the treatment of Botulism?
(A) It can only be administered orally (B) It is ineffective in neutralizing the Botulinum toxin
(C) It cannot reverse existing nerve damage (D) It causes severe side effects in most patients
15. What is the **most** appropriate initial antibiotic therapy for mild to moderate leptospirosis?
(A) Penicillin G (B) Doxycycline
(C) Azithromycin (D) Ciprofloxacin
16. What is the recommended initial management for corrosive poisoning?
(A) Immediate endoscopy (B) Dilution with water
(C) Neutralization with acid/base (D) Supportive care and observation
17. Which of the following is the most **common** cause of dilated cardiomyopathy in developed countries?
(A) Alcohol abuse (B) Viral myocarditis
(C) Ischemic heart disease (D) Genetic mutations
18. Which of the following is the most **common** cause of aortic stenosis in the elderly population?
(A) Bicuspid aortic valve (B) Rheumatic fever
(C) Calcific degeneration (D) Infective endocarditis
19. What is the role of endothelial dysfunction in the development of atherosclerosis?
(A) Promotes vasodilation (B) Enhances platelet aggregation
(C) Facilitates lipid accumulation and inflammation (D) Prevents smooth muscle proliferation
20. Which of the following is a typical symptom of Rabies in the acute stage?
(A) Severe headache (B) Persistent cough
(C) Hydrophobia (D) Joint pain

MBBS PHASE–III Part-II (CBME)

DEGREE EXAMINATION – APRIL 2026

Time: 3 Hours

Max. Marks: 100

**GENERAL MEDICINE
PAPER – II**

- Answers should be specific to the Questions asked.
- Draw neat, labeled diagrams wherever necessary.
- All the questions are compulsory.
- Use separate answer books for Section A and Section B

SECTION A [50 Marks]

Q.P. CODE: A019

Question Number	Marks
1. M.C.Q.	10 X 1 = 10
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. Define vasculitis. Classify vasculitis. Write a note on clinical features of p ANCA and c ANCA vasculitis.	(2+2+6)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. Describe clinical features of Pleurisy.	
4. A 40-year-old female presents with severe backache. Imaging shows Bamboo Spine appearance. Describe the condition and treatment of the above case.	(3+2)
5. A 40 year old male presents to the Emergency department with sudden onset inability to move the right upper limb and lower limb. Describe the approach and management of the said case.	(2+3)
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. Discuss the management of CVA.	
7. Enumerate four DMARDs and mention mechanism of action of any two .	
8. Enumerate three complications of Acute Kidney Injury.	
9. What are the main approaches of rehabilitation following an ischemic stroke?	
10. Describe the role of physician in counseling a patient of Cerebellar stroke.	

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SECTION B : [50 Marks]

Q.P. CODE: A019

Question Number	Marks
1. M.C.Q.	10 X 1 = 10
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. A 55 year old male, known case of COPD and on inhalers since 3 years presented with increased breathlessness and increased frequency of cough and yellowish expectoration since 1 week. On examination patient was found to be tachypneic, oxygen saturation of 86% on room air. Discuss the probable causes of increased symptoms, investigations, management and expected complications of above patient.	(2+2+4+2)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. Define hallucinations. Discuss different types of hallucination.	
4. A 26-year-old married lady presents with history of loss of speech, staring look and maintaining fixed posture with poor oral intake. Her EEG and neuroimaging appears to be normal and she is not on any medications. Name the possible condition in this patient. Discuss about the classical clinical signs that can be elicited in such condition.	
5. A 25-year-old female comes with deeply erythematous plaques which occur at same site each time she takes tablet Ciprofloxacin. Discuss the clinical features and management of above case.	(3+2)
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. Discuss the management of Steven Johnson Syndrome- Toxic Epidermal Necrolysis (SJS-TEN) complex.	
7. List common alcohol withdrawal symptoms.	
8. List the causes of localized cutaneous erythema.	
9. Define stress and enlist common physical & psychological consequences of stress.	
10. List the causes of generalized cutaneous erythema.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME	April 2026	Max. Marks: 10 Marks
Subject : General Medicine Paper-II Section A	QP Code: A019	Time: 15 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Which of the following is a **common** complication of Seronegative (ACPA and rheumatoid factor negative) rheumatoid arthritis?
(A) Felty's syndrome (B) Osteoporosis
(C) Rheumatoid nodules (D) Uveitis
2. An 18 year old man presented with anuria, edema and breathlessness. Which of the following is the criteria used to classify Acute Kidney Injury?
(A) SAP (B) KDIGO
(C) NEWS (D) SOFA
3. Which of following is a sign of hypocalcemia?
(A) Anorexia (B) Impaired cognition
(C) Polyuria (D) Tetany
4. All the below are indications for IV rtPA for acute ischemic stroke **EXCEPT**
(A) Clinical diagnosis of stroke (B) Edema of > 1/3 rd of MCA territory
(C) Onset of symptoms less than 4.5 hours (D) Recent myocardial infarction
5. Treatment of tuberculous meningitis in a newly diagnosed case of HIV include/includes
(A) Anti-retroviral therapy alone (ART) (B) Anti-tubercular therapy alone (ATT)
(C) ART & ATT together (D) ATT & dexamethasone followed by ART 2-8 weeks later
6. Gold standard investigation for tuberculous meningitis is
(A) CSF analysis (B) MRI brain and spine
(C) Culture (D) CBNAAT
7. Most **common** cause of hyperparathyroidism is
(A) Parathyroid adenoma (B) Chronic kidney disease
(C) Hypothyroidism (D) MEN syndrome
8. Fluid of choice in acute gastroenteritis is
(A) 0.45% Sodium chloride (B) 3% Sodium chloride
(C) 0.9% Sodium chloride (D) 10% Dextrose
9. A 55-year-old diabetic male presents with muscle weakness and palpitations. His ECG shows peaked T waves. Laboratory results reveal potassium of 6.8 mEq/L. What is the next **best** step in management?
(A) Oral potassium supplements (B) Calcium gluconate administration
(C) Furosemide administration (D) Sodium bicarbonate infusion
10. A 65-year-old patient with chronic obstructive pulmonary disease (COPD) presents with worsening dyspnea. Arterial blood gas shows pH of 7.29, pCO₂ 60 mmHg, and HCO₃⁻ 28 mEq/L. What is the **most** likely diagnosis?
(A) Metabolic acidosis with respiratory compensation (B) Respiratory acidosis
(C) Metabolic alkalosis (D) Mixed acidosis

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, April 2026	Max. Marks: 10 Marks
Subject : General Medicine Paper-II Section B	Time: 15 Minutes
QP Code: A019	

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

11. Deep irregular coarse pitting over nails is seen in
(A) Psoriasis (B) Lichen planus
(C) Arsenic poisoning (D) Leprosy
12. All of the following are the features of alcohol dependence syndrome **EXCEPT**
(A) Craving (B) Withdrawal symptoms
(C) Tolerance (D) Financial loss
13. A 35-year-old male patient is brought with the complaints of confusion, saying he is at his work place even though he was at home, not identifying his family members and irrelevant talks fluctuating in nature. Patient's attender also reports that he used to drink alcohol daily 2-3 quarters per day and since 3 days he was abstinent. What is the probable diagnosis?
(A) Schizophrenia (B) Delirium Tremens
(C) Dementia (D) Dissociative disorder
14. A 55 year old male, with uncontrolled diabetes mellitus and hypertension, developed severe air-borne contact dermatitis. The **most** appropriate drug for his treatment would be
(A) Oral corticosteroids (B) Thalidomide
(C) Azathioprine (D) Cyclosporine
15. Which of the following is **NOT** associated with higher risk of completed suicide
(A) Previous attempted suicide (B) Family history of suicide
(C) Female gender (D) Substance abuse
16. A motivational disorder is usually caused by
(A) Alcohol (B) Cannabis
(C) LSD (D) Nicotine
17. Tinea Versicolor is caused by
(A) Epidermophyton floccosum (B) Malassezia furfur
(C) Trichophyton rubrum (D) Trichophyton schoenleinii
18. The symptom of inability to enjoy previously pleasurable activity is known as
(A) Anhedonia (B) Avolition
(C) Apathy (D) Amotivation
19. Oedipus complex was described by
(A) Socrates (B) Freud
(C) Erikson (D) Skinner
20. Subepidermal bulla are seen in
(A) Bullous pemphigoid (B) Varicella zoster
(C) Pemphigus vulgaris (D) Incontinentia pigmenti

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

**GENERAL SURGERY
PAPER – I**

Q.P. Code: A021

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

Question Number

Marks

1. M.C.Q.

20 X 1 = 20

LONG ESSAY QUESTIONS:

2 X 10 = 20

2. A 30 year old male patient gives history of severe abdominal pain following ingestion of oral analgesics. On examination, patient has tachycardia, tachypnoea and in hypotension. What is the most likely diagnosis? Describe how to manage this patient. (3+7)
3. What are the types of lung cancer? Describe the investigations and treatment for the same. (2+3+5)

SHORT ESSAY QUESTIONS:

9 X 5 = 45

4. A 40 year old male patient came with complaints of severe pain in epigastrium, tachycardia and hypotension. On evaluation, patient was diagnosed as a case of Severe Acute Pancreatitis. Describe the various complications of pancreatitis its management. (2+3)
5. Describe the investigations and treatment of a 32-year-old female patient with T2N1M1 infiltrating duct carcinoma of the left breast. (2+3)
6. Discuss the causes of unilateral hydronephrosis.
7. Discuss the aetiology and clinical features of acute parotitis.
8. A 38 year old woman presents with abdominal pain, vomiting and distension of abdomen. Discuss the management of intestinal obstruction.
9. Describe Glasgow coma scale.
10. Enumerate the indications and discuss the principles of Laparoscopic cholecystectomy.
11. Describe the surgical anatomy of the thyroid.
12. A 45-year-old patient comes with enlarged lower limb since 2 years with no respite even after conservative management. Define lymphedema. Enumerate the symptoms of lymphedema. Add a brief note on its management. (1+2+2)

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. Enlist the pre-malignant lesions of oral cancer.
14. List the various operations for management of hydrocele.
15. What are the common types of aneurysms?
16. Discuss the clinical features of tetanus.
17. How to counsel a patient and her relative where in the patient is suffering from carcinoma of breast?

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : General Surgery Paper-I, QP Code: A021	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Epigastric Hernia **commonly** contains only
 (A) Extra peritoneal fat (B) Omentum
 (C) Peritoneum (D) Bowel
2. The classical sign of abdominal wound disruption post operatively is
 (A) Tenderness (B) Redness
 (C) Sero-sanguineous discharge (D) Pus discharge
3. Which of the following gas is used to create pneumoperitoneum?
 (A) Methane (B) Carbon dioxide
 (C) Helium (D) Oxygen
4. A 55-year-old patient presents with a red patch on the ventral aspect of his tongue. He is a chronic smoker. You make a provisional diagnosis of erythroplakia. You plan to carry out an incisional biopsy of the lesion. Which one of the following findings on histopathology is **most** likely to dictate the future course of treatment for this patient?
 (A) Degree of acanthosis (B) Degree of vascularity
 (C) Presence of inflammatory cells (D) Severity of dysplasia
5. Absorption of bile salt and vitamin B₁₂ occurs in
 (A) Jejunum (B) Terminal ileum
 (C) Duodenum (D) Ascending colon
6. Right hemicolectomy is the treatment for carcinoma of
 (A) Ascending colon (B) Descending colon
 (C) Sigmoid colon (D) Transverse colon
7. Rule of 2 is **commonly** applied in case of
 (A) Bladder diverticulum (B) Sigmoid diverticulum
 (C) Meckel's diverticulum (D) Duodenal diverticulum
8. Domia's Basket is used in
 (A) Collecting urine sample (B) Collecting stool sample
 (C) Removing ureteric calculi (D) Removing gall bladder calculi
9. Which of the following drug is a goitrogen?
 (A) Aspirin (B) Amoxicillin
 (C) Para amino salicylic acid (D) Caffeine
10. **Commonest** salivary gland to develop stones is
 (A) Parotid gland (B) Submandibular gland
 (C) Minor salivary glands (D) Sublingual gland

11. A 60-year-old chronic smoker presented with progressive jaundice, pruritus and clay coloured stools for 2 months. History of waxing and waning of jaundice was present. A CT scan revealed dilated main pancreatic duct and common bile duct. What is the likely diagnosis?
 (A) Carcinoma head of pancreas (B) Periampullary carcinoma
 (C) Chronic pancreatitis (D) Hilar cholangiocarcinoma
12. A 45 year old chronic alcoholic patient diagnosed as Necrotizing Pancreatitis with flank ecchymosis is known as
 (A) Cullen's sign (B) Grey Turner's sign
 (C) Balance sign (D) Rovsing sign
13. Head end of the operating table is tilted down in
 (A) Reverse Trendelenburg position (B) Trendelenburg position
 (C) Lloyd Davis position (D) Fowler's position
14. Cricothyroidotomy
 (A) Should not be performed in children younger than 12 years
 (B) Should only be performed in patients who are not good candidates for a tracheostomy
 (C) Requires the use of an endotracheal tube smaller than 4 mm in diameter
 (D) Is preferable to the use of percutaneous trans-tracheal ventilation
15. The cutting body surgical needle is **commonly** used in surgery for
 (A) Suturing delicate tissues (B) Closing subcutaneous layers
 (C) Tying knots securely (D) Penetrating tough tissues
16. A CT scan of a 23 year old drug abuser showed presence of pseudoaneurysm. Which of the following is/are should include in the treatment modalities?
 (A) Ligation of involved vessel and wide surgical debridement
 (B) Exposure and ligation with subsequent revascularization
 (C) Direct interposition graft with synthetic material in groin for revascularization
 (D) Direct interposition graft with autogenous graft
17. What are the key components of the student narrative learning method?
 (A) Data collection and analysis (B) Reflection, communication and opinion formation
 (C) Observation and conclusion sharing (D) Experience building and conclusion derivation
18. How many sphincters make up the sphincter of Oddi complex?
 (A) 3 (B) 4
 (C) 5 (D) 6
19. Which of the hormones will cause lobular development of breast tissue?
 (A) Oestrogen (B) Progesterone
 (C) Both oestrogen and progesterone (D) Prolactin
20. A 45 year old female presents with a breast lump of 7 X 3 cm in upper outer quadrant of the right breast. On examination the breast lump appeared to be fixed to the pectoralis muscle. What is the **most** likely T stage staging of this tumour.
 (A) T4b (B) T3
 (C) T4a (D) T4c

**MBBS PHASE–III Part-II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

**GENERAL SURGERY
PAPER – II**

- Answers should be specific to the Questions asked.
- Draw neat, labeled diagrams wherever necessary.
- All the questions are compulsory.
- Use separate answer books for Section A and Section B

SECTION A : GENERAL SURGERY [70 Marks]

Q.P. CODE: A022 Section A

Question Number	Marks
1. M.C.Q.	16 X 1 = 16
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. A 10 year old child with Thalassemia complains of sudden onset breathlessness during blood transfusion. a) Describe the complications of blood transfusion. b) Describe in brief about the management of coagulopathy. c) Write a short note on blood substitutes.	(4+3+3)
SHORT ESSAY QUESTIONS:	7 X 5 = 35
3. A 28-year-old male is brought to the emergency department after a motorcycle accident. He has significant external bleeding from a laceration on his right thigh and appears anxious and confused. His vital signs are as follows; Heart rate: 130 bpm Blood pressure: 85/50 mmHg. a) Identify type of shock. b) Describe the management of the above condition.	(2+3)
4. A 50-year-old male is operated for exploratory laparotomy for intestinal obstruction. Classify the operative wounds and describe the role of prophylactic antibiotics for the same.	
5. Describe in brief the advancements in control of infection during surgery. Describe the factors for increased risk of surgical infections.	(2+3)
6. Enumerate the seven stage of clinical audit cycle.	
7. Describe the advantages and disadvantages of Ultrasonography.	
8. Write a short note on small bowel syndrome.	
9. Describe the techniques for maintaining airway. Enumerate complications of intubation.	
SHORT ANSWER QUESTIONS:	3 X 3 = 9
10. Define medical negligence.	
11. Discuss the various radiological features of pneumothorax.	
12. Enumerate commonly used local anaesthetic drugs.	

SECTION B : ORTHOPAEDICS [30 Marks]

Q.P. CODE: A022 Section B

Question Number	Marks
1. M.C.Q.	4 X 1 = 4
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. Discuss the clinical features, complications and management of Tuberculosis of spine in an adult patient.	(3+2+5)
SHORT ESSAY QUESTIONS:	2 X 5 = 10
3. A 50 year old male diabetic comes to orthopedic OPD with complains of pain in right shoulder and difficulty in overhead abduction since 2 months. On examination of right shoulder - Abduction, external rotation are markedly restricted due to pain. a) What is the probable diagnosis? b) Discuss the stages and pathology of the same.	(2+3)
4. A 4 year old is brought to orthopaedics OPD. Child is irritable, cries on movement of right elbow, mother gives history of lifting the child by holding the hands. What is the probable diagnosis? Add a note on its management.	(2+3)
SHORT ANSWER QUESTIONS:	2 X 3 = 6
5. Mention three hand deformities of Rheumatiod arthritis.	
6. Describe the ponsetii manouveurs for correction of Congenital Talipes Equino Varus (CTEV).	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME April 2026	Max. Marks: 16 Marks
Subject : General Surgery Paper-II Section A QP Code: A022	Time: 20 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. A 35-year-old man sustained a spinal cord injury as a result of a road traffic accident. On examination, his blood pressure is found to be 90/60 mmHg. All of the following findings can be seen in the patient **EXCEPT**
(A) Tachycardia (B) Warm extremities
(C) Decreased venous return (D) Increased vascular capacitance
2. A 50-year-old male patient is diagnosed as having necrotizing fasciitis of the leg and foot. His total WBC counts are 24,000 cells/mm³ and Blood pressure is recorded as 80/50mmHg. What type of shock can this patient develop?
(A) Anaphylactic (B) Cardiogenic
(C) Hypovolemic (D) Septic
3. A 33-year-old male patient was transfused with 2 units of fresh frozen plasma following a road traffic accident. Within 2 hours of the transfusion, he became breathless and his oxygen saturation dropped to 88%. Chest X-ray showed batwing appearance. This condition occurs due to which of the following?
(A) Preformed cytokines (B) Infusion of contaminated blood
(C) Anti-HLA antibodies (D) Preformed IgM antibody to ABO antigen
4. Which **one** of the following feeding formulae is used in burns patients?
(A) Parkland formula (B) Sutherland formula
(C) Gartner's formula (D) Henderson's equation
5. Prevention of wound infection is done by all **EXCEPT**
(A) Pre-operative shaving (B) Pre-operative antibiotic
(C) Mono filament suture (D) Wound apposition
6. Which of the following cells are **NOT** involved in healing of clean wound?
(A) Macrophages (B) Platelet
(C) Fibroblast (D) Polymorphonuclear leukocytes
7. Which of the following is **NOT** a right of doctor?
(A) Right to choose patient (B) Right to possess and supply dangerous drug
(C) Right to add title descriptions (D) Right to advertisement
8. All are ionizing radiations **EXCEPT**
(A) X rays (B) BETA Rays
(C) ALPHA Rays (D) MRI
9. Milroy's disease is
(A) Oedema due to filariasis (B) Post cellulitis lymphedema
(C) Lymphedema due to surgery (D) Congenital lymphedema
10. Yellow plastic bags containing biomedical wastes are treated by
(A) Autoclaving (B) Incineration
(C) Microwaving (D) Shredding

11. **Most** accurate radiologic modality for detection of gall bladder stones is
 (A) CT scan (B) X-rays
 (C) MRI (D) Ultrasound
12. Morgagni's hernias are situated more **commonly** in
 (A) Right anterior cardiophrenic angle (B) Left anterior cardiophrenic angle
 (C) Left costophrenic recess (D) Right costophrenic recess
13. Which of the following is an ideal choice for field anaesthesia?
 (A) Propofol (B) Etomidate
 (C) Ketamine (D) Thiopentone
14. Which of the following is a second generation supraglottic airway?
 (A) LMA (B) Proseal
 (C) ET tube (D) Both B and C
15. Which of the following statement is **CORRECT** regarding melanomas?
 (A) Melanomas develop from melanocytes (B) All melanomas arise in the skin
 (C) Melanomas originate from mesoderm (D) Melanomas are situated in the dermis
16. In bleeding duodenal ulcer, the source of bleeding is
 (A) Gastroduodenal artery (B) Right gastroepiploic artery
 (C) Common hepatic artery (D) Middle colic artery

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME April 2026	Max. Marks: 4 Marks
Subject : General Surgery Paper-II	Time: 10 Minutes
Section B : Orthopaedics QP Code: A022	

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

17. The earliest sign/symptom of compartment syndrome is
 (A) Pain on passive movement (B) Absence of pulse
 (C) Paralysis (D) Sensory disturbances
18. Graden's classification is used for
 (A) Tibia fracture (B) Fracture neck femur
 (C) Radius fracture (D) Intertrochanteric fracture
19. Phantom limb presents after how many days of amputation?
 (A) Immediately after the amputation (B) After one week
 (C) After one month (D) After one year
20. Housemaid's knee is an inflammation of
 (A) Anserine bursa (B) Suprapatellar bursa
 (C) Infrapatellar bursa (D) Prepatellar bursa

MBBS PHASE – III Part II
DEGREE EXAMINATION – APRIL 2026
(CBME)

Time: 3 Hours

Max. Marks: 100

OBSTETRICS & GYNECOLOGY
PAPER – II

Q.P. Code: A024

Answers should be specific to the Questions asked.
Draw neat, labeled diagrams wherever necessary.
All questions are compulsory.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Discuss the clinical features, diagnosis and management of carcinoma endometrium.	(3+3+4)
3. A 28 year old, nulliparous woman came to OPD with history of being sexually active with multiple partners. She mentions getting regular PAP smear tests with her last one showing Cervical Intraepithelial Neoplasia (CIN) 2. There is no history of smoking or associated STIs. a) What is CIN and how is it classified? b) What are the risk factors associated with developing CIN? c) What is the role of HPV in development of CIN? d) What are the recommended options for management of CIN 2?	(2+2+2+4)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. A 24 year old female presents to the clinic with complaints of thin, grayish-white, and often fishy smelling vaginal discharge, particularly after intercourse. She reports no itching or irritation. What is the likely diagnosis? Describe the criteria used to confirm this diagnosis? Mention the first line treatment in this condition.	(1+3+1)
5. Discuss evaluation and management of precocious puberty.	(2+3)
6. A 51 year old woman presents with hot flashes, night sweats and difficulty sleeping. She expresses concern that these symptoms are affecting her work performance and overall quality of life. a) What is the most likely diagnosis? b) Discuss the benefits and risks of hormone replacement therapy (HRT).	(1+4)
7. Discuss the evaluation of a case of primary amenorrhea.	
8. In a 30 year old P1 woman, a 3 rd degree uterine prolapse was noticed. Enumerate conservative surgeries for uterine prolapse. Discuss briefly principles of Fothergill repair.	(2+3)
9. Discuss natural methods of contraception.	

10. A 30-year-old woman presents with chronic pelvic pain for the past 9 months. The pain is worse during her periods and with deep penetration during intercourse. She also reports occasional low back pain and bloating. She has no significant medical history, no previous surgeries and her periods are regular but painful. She has tried NSAIDs for pain relief with limited success. Pelvic ultrasound is unremarkable. (2+3)
- a) What is the differential diagnosis for this patient's chronic pelvic pain?
- b) What additional investigations are performed in this case? Justify with reasons.
11. Write the indications, procedure and complications of Hysterosalpingography (HSG).
12. Discuss the diagnostic and therapeutic indications of hysteroscopy.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. A 22-year-old female presents with frothy, yellow-green vaginal discharge and itching. What is the most likely diagnosis? Add a note on different types of STI kits. (1+2)
14. Enumerate any **six** uterine anomalies.
15. Describe the legal implication of forgotten foreign body after a gynecological surgery.
16. Enlist clinical features of Klinefelter's syndrome.
17. Write indications and complications of diagnostic laparoscopy in gynecology.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : Obstetrics & Gynecology Paper-II, QP Code:A024	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. A 43-year-old woman is considering uterine artery embolization for her symptomatic fibroids. What is a **common** post-procedure complication to counsel her about?
(A) Uterine perforation (B) Fever and pelvic pain
(C) Heavy menstrual bleeding (D) Thromboembolic events
2. A 45-year-old woman diagnosed with adenomyosis is considering her treatment options. What is the definitive treatment for adenomyosis?
(A) Hysterectomy (B) Myomectomy
(C) Endometrial ablation (D) Uterine artery embolization
3. A 54-year-old woman is concerned about her recent weight gain and changes in her sexual function. She has been experiencing vaginal dryness and discomfort during intercourse. Which of the following is the **most** appropriate first-line treatment for her symptoms?
(A) Hormonal contraceptives (B) Vaginal moisturizers
(C) Estrogen replacement therapy (D) Antidepressants
4. A 12-year-old girl comes to the clinic for a routine check-up. During the examination, the healthcare provider notes that she has begun to develop breast buds and has some pubic hair. Her menstrual cycles have not yet started. Based on the information provided, which Tanner stage is she **most** likely in?
(A) Tanner stage 1 (B) Tanner stage 2
(C) Tanner stage 3 (D) Tanner stage 4
5. A 25 year old woman undergoes a routine pap smear which shows Atypical Squamous Cells of Undetermined Significance (ASC-US), HPV testing is positive for high risk types. What is the **most** appropriate next step in the management of this case?
(A) Repeat pap smear in one year (B) Colposcopy with biopsy
(C) HPV Vaccination (D) Immediate excisional procedure
6. Clear cell adenocarcinoma of vagina is associated with exposure to
(A) Diethylstilboestrol (B) Tamoxifen
(C) Talc (D) Clomiphene
7. While giving brachytherapy in treatment of carcinoma cervix reference point B lies at
(A) 5 cm from the uterine axis laterally (B) 2 cm above and 2 cm lateral to external os
(C) 2 cm above and 3 cm lateral to os (D) 5 cm above and 2 cm lateral to os
8. Bowen's disease is carcinoma of
(A) Vulva (B) Cervix
(C) Ovary (D) Endometrium

9. Which among the following is non-hormonal drug to prevent postmenopausal osteoporosis?
 (A) Alendronate (B) Oestrogen
 (C) Taloxifen (D) Parathyroid
10. Asthenozoospermia is defined as
 (A) Abnormal morphology of sperms (B) No sperms in semen
 (C) Decreased motility of sperms (D) Dead sperms
11. Which of the following is the support of level 1 of DeLancey system?
 (A) Pelvic fascia (B) Perineal body
 (C) Pelvic diaphragm (D) Uterosacral and cardinal ligaments
12. Tumor marker for endodermal sinus tumour is
 (A) HCG (B) CEA
 (C) CA-125 (D) AFP
13. Most **commonly** used method for female sterilization in India is
 (A) Uchida (B) Pomeroy
 (C) Irving (D) Madlener
14. RU 486 is
 (A) Anti-progesterone (B) Anti-estrogen
 (C) Anti-androgen (D) Anti-gonadotropin
15. A 30 year old P3L3 with chronic hypertension wants Copper T insertion. On examination: Per/Abdomen- soft, mild tenderness in lower abdomen is observed. Per Speculum- copious purulent discharge present. Per Vaginum- uterus normal size. Bilateral fornices tender. Cervical motion tenderness present. Identify the contraindication for Cu-T insertion in the above patient.
 (A) Multipara (B) Age 30
 (C) Pelvic inflammatory disease (D) Hypertension
16. All are plant alkaloids in chemotherapy **EXCEPT**
 (A) Bleomycin (B) Taxol
 (C) Vincristine (D) Etoposide
17. The normal endometrial thickness in a post-menopausal women is
 (A) 50 mm (B) 40 mm
 (C) 20 mm (D) 5 mm
18. The magnification of Colposcope is
 (A) 100 X (B) 50 X
 (C) 200 X (D) 10-20 X
19. The following are the complications of hysteroscopy **EXCEPT**
 (A) Hemorrhage (B) Perforation
 (C) Electrolyte disturbance (D) Prolapse
20. The most **common** indication for fractional curettage is
 (A) Endometrial carcinoma (B) Ovarian carcinoma
 (C) Adenomyosis (D) Fibroid

MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 2026

Time: 3 Hours

Max. Marks: 100

OBSTETRICS & GYNECOLOGY
PAPER – I

Q.P. Code: A023

Answers should be specific to the Questions asked.
Draw neat, labeled diagrams wherever necessary.
All questions are compulsory.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Define eclampsia. What are the complications of eclampsia? Outline the management of eclampsia at 34 weeks of gestation. Add a note on screening for PIH.	(1+3+4+2)
3. A primigravida presented to the antenatal clinic at eight weeks of gestation with vaginal bleeding and passage of vesicles. Enumerate the most common causes of bleeding in first trimester. Discuss the diagnosis and management of this patient including follow up.	(2+3+5)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. Discuss selection criteria for cases for Vaginal Birth After Prior Caesarean birth (VBAC). Add a note on complications of VBAC.	(3+2)
5. P1L1 full term vaginal delivery came to hospital on postnatal day 8 with complaints of foul-smelling discharge and pain abdomen. On examination she is febrile, BP-100/50, PR-120 bpm. a) What is the diagnosis? b) Enumerate the causes. c) Describe the management.	(1+2+2)
6. A Primigravida 35 year old at 32 weeks of gestation presents to the labor room with complaints of bleeding per vaginum. On examination her PR 80/ min BP 130/80 mm of Hg, obstetric examination showed that she has 32 weeks pregnancy with cephalic presentation with head mobile. Uterus is non-tender. FHR is 142bpm a) What is the most probable diagnosis? b) What is the first line of investigation to confirm the diagnosis? c) Discuss the monitoring and management of this patient.	(1+1+3)
7. Discuss the Physiology of lactation.	
8. A 24-year-old woman, G2P1, at 28 weeks of gestation, visits the antenatal clinic with complaints of fatigue, dizziness and shortness of breath on exertion for the past 2 weeks. She also reports palpitations and generalized weakness. On examination: She appears pale, Pulse: 90/min, Blood Pressure: 100/60 mmHg, Respiratory rate: 17/min, Pallor present in conjunctiva and nail beds. Laboratory investigations reveal: Hemoglobin: 8.2 g/dL, MCV: 72 fL, Serum ferritin: Low, Peripheral smear: Microcytic hypochromic RBCs a) What is the most likely diagnosis in this patient? b) How is anemia classified in pregnancy based on hemoglobin levels? c) Outline the management plan for this patient.	(1+2+2)

9. Discuss in brief about antepartum fetal surveillance.
10. A 24-year-old primigravida at 32 weeks gestation comes for routine antenatal check-up. On examination, the symphysis-fundal height is 27 cm, which is smaller than expected for this gestational age. Fetal movements are present. (1+2+2)
a) What is the probable diagnosis?
b) What investigations need to be performed to confirm the diagnosis?
c) Which ultrasound parameters are important for confirmation of diagnosis?
11. Define Zygoty and Chronicity. Discuss in brief the etiology of twin pregnancy. Add a note on management of Monochorionic monoamniotic twin pregnancy at 32 week of gestation. (1+2+2)
12. Define Perinatal Mortality. Enumerate the leading causes of perinatal mortality. Discuss the measures taken to reduce perinatal mortality rate. (1+2+2)

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. Enumerate the schedule of antenatal visits in pregnancy.
14. Enumerate the components of active management of 3rd stage of labour.
15. Define Pearl Index. How is it calculated? (1+2)
16. Mention the indication, **two** contraindications and **two** complications of External Cephalic Version.
17. A 16-year-old girl requests termination of pregnancy and asks that her parents not be informed. What are the medicolegal aspects regarding her request?

MULTIPLE CHOICE QUESTIONS

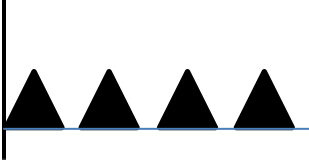
Course : MBBS Phase-III Part II, CBME April 2026
Subject : Obstetrics & Gynecology Paper-I,
QP Code: A023

Max. Marks : 20 Marks
Time : 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. A woman develops fecal incontinence after a difficult vaginal delivery. The **most** likely injured structure is
 (A) Iliococcygeus (B) Coccygeus
 (C) External anal sphincter (D) Obturator internus
2. Engagement of the fetal head occurs when the biparietal diameter passes through
 (A) Pelvic outlet (B) Pelvic inlet
 (C) Midplane (D) Sacral hollow
3. A 28-year-old multiparous woman develops severe atonic postpartum hemorrhage unresponsive to medical management. The obstetrician decides to ligate the anterior division of the internal iliac artery. What is the primary mechanism by which this procedure controls bleeding?
 (A) Complete cessation of uterine blood flow (B) Reduction of venous return
 (C) Decrease in arterial pulse pressure (D) Vasospasm of ovarian vessel converting flow to low-pressure system
4. A 26-year-old woman presents with acute lower abdominal pain, amenorrhea and signs of shock. Ultrasound shows ruptured ectopic pregnancy in the ampulla of the uterine tube. Blood is **most** likely to accumulate initially in which space?
 (A) Vesicouterine pouch (B) Broad ligament
 (C) Rectouterine pouch (D) Uterovesical space
5. A 32-year-old woman develops heart failure symptoms 2 weeks postpartum. Echocardiography shows dilated LV with EF <35%. The diagnosis is
 (A) Rheumatic heart disease (B) Dilated cardiomyopathy
 (C) Peripartum cardiomyopathy (D) Myocarditis
6. A pregnant woman with chronic hypertension is taking Enalapril. Continued use in the second and third trimester can cause
 (A) Neural tube defect (B) Polyhydramnios
 (C) Fetal tachycardia (D) Oligohydramnios
7. Transvaginal ultrasound shows an empty uterine cavity with a gestational sac-like structure in the adnexa showing a hyperechoic ring (tubal ring sign). UPT is positive. Diagnosis of this condition is
 (A) Corpus luteum cyst (B) Ovarian torsion
 (C) Ectopic pregnancy (D) Hemorrhagic cyst
8. In TTTS, the donor twin typically presents with
 (A) Polyhydramnios (B) Oligohydramnios
 (C) Macrosomia (D) Hydrops
9. A 32-year-old woman in her second trimester of pregnancy visits her healthcare provider for a routine check-up. During the examination, her blood pressure is noted to be lower than her baseline measurements prior to pregnancy. She reports increased fatigue and occasional light-headedness, especially when standing up quickly. Which of the following physiological changes during pregnancy is **most** likely responsible for the woman's lower blood pressure?
 (A) Increased blood volume (B) Decreased vascular resistance
 (C) Elevated progesterone levels (D) Increased cardiac output

10. Clinical pelvimetry is done at which period of gestational age?
 (A) 34 weeks (B) 35 weeks
 (C) 36 weeks (D) 37 weeks
11. The records of prenatal diagnostic procedures as per PCPNDT Act must be preserved for at least
 (A) 1 year (B) 2 years
 (C) 5 years (D) 10 years
12. Identify the Umbilical artery Doppler waveform
- 
- (A) Normal (B) Increased resistance
 (C) Absent end diastolic flow (D) Reversal end diastolic flow
13. In G2P1L1 of 32 weeks pregnancy with preterm labour, dexamethasone is given to prevent
 (A) Respiratory Distress Syndrome (B) Neonatal convulsion
 (C) Neonatal jaundice (D) Cerebral palsy
14. A second degree consanguineous couple had a family history of thalassemia major and plans for pregnancy. What advise should be given to them?
 (A) Ignore family history (B) Prenatal ultrasound only
 (C) Carrier screening for both partners (D) Avoid pregnancy
15. In under SDG 3: Good Health and Well-being, the global target for maternal mortality ratio is
 (A) < 200 per 100,000 live births (B) < 150 per 100,000 live births
 (C) < 100 per 100,000 live births (D) < 70 per 100,000 live births
16. Chorionic Villus Sampling (CVS) is usually performed at
 (A) 6 – 8 weeks (B) 11 – 13 weeks
 (C) 14 – 16 weeks (D) 18 – 20 weeks
17. Which ultrasound parameter is **most** sensitive for detecting asymmetric FGR?
 (A) Head circumference (B) Femur length
 (C) Abdominal circumference (D) Biparietal diameter
18. Which of the following is **NOT** a common cause of placenta accreta?
 (A) Previous LSCS (B) Previous curettage
 (C) Previous myomectomy (D) Previous abruption placenta
19. Acute inversion of a uterus is a complication of which stage of labour
 (A) 1st stage (B) 2nd stage
 (C) 3rd stage (D) 4th stage
20. Noninvasive method of prenatal diagnosis is
 (A) Chorionic villous sampling (B) Amniocentesis
 (C) Cell free fetal DNA (D) Cordocentesis

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

OPHTHALMOLOGY

Q.P. Code: A025

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

- | Question Number | Marks |
|---|--------------------|
| 1. M.C.Q. | 20 X 1 = 20 |
| LONG ESSAY QUESTIONS: | 2 X 10 = 20 |
| 2. Define Myopia. Discuss the aetiology, types, clinical features and management of myopia. | (2+8) |
| 3. A 70 year old lady with no comorbidities presents with complains of painless progressive vision in both eyes.
a) Enumerate any four causes of painless progressive decrease in vision in elderly patient.
b) Describe clinical features and management of any one of the causes. | (4+3+3) |
| SHORT ESSAY QUESTIONS: | 9 X 5 = 45 |
| 4. A 20 year old presented with nodule at limbus of right eye. Mention the differential diagnosis. What is phlyctenular conjunctivitis? | (3+2) |
| 5. A 50 year old diabetic male, presented with complaints of photophobia, blurring of vision and lacrimation in left eye since 3 days. He also developed painful vesicular rash on his forehead 6 days back. Describe the clinical features of Herpes zoster keratitis. How to treat this condition? | (2+3) |
| 6. Discuss the ETDRS classification of diabetic retinopathy. | |
| 7. A 40 year old complains of outward turning of lower eyelid since one year. There is history of injury to right lower lid one year back. Classify Ectropion. Mention complications of Ectropion. | |
| 8. Classify Congenital Cataract and discuss its etiology. | (2+3) |
| 9. A 30 year old mother breastfeeding her infant presented with complaints of night blindness. On examination she had signs of vitamin A deficiency. How to treat the above condition? Advise on dietary sources of vitamin A. | (3+2) |
| 10. Discuss Anti-glaucoma agents. | |
| 11. A 60-year-old male diabetic came to OPD with complaints of severe pain, watering, redness and sudden dimension of vision in right eye since 3 days. Patient also gives history of injury to right eye with vegetative matter 10 days ago. Enumerate the differential diagnosis. Describe the signs of fungal corneal ulcer with a neat labeled diagram. | (2+3) |
| 12. Classify Scleritis. Describe the clinical features of anterior scleritis. | (2+3) |
| SHORT ANSWER QUESTIONS: | 5 X 3 = 15 |
| 13. Draw a neat labeled diagram of cross section of the upper eyelid. | |
| 14. Mention the types of nerve block in eye surgery. | |
| 15. How to counsel a patient if a badly injured eye is to be excised? | |
| 16. Define Pterygium. Draw neat label diagram of pterygium. | |
| 17. Mention any three cycloplegic drugs used in ophthalmology. | |

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : Ophthalmology, QP Code: A025	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. BSCAN of a patient with mature cataract revealed posterior staphyloma. The patient is suffering from
 (A) Hypermetropia (B) Pathological myopia
 (C) Aphakia (D) Astigmatism
2. Placido's disc test reveals distorted circles in
 (A) With the rule astigmatism (B) Against the rule astigmatism
 (C) Oblique astigmatism (D) Irregular astigmatism
3. Half shutting of eyes is seen in
 (A) Hypermetropia (B) Astigmatism
 (C) Myopia (D) Aphakia
4. Soft contact lenses **cannot** correct astigmatism of more than
 (A) 1 D (B) 2 D
 (C) 3 D (D) 4 D
5. Tear film break-up-time is the time
 (A) Between the last blink and the appearance of first dry spot on the cornea
 (B) Taken for appearance of dry spot between two blinks
 (C) Taken by successive blinks to break the tear film
 (D) Taken for disappearance of dry spot on the cornea
6. Stocker's line seen in pterygium is due to deposition of
 (A) Copper (B) Iron
 (C) Silver (D) Lead
7. Ulcus Serpens results from infection by
 (A) Gonococcus (B) Pseudomonas
 (C) Pneumococcus (D) Staphylococcus
8. Sclera is thinnest at
 (A) Posterior pole (B) Equator
 (C) Corneoscleral junction (D) Points of muscular attachment
9. Outermost part of trabecular meshwork is
 (A) Uveal meshwork (B) Corneoscleral meshwork
 (C) Scleral meshwork (D) Juxtacanalicular meshwork
10. Characteristic feature of diabetic cataract is
 (A) Snow flake opacity (B) Polychromatic lustre
 (C) Uniform opacity (D) Vossious ring
11. A 60-year-old male presented with Anisocoria. All of the following can be the cause of it **EXCEPT**
 (A) Absolute glaucoma (B) Horner's Syndrome
 (C) Retinal detachment (D) Immature cataract

12. Dalen-Fuch's nodules are seen in
 (A) Spring Catarrh (B) High Myopia
 (C) Retinitis Pigmentosa (D) Sympathetic Ophthalmitis
13. A 25-year-old male met with a motor vehicle accident and suffered facial injuries. Traumatic ptosis may follow due to damage to
 (A) Orbicularis oculi (B) Levator palpebrae superioris
 (C) Superior rectus (D) Inferior oblique
14. Hirschberg test is used to detect
 (A) Squint (B) Field defects
 (C) Glaucoma (D) Optic atrophy
15. A 60-year-old male was diagnosed with posterior capsular opacity. He had undergone cataract surgery in the same eye 7 years back. He was advised Capsulotomy. What type of laser is used for capsulotomy?
 (A) CO₂ (B) RUBY
 (C) Nd:YAG (D) Argon
16. A 9-month old infant with esotropia was brought to OPD. The cycloplegic of choice to perform retinoscopy is
 (A) Atropine (B) Tropicamide
 (C) Cyclopentolate (D) Homatropine
17. **False** regarding cystoid macular edema is
 (A) Fluorescence angiography is diagnostic (B) Visual prognosis is poor
 (C) May develop after cataract extraction (D) More common after intracapsular lens extraction
18. Sickle shaped scotoma seen in POAG is known as
 (A) Bjerrum's scotoma (B) Seidel's scotoma
 (C) Paracentral scotoma (D) Arcuate scotoma
19. One-month old baby, a known case of Congenital Rubella syndrome was referred for ophthalmic evaluation. Which of the ocular lesions may be present in the baby?
 (A) Total cataract (B) Aniridia
 (C) Ectopia lentis (D) Keratoglobus
20. A 54-year-old farmer, presented to OPD with complaints of painless fleshy mass in right eye since 1 year. **Most** probable diagnosis is
 (A) Conjunctival naevus (B) Pterygium
 (C) Phlyctenular keratoconjunctivitis (D) Corneal ulcer

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

PAEDIATRICS

Q.P. Code: A020

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

- | Question Number | Marks |
|--|--------------------|
| 1. M.C.Q. | 20 X 1 = 20 |
| LONG ESSAY QUESTIONS: | 2 X 10 = 20 |
| 2. A mother of a 1-year-old child complains that her child is not able to sit without support and speaks only monosyllables. Discuss the normal milestones of a 1-year-old child. What are the red flag signs in the developmental milestones of a 1-year-old child? Describe briefly Developmental Screening Tests. | (3+3+4) |
| 3. A primigravida mother comes with painful, engorged breasts. Enumerate the problems in breastfeeding and their management. Discuss advantages of breastfeeding. | (3+3+4) |
| SHORT ESSAY QUESTIONS: | 9 X 5 = 45 |
| 4. An 8 year old boy is diagnosed with terminal stage of malignancy. How to incorporate AETCOM principles in counseling the parents regarding impending death of the child? | |
| 5. Discuss National Health Program for Control of Blindness. | |
| 6. Discuss the etiopathogenesis and clinical features of Community Acquired Pneumonia in children. | |
| 7. A 1-day-old neonate is born at 30 weeks of gestation with a birth weight of 1.2 kg. Describe the maturation of oral feeding skills and the choice of feeding skills in preterm and low birth weight babies. | |
| 8. Discuss the clinical features and management of Vitamin D deficiency. | (2+3) |
| 9. Describe oxygen flow devices. Write a note on oxygen therapy in Pediatric Intensive Care Unit. | (3+2) |
| 10. A 7 year old boy presents with loose motions and decreased urine output. Define Acute Kidney Injury. Discuss the complications of Acute Kidney Injury. | |
| 11. An 8 year old boy was brought with history of unknown bite while walking in the fields. Describe Toxidrome and management of snake bite. | (3+2) |
| 12. Enlist the components of Tetralogy of Fallot. Discuss clinical features and its complications of the same. | (1+2+2) |
| SHORT ANSWER QUESTIONS: | 5 X 3 = 15 |
| 13. Enlist the types of Cardiomyopathies. Enumerate the drugs used in treatment of dilated cardiomyopathy. | (1+2) |
| 14. Define Shock and classify the various types of shock. | |
| 15. Define Kwashiorkor. Mention the triad of Kwashiorkor. | |
| 16. Enumerate six causes of persistent Diarrhoea in children. | |
| 17. Define and enlist the causes of Hypokalemia. | |

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : Paediatrics, QP Code: A020	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. A child presents with recurrent bouts of severe cough followed by an audible whoop. Which of the following is considered the **best** type of specimen to isolate organism and confirm diagnosis?
 (A) Nasopharyngeal swab (B) Buccal swab
 (C) Broncho alveolar lavage (D) Anterior nasal swab
2. A 9-month old child is admitted to emergency room with severe diarrhea and vomiting. Investigation showed serum Sodium of >150 mEq/L. What is the type of dehydration?
 (A) Hypotonic (B) Hypertonic
 (C) Isotonic (D) Monotonic
3. Which of the following circulatory changes occur at birth?
 (A) A rise in right atrial pressure (B) Flap closure of the foramen ovale
 (C) Flap closure of the ductus arteriosus (D) Pulmonary blood flow increases
4. A 10-year-old male child presented to the OPD with skin tightening, soft tissue contractures along with history of muscle pain and difficulty in swallowing. The child was evaluated for the same and Anti Scl70 antibody was positive. Name the condition the child is suffering from.
 (A) Sclerema (B) Juvenile Dermatomyositis
 (C) Systemic Lupus Erythematosus (SLE) (D) Scleroderma
5. Which of the following Hb estimation will be diagnostically helpful in beta (β) thalassemia trait?
 (A) Hb -F (B) Hb-1-C
 (C) Hb-A2 (D) Hb-H
6. Infants of diabetic mothers are at risk for the following conditions **EXCEPT**
 (A) Anemia (B) Macrosomia
 (C) Congenital heart disease (D) Fetal death
7. All of the following are examples of neural tube defects **EXCEPT**
 (A) Anencephaly (B) Encephalocele
 (C) Holoprosencephaly (D) Meningocele
8. Which of the following is **NOT** a feature of Cholinesterase poisoning?
 (A) Tachycardia (B) Bradycardia
 (C) Tachypnea (D) Wheeze
9. A 1 year old child presents with loose stools, lethargy and poor feeding. He/she is allotted to which of the following colour code for management according to Integrated Management of Neonatal and Childhood Illness (IMNCI).
 (A) Pink (B) Yellow
 (C) Green (D) Red
10. Following are the causes of tall stature **EXCEPT**
 (A) Marfan syndrome (B) Klinefelter syndrome
 (C) Precocious puberty (D) Noonan syndrome

11. Major initiatives under NRHM include all **EXCEPT**
(A) Selection of ASHA (B) Rashtriya Bala Swasthya Karykram
(C) Rogi Kalyana Samiti (D) Janani Shishu Suraksha Yojana
12. Most **common** cause of diarrhoea in children's is
(A) Rota virus (B) Shigella
(C) Salmonella (D) E. Coli
13. Which of the following age group is considered as stage of adolescence?
(A) 10-14 years (B) 10-15 years
(C) 10-17 years (D) 10-19 years
14. Recurrence risk of Down's syndrome in a woman aged 35 years or less who has a child with trisomy 21 is
(A) 0.01% (B) 0.10%
(C) 1% (D) 5%
15. Medication used to close Patent Ductus Arteriosus (PDA) in neonates
(A) Prostaglandin (B) Prostacyclin
(C) Ibuprofen (D) Sildenafil
16. A 6-year-old child presents with fever and maculopapular rash involving palms and soles on day 4 of illness. The **most** likely diagnosis is
(A) Measles (B) Chicken pox
(C) Dengue fever (D) Scrub typhus
17. What should be the frequency of complementary feeds in a breast fed baby aging 6-12 months?
(A) 3-4 times (B) 5-6 times
(C) 1-2 times (D) 7-8 times
18. Montelukast belongs to which class of drugs?
(A) Mast cell stabilizer (B) Short acting beta agonists
(C) Long acting beta agonists (D) Leukotrienes antagonist
19. The full number of nephrons in the kidney is present at around
(A) 32 weeks (B) 38 weeks
(C) 36 weeks (D) 40 weeks
20. Hypomagnesaemia is seen in
(A) Proximal tubular acidosis (B) Distal tubular acidosis
(C) Denys-Drash syndrome (D) Gitelman syndrome

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 2026**

Time: 3 Hours

Max. Marks: 100

OTORHINOLARYNGOLOGY

Q.P. Code: A026

Answers should be specific to the Questions asked.
Draw neat, labeled diagrams wherever necessary.
All questions are compulsory.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. A 60 year old male hypertensive patient presented to casualty with complaints of severe epistaxis since one day. Formulate the management protocol for the same.	
3. Define Deafness. Classify the degrees of hearing loss. Enumerate the causes of conductive hearing loss. Discuss the management of the same.	(1+2+3+4)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. An 8 year old child underwent tonsillectomy and post operatively presented with bleeding from the mouth within 6 hours. What is the cause for this condition? How to manage this case?	(1+4)
5. Discuss various causes of ulcers of oral cavity .Write a note on the treatment of Aphthous ulcer.	(3+2)
6. Define Tympanoplasty. Describe the types of Tympanoplasty.	(2+3)
7. A 42 year old male came with complains of bilateral nasal obstruction, headache, sneezing, watery nasal discharge and mass protruding from nostril. On examination multiple smooth, grape like pale polyps present in the nasal cavity. What is the diagnosis? List causes for bilateral nasal obstruction. How to manage this patient?	(1+2+2)
8. Write a short note on anatomy of Eustachian tube with neat labeled diagram.	
9. A 3 year child came with high grade fever, dysphagia and dyspnoea. X ray of lateral soft tissue neck shows Thumb sign. Identify the clinical diagnosis. Describe the management for the same.	(1+4)
10. A 12 year old male complains of left ear ache followed by tonsillectomy. List various cause of referred otalgia. Discuss Costen's syndrome.	(2+3)
11. Define Oral Submucous Fibrosis. Discuss the causes and pathophysiology of Oral Submucous Fibrosis.	(1+2+2)
12. Write a note on aetiology, clinical features and treatment of Septal haematoma.	(1+2+2)
SHORT ANSWER QUESTIONS:	5 X 3 = 15
13. Write a note on Confidentiality.	
14. Enumerate the causes of Facial nerve palsy.	
15. Enumerate the complications of Acute Maxillary sinusitis.	
16. Write a note on clinical features and treatment of Tornwaldt's disease.	
17. Mention the nerve supply of Larynx.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 2026	Max. Marks: 20 Marks
Subject : Otorhinolaryngology, QP Code: A026	Time: 30 Minutes

Instructions:

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. A 4 year old child presents with bleeding from right side of nose. He also gets purulent discharge from the same side. The likely diagnosis is
 (A) Septal deviation with right maxillary sinusitis (B) Unilateral choanal atresia
 (C) Antrochoanal polyp (D) Foreign body
2. Which sinus is **best** visualized in Water's view?
 (A) Ethmoid sinus (B) Frontal sinus
 (C) Sphenoid sinus (D) Maxillary sinus
3. A Blue drum is seen in
 (A) Vestibular schwannoma (B) Glue ear
 (C) Meneires's disease (D) Otomycosis
4. Contraindications of tonsillectomy are all **EXCEPT**
 (A) Acute Tonsillitis (B) Haemophilia
 (C) Hypertension (D) Peritonsillar Abscess
5. A 5-year-old patient presented with complaints of nasal obstruction and mouth breathing. What is the classical voice he may present with?
 (A) Rhinolalia aperta (B) Rhinolalia clausa
 (C) Breathy voice (D) Shrill voice
6. Cough response while cleaning the ear is mediated by
 (A) 7th cranial nerve (B) 10th cranial nerve
 (C) Innervation of external ear by C1 and C2 nerves (D) 5th cranial nerve
7. All are features of Meniere's disease **EXCEPT**
 (A) Fluctuating hearing loss (B) Giddiness provoked in certain head positions
 (C) Fullness in ear (D) Roaring tinnitus
8. Potato nose is seen in
 (A) Rhinosporidiosis (B) Rhinophyma
 (C) Rhinoscleroma (D) Rhinolith
9. A 45 year old patient with history of tobacco chewing since 6 years has white bands in oral cavity on examination. The **most** probable diagnosis is
 (A) Oral Submucous fibrosis (B) Carcinoma of buccal mucosa
 (C) Follicular tonsillitis (D) Tonsillar carcinoma
10. Water's view is
 (A) Occipitomental (B) Occipitofrontal
 (C) Submentovertical (D) Mentovertical

11. The damage caused by noise trauma depends on all **EXCEPT**
 (A) Frequency of noise (B) Intensity of noise
 (C) Duration of noise (D) Source of noise
12. Rhinophyma is associated with which of the following
 (A) Infection of hair follicles (B) Hypertrophy of sebaceous glands
 (C) Congenital deformity of the nose (D) Hypertrophy of sweat gland
13. A 40 year old female presents with slow progressive dysphagia and easy fatigability with ulcers in the mouth. CT scan of the neck is normal. What is the **most** probable diagnosis?
 (A) Gastro-oesophageal reflux (B) Hiatus hernia
 (C) Plummer Vinson syndrome (D) Carcinoma Oesophagus
14. Tonsillar capsule is formed by
 (A) Pharyngobasillar fascia (B) Buccopharyngeal fascia
 (C) Prevertebral fascia (D) Oropharyngeal membrane
15. All are protease inhibitors **EXCEPT**
 (A) Saquinavir (B) Ritonavir
 (C) Efavirnez (D) Indinavir
16. Ranula occurs in which gland
 (A) Submandibular gland (B) Parotid gland
 (C) Sub lingual gland (D) None of the above
17. The premalignant condition of the oral cavity is
 (A) Fordyce spots (B) Erythroplakia
 (C) Median rhomboid glossitis (D) Erythema multiforme
18. A middle aged man presented with right sided hearing loss, Rinne's test shows positive result on left side and negative result on right side. Weber's test showed lateralization to left side, the diagnosis is
 (A) Right sided conductive deafness (B) Right sided severe sensorineural deafness
 (C) Left sided sensorineural deafness (D) Left sided conductive deafness
19. Thumb sign is seen in
 (A) Acute Epiglottitis (B) Laryngomalacia
 (C) Laryngotracheobronchitis (D) Acute pharyngitis
20. All are true about Parapharyngeal abscess **EXCEPT**
 (A) Midline swelling (B) Pharyngomaxillary space abscess
 (C) Trismus (D) Torticollis
