#### **AMJ**

### PROVISIONAL ANSWER KEY (CBRT)

Name of The Post Professor, Paediatrics, General State Service, Class-1

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## Instructions / સૂયના

# Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted Physically in prescribed format of suggestion sheet.
- (2) Question wise suggestion to be submitted in the prescribed format of Suggestion Sheet published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key, published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet /response sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed. For the purpose, the candidate shall attach a copy of his answersheet/ Response sheet along with his application(s).
- (6) Objection for each question shall be made on separate Suggestion sheet. Objection for more than one question in single Suggestion sheet shall not be considered & treated as cancelled.

## ઉમેદવારે નીયેની સૂયનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂયન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂયનો રજૂ કરવા વેબસાઇટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂયન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં. આ હેતુ માટે, ઉમેદવારે પોતાની અરજી(ઓ) સાથે પોતાની જવાબવહીની એક નકલનું બિડાણ કરવાનું રહેશે.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001.	First indication of handedness can be known by		
	(A) Asymmetrical Tonic Neck Reflex	(B) Symmetrical Tonic Neck reflex	
	(C) Grasp reflex	(D) Stepping reflex	
002.	Microcephaly is defined as		
	(A) Head size below 3 <sup>rd</sup> centile	(B) Head size below 5th centile	
	(C) Head size below 10 <sup>th</sup> centile	(D) None of the above	
003.	All are true about Grasp reflex except		
	(A) It has a catching phase and a holding	phase	
	(B) The reflex is more easily elicited on the side to which the occiput is directed		
	(C) Head should be in mid line during the test		
	(D) It ain't follow the phenomenon of conflict between reflexes		
004.	Failure to thrive is defined as all except		
	(A) Weight below 5 <sup>th</sup> percentile		
	(B) Weight drops down more than 2 major percentile lines		
	(C) Weight for height less than 3 <sup>rd</sup> percentile		
	(D) Usually a diagnosis of children younger than 3 years		
005.	Oppenheim's sign is eliciting extensor plantar by		
	(A) Stroking the tibia	(B) Squeezing the gastrocnemius	
	(C) Stimulating the skin of the abdomen	(D) Flexing the hip against resistance	
006.	In full term Newborn babies		
	(A) 4 Ossification centers are present	(B) 5 Ossification centers are present	
	(C) 6 Ossification centers are present	(D) 7 Ossification centers are present	
007.	Causes of delayed eruption of teeth is all except		
	(A) Hypothyroidism	(B) Hypoparathyroidism	
	(C) Histiocytosis X	(D) Familial	
008.	Cause of short stature are all except		
	(A) Turners syndrome	(B) Klinefelter syndrome	
	(C) Renal Tubular Acidosis	(D) Nephrotics yndrome	
009.	All are causes of macrocephaly except		
	(A) Mapple syrup urine disease	(B) Phenylketonuria	
	(C) Taysach's disease	(D) Hurler's syndrome	
010.	Features of hypervitaminosis D or Vitamin D intoxication are		
	(A) Hypotension, prolonged Q-T interval, arrhythmia		
	(B) Hypertension, Prolonged Q-T interval, arrhythmia		
	(C) Hypertension, decreased Q-T interval, arrhythmia		
	(D) Hypotension, decreased Q-T interval, arrhythmia		
011.	Imerslund- Grasbeck disease is inborn error of metabolism of		
	(A) Vitamin B1	(B) Vitamin B6	
	(C) Vitamin R2	(D) Vitamin B12	

012.	. Content of Resomal (Rehydration Solution for Malnutrition) is all except  (A) Calcium, iron, selenium		
	(B) Water, WHO-ORS		
	(C) Sucrose, potassium chloride, Tripotass	ium citrate	
	(D) MgCl2, Zinc acetate, Copper sulphate		
013.	Examples of negative calorie food		
	(A) Rice	(B) Wheat	
	(C) Yoghurt	(D) Papaya	
014.	Refractory Hypochromic Anemia with sub	periosteal bleed occurs in	
	(A) Chromium deficiency	(B) Manganese deficiency	
	(C) Copper deficiency	(D) Zinc deficiency	
015.	False about Complicated Severe Acute Ma	Inutrition is	
	(A) Bipedal edema		
	(B) Failed appetite test		
	(C) Associated Medical complications		
	(D) One or more danger signs as per IMNCI		
016.	Blue eye Blondes are seen in		
	(A) Alkaptonuria	(B) Phenylketonuria	
	(C) Homocystinuria	(D) MSUD	
017.	Requirement of Iodine is		
	(A) 5-15 mg/day	(B) 50-100 mg/day	
	(C) 100-150mg/day	(D) 150-200mg/day	
018.	<ul> <li>(A) Growth Hormone deficiency</li> <li>(B) Mutation of Growth hormone receptors</li> <li>(C) Post receptor form of Growth hormone Insensitivity</li> </ul>		
	(D) Congenital Hypopituitarism		
019.	Delayed Puberty and Sexual Infantilism is	seen all except	
	(A) McCune Albright Syndrome		
	(B) PraderWilli Syndrome		
	(C) Laurence moon and Bardet Biedle Syn	drome	
0.00	(D) Kallmanns syndrome		
020.	False statement about Acquired juvenile hy	•	
	(A) slowing of growth and short stature is the first clinical manifestation		
	(B) Goiter is common presenting feature		
	(C) Affected children always show low scho	001 Performance	
021	(D) Skeletal maturation is delayed		
021.	MEN 2A (Multiple Endocrine Neoplastic S		
	(A) Pituitary adenoma	(B) Medullary carcinoma thyroid	
	(C) Pheochromocytoma	(D) Hyperparathyroidism	

	Meetine Aibright Syndrome	(D) Noonan's Symutome		
	(C) McCune Albright Syndrome	(D) Noonan's Syndrome		
	(A) Prolactinoma	chest and abdomen. What is the diagnosis?  (B) Kallmann's Syndrome		
029.	A 3 year old girl presents with h/o vaginal bleeding (2 episodes over past 4 months). There are no features of trauma or local inflammation. On physical examination, breast development is tanners stage I. There is café au lait spot measuring 8 cm × 3 cm over the abdomen.			
0.2.6	(C) Reactive arthritis due to Shigella			
	(A) Kawasaki disease	(B) Henoch Schonlein Purpura		
	the child developed rashes in the low			
028.	3 year old male child presented with	pain in the Abdomen (colicky) for past 7 days, swelling		
	(D) Growth hormone improves bone	histology		
	(C) Pamidronate is used for treatmen	nt .		
	(B) Osteogenesis imperfecta			
	(A) Pseudoxanthoma Elasticum.	•		
027.		f limbs since birth due to fractures of multiple bones, nent about the condition are all except		
	(D) Symptoms of Diabetes Mellitus pl	lus Random blood Sugar ≥ 200 mg/dl		
	(C) Hemoglobin A1c ≥ 6.5%			
	(B) 2 hour plasma Glucose during OC	GTT ≥ 140 mg/dl		
	(A) Fasting (at least 8 hour) plasma Glucose ≥ 126 mg/dl			
026.	Diagnostic Criteria for Diabetes Mellitus are all except			
	(D) 46XX testicular Disorder of Sex	(D) 46XX testicular Disorder of Sex Development		
	(C) Ovotesticular Disorder of Sex D	evelopment		
	(B) 46XX Disorder of Sex Developm	ent		
	(A) 46XY Disorder of Sex Developme	ent		
025.	True Hermaphrodite is			
	(D) 3β - Hyroxysteroid dehydrogena	se deficiency		
	C) 17α - Hydroxylase deficiency			
	(B) 11β - Hydroxylase deficiency			
	(A) 21 - Hydoxylase deficiency			
024.	Ambiguous genitalia in males is seen	in Congenital Adrenal Hyperplasia due to		
	(C) Osteoporosis	(D) Hypertension		
	(A) Obesity	(B) Short stature		
023.	Chronic overdose of Fludrocortisone			
	(C) Hypomagnesemia	(D) Zinc deficiency		
	(A) Hypophosphatasia	(B) Hyperkalemia		

022.

Refractory Hypocalcemia can be due to

030.	An infant being evaluated for a suspected inborn error of metabolism. The infants report as follows: Plasma NH3-500 $\mu$ mol/L, PH-7.38, PCO <sub>2</sub> -42 mmHg.		
	(A) Hartnup Disorder	(B) Phenylketonuria	
	(C) Ornithine Transcarbamylase Defect	(D) Galactocemia	
031.	Arterial blood Gas analysis of a 4 year old child in PICU with feeble peripheral pulses shows: pH: 7.28, PaCO2: 32 mmHg, PaO2: 87 mmHg, HCO3: 12 mMol/L, Base Excess: 8 mMol/L what is the ABG diagnosis?		
	(A) Mixed Acidosis with hypoxemia		
	(B) Uncompensated Metabolic Acidosis		
	(C) Respiratory Acidosis with Metabolic compensation		
	(D) Metabolic Acidosis with Respiratory Compensation		
032.	10 year old girl is brought with h/o weakness of both the lower limbs since 3 days. Initially mild the weakness has progressed over the past three days and the child is unable to take even a few steps and is completely bed ridden. There is h/o diarrhea about a month ago. Clinically child has weakness of the lower limbs and trunk with areflexia. There is no sensory deficit but the calves and thighs are tender. Upper limbs and cranial nerves are normal. What is the diagnosis?		
	(A) Poliomyelitis	(B) Acute disseminated encephalomyelitis	
	(C) Guillain Barre Syndrome	(D) Transverse myelitis	
033.	An 8 month old infant presents to the emergency department with paroxysms of coughing. She had an episode of cyanosis while feeding and coughing. She has not received her routine immunization due to unknown concerns. What is the diagnosis?		
	(A) Choanal atresia	(B) Acute chest Syndrome	
	(C) Pertussis	(D) Foreign body aspiration	
034.	Mecasermin is		
	(A) rhGH	(B) Recombinant IGF-1	
	(C) Vasopressin Analogue	(D) GH – receptor antagonist	
035.	Pegvisomant is		
	(A) rhGH	(B) GH – receptor antagonist	
	(C) Somatostatin analogue	(D) GnRH Analogue	
036.	Drug of choice for hyperprolactinemia		
	(A) Cabergoline	(B) Metaclopramide	
	(C) Phenothiazine	(D) Verapamil	
037.	Recommended initial dose of Levothyroxi	ne (LT4) for term infants	
	(A) $5-10 \mu g/kg/day$	(B) $10 - 15 \mu g/kg/day$	
	(C) $15 - 20 \mu g/kg/day$	(D) $20 - 25 \mu g/kg/day$	
038.	Calorie requirement for children 0 to 12	months	
	(A) 150 kcal/kg/day	(B) 120 kcal/kg/day	
	(C) 100 kcal/kg/day	(D) 75 kcal/kg/day	
039.	AHA (American Heart Association) guideline treatment for IVIg Resistant Kawasaki disease		
	(A) Muromonab	(B) Malgramostim	
	(C) Infliximab	(D) Omalizumab	

040.	Shone Complex is		
	(A) Left sided obstructive lesion		
	(B) Right sided obstructive lesion		
	(C) Persistent Pulmonary Hypertension	of Newborn	
	(D) Patent DuctusArteriosus		
041.	The following disorders are associated	with a large anterior fontanelle except	
	(A) Congenital rubella syndrome	(B) Hypophosphatemia	
	(C) Apert syndrome	(D) Vit A deficiency	
042.	One of the following drugs may cause pyloric stenosis of administered to a premature infant		
	(A) IV vit E	(B) Indomethacin	
	(C) Erythromycin	(D) Dexamethasone	
043.	Methylxanthines for the treatment of ap	nea of prematurity have the following effects except	
	(A) Increase respiratory drive		
	(B) Decrease apnea		
	(C) Improve Pulmonary vascular resist	ance	
	(D) Improve diaphragmatic contractility		
044.	All are associated anomalies with CDH	except	
	(A) Pulmonary hypoplasia	(B) Oesophageal atresia	
	(C) Omphalocele	(D) Cardiovascular lesion	
045.	In pulmonary haemorrhage bleeding is predominantly		
	(A) Interstitial	(B) Alveolar	
	(C) Bronchial	(D) Ductal	
046.	Therapeutic level of caffeine in newborn is		
	(A) 2-5 mcg/ml	(B) 6-10 mcg/ml	
	(C) 8-20 mcg/ml	(D) 5-35 mcg/ml	
047.	Contraindication of indomethacin are all except?		
	(A) Urine output, 1 ml /kg/hr	(B) Plasma creatinine > 1.8 mg/dl	
	(C) Isolated intestinal perforation	(D) Platelet count 1lakh	
048.	In hypoxic – ischaemic encephalopathy the greater risk of adverse outcome is seen in infants with		
	(A) Fetal acidosis PH < 6.7 & base deficit > 25 mmol/L		
	(B) Fetal acidosis PH < 6.7 & base deficit > 19 mmol/L		
	(C) Fetal acidosis PH < 7.2 & base deficit > 6 mmol/L		
	(D) Fetal acidosis PH < 7.4 & base defi	cit > 4 mmol/L	
049.	5 years old boy presented with history of recurrent attack of secretary otitis media and purulent nasal discharge, Haemophilus influenza revealed by culture of ear discharge of physical examination there is no tonsillar tissue and no palpable lymph nodes of the following most appropriate test to confirm the diagnosis is		
	(A) Flow cytometry	(B) Isohaemagglutinintitres	
	(C) IgA concentration	(D) Tandem mass spectrometry	

050.	In Hereditary spherocytosis all of the following resolve with post spleenectomy except		
	(A) Osmotic fragility	(B) Anemia	
	(C) Hyper bilirubinemia	(D) Gall stone	
051.	Recurrent infection with neutropenia are a	a distinctive feature of	
	(A) Pompe disease	(B) Glycogen storage disease I b	
	(C) Gaucher disease	(D) Glycogen storage disease I a	
052.	Eosinophilia can be seen in all the following except		
	(A) Scabies	(B) Urticaria	
	(C) Corticosteroid therapy	(D) Hodgkins disease	
053.	In addition to infection and bleeding most cois	ommon cause of death in wiskott Aldrich syndrome	
	(A) Renal failure		
	(B) Graft verses host disease		
	(C) Protracted bloody diarrhoea		
	D) Haemophagocyticlymphohistiocytosis following EBV		
054.	All are clinical features of phase 2 in acute form of kernicterus except		
	(A) Fever	(B) Seizures	
	(C) Retrocollis	(D) Opisthotonus	
055.	Which of the following is diagnostic of NEC		
	(A) Dilated bowel loop	(B) Blood in stool	
	(C) Air in bowel wall	(D) Bowel wall edema	
056.	The most specific test that is helpful to differentiate diamond blackfan anaemia from transient erythroblastopenia of child hood is		
	(A) Erythrocyte adenosine deaminase (ADA)		
	(B) Haemoglublin electrophoresis		
	(C) Bone marrow examination		
	(D) Reticulocyte count		
<b>057.</b>	The best disgnostic test for PNH is		
	(A) Acidified serum haemolysin test	(B) Sucrose lysis test	
	(C) Bone marrow study	(D) Flow cytometry	
058.	One of the following genetic syndrome most likely associated with increased risk of optic glioma is		
	(A) Down syndrome	(B) Neurofibromatosis	
	(C) Bloom's syndrome	(D) Ataxia telangiectasia	
059.	What is the most commonest haematologica	l clinical feature in shwachman diamond syndrome	
	(A) Pancytopenia	B) Neutropenia	
	(C) Anaemia	(D) Skeletal deformities	
060.	Which of the following is false regarding Imerslund's syndrome?		
	(A) Congenital cobalamin malabsorption	(B) Mutation of gene AMN	
	(C) Autosomal dominant disorder	(D) Associated with non specific proteinuria	

061.	A child presenting with megaloblastic anaemia that is unresponsive to vit c, vit B12 and folio acidbut responsive to uridine is		
	(A) Thiamine deficiency	(B) Liver disease	
	(C) Pernicious anaemia	(D) Orotic Aciduria	
062.	Which is the most common inherited b	leeding disorder?	
	(A) Haemophilia A	(B) Haemophilia B	
	(C) Von willebrand disease	(D) Haemorragic diasthesis of liver disease	
063.	A qualitative defect in von willebrand fa	actor is seen in	
	(A) Type 1 von willebrand disease	(B) Type 2 von willebrand disease	
	(C) Type 3 von willebrand disease	(D) All of the above	
064.	Which of the following factor deficiencies are matched to correct disease?		
	(A) Factor v deficiency stuart power disease		
	(B) Factor IX deficiency parahaemophil	ia	
	(C) Factor X deficiency Christmas disease		
	(D) Factor XI deficiency haemophilia c		
065.	Which of the following is false about childhood malignancies?		
	(A) ALL is the most common type of leukemia for children with down's syndrome [20%]		
	(B) The most common intra abdominal malignancy is wilms tumour		
	(C) The most common extra cranial solid malignancy is neuroblastoma		
	(D) The most common brain tumours in	children are infratentorial	
066.	The following parameters in ALL indicates a poor prognosis		
	(A) Age $> 10$ yrs		
	(B) TLC < 50,000		
	(C) Hyperdiploidy		
	(D) Trisomy chromosome 4, 10, 17		
067.	Which of the following is most common	ly seen in infantile leukemia	
	(A) t[11, 14]	(B) t[4, 11]	
	(C) t[12, 21]	(D) t[15, 21]	
068.	A one month old infant with trisomy 21 pretended with variant of AML which was found to b due to a GATA 1 mutation. The infant had no life threatening complications. The ideal treatmen modality is		
	(A) Chemotherapy	(B) Radiotherapy	
	(C) Bonemarrow transplant	(D) None of the above	
069.	Which type of AML has very good response to ATRA		
	(A) AML2	(B) AML5	
	(C) AML7	(D) AML3	
070.	Juvenile chronic myeloid leukemia is ch	harecterized by all except	
	(A) Affect children < 2 yrs of age	(B) Philadelphia chromosome	
	(C) Nucleated red blood cells	(D) Can be seen on neurofibromatosis type	

071.	Which of the following used in staging of childhood nonhodgkin lymphoma			
	(A) Ann arbor staging	(B) Binet staging		
	(C) St jude staging	(D) RAI staging		
072.	Juvenile idiopathic arthritis includes all	except		
	(A) Psoriatic arthritis	(B) Enthesitis related arthritis		
	(C) Systemic arthritis	(D) Reactive arthritis		
073.	Haemophagocytic lymphohistiocytosis cl	haracterized by all except		
	(A) Haemophagocytosis	(B) Hypofibrinogenesis		
	(C) Hypertriglycidenosis	(D) Hypoferritinosis		
074.	Systemic lupus erythematosis with anti S	SSA/SSB positivity is associated with		
	(A) Poor prognosis	(B) Increased risk of nephritis and vasculitis		
	(C) Congenital heart block	(D) All of the above		
075.	The most common HLA type associated	with Bechet disease is		
	(A) HLA DR 4	(B) HLA B 27		
	(C) HLA B 51	(D) HLA CW 6		
076.	A supra tentorial tumour causing macro	cephaly is an infant is		
	(A) Medulloblastoma	(B) Pontine glioma		
	(C) Ependymoma	(D) Choroid plexus carcinoma		
077.	Which of the following is not a disorder	Which of the following is not a disorder of phagocytosis?		
	(A) Digeorge syndrome	(B) Leucocyte adhesion deficiency		
	(C) Chediakhigashi syndrome	(D) Chronic granulomatosis disease		
078.	Nitrobluetetrazolium test is used as			
	(A) Chronic granulomatosis disease	(B) Tuftsin deficiency		
	(C) Wiskott Aldrich syndrome	(D) Chediakhigashi syndrome		
079.	11yr old boy was brought to the opd with multiple abscesses over face, chest and back. The child has a history of recurrent respiratory infections. On examination he has atopic excoriating skin and multiple cold abscesses on his back. What is the most probable diagnosis?			
	(A) Hyper IgM syndrome	(B) Wiskott Aldrich syndrome		
	(C) Hyper IgE syndrome	(D) Carcinoid syndrome		
080.	Which of the following statement is true about severe combined immunodeficiency disorders?			
	(A) Reticular dysgenesis of De Vaal is a mild form of combined immune deficiency			
	(B) They are inherited as autosomal disorders			
	(C) Adenosine deaminase deficiency is associated with chondrocyte abnormalities			
	(D) Defect on swiss type agammaglobu stem cells	linemia is at the level of multipoten thaemopoitic		
081.	AHA 2017/ACC guideline defined elevated Blood Pressure in children aged 1-13 years as			
		(A) $\geq 90^{th}$ percentile to $< 95^{th}$ percentile for age, sex and height		
	(B) $\geq 95^{\text{th}}$ percentile to $< 95^{\text{th}}$ percentile			
	(C) $\geq 95^{\text{th}}$ percentile to $< 95^{\text{th}}$ percentile			
	(D) $\geq 85^{\text{th}}$ percentile $< 90^{\text{th}}$ percentile for	or age, sex and height		

	(C) Both of the above	(D) None of the above	
	(A) Paternal inheritance	(B) Maternal Inheritance	
091.	Molecular mechanism of PraderWilli Syndrome		
	(C) Partial trisomy 21 carriers	(D) 22:14 translocation carriers	
	(A) 14:21 translocation carriers	(B) 21:21 translocation carriers	
090.	100% recurrence rate of Downs syndrome occurs in		
	(C) Pearson's Syndrome	(D) Leigh Disease	
	(A) Leber's Hereditary Optic Neuropathy	(B) Angelman's Syndrome	
089.	Following are disorder caused by mitochondrial mutation except		
	(C) PraderWilli Syndrome	(D) Huntington's disease	
	(A) Langer's Mesomelic Dwarfism	(B) Kearn's Sayre syndrome	
088.	Example of Y-Linked inheritance is		
	(D) Tetralogy of Fallot		
	(C) L-Transposition of Great Arteries		
	(B) Midline Supraumbilical abdominal defe	ect	
	(A) Ectopia Cordis		
087.	Pentology of Cantrell has all except		
	(D) Repaired CHD with residual defects.		
	(C) All gastrointestinal and genitourinary procedures.		
	(B) All dental procedures requiring manipu		
	(A) Unrepaired Cyanotic CHD.		
086.	2007 AHA recommendation for IE prophylaxis is for all except.		
	(D) Ostium Primum ASD		
	(C) Hypoplastic Left Heart Syndrome		
	(B) Total Anomolous Pulmonary Venous R	eturn	
	(A) Partial Anomalous Pulmonary Venous		
085.	Scimitar syndrome is seen in	D /	
00.5	(C) Brugada Syndrome	(D) Danon disease	
	(A) Fabry's disease	(B) Noonan's Syndrome	
084.	Cardiomyopathy is a feature of all except		
00.4	(C) Valvular aortic Stenosis	(D) Peripheral pulmonary stenosis	
	(A) Subvalvular aortic stenosis	(B) Valvular pulmonary stenosis	
083.	In Williams Syndrome the anomaly seen is		
0.0.5	cardioverter and defibrillator		
	•	and may need catheter ablation and implantable	
	(C) Neonate with atrial flutter needs to be	treated with propranolol for 6-12 months	
	(B) Synchronized DC cardio version is the	treatment of choice for Atrial Flutter	
	(A) Adenosine can temporarily slow heart i	rate in SVT	
082.	All are true except		

092.	Pseudo Turner Syndrome is		
	(A) Bloom Syndrome	(B) Robert's Syndrome	
	(C) Noonan's Syndrome	(D) Werner Syndrome	
093.	Indications for Genetic Counselling		
	(A) Paternal age $\geq 40$ years	(B) TaySach Disease	
	(C) Huntington Disease	(D) All of the above	
094.	Hardey-weinberg Formula is used to calculate		
	(A) Penetrance in Autosomal Dominant disease		
	(B) Carrier State of Autosomal Recessive disease		
	(C) Pseudodominant Inheritance		
	(D) Demonstrate Y-Linked Inheritance		
095.	Horizontal Transmission is seen in		
	(A) Autosomal dominant Inheritance	(B) Autosomal Recessive Inheritance	
	(C) Pseudodominant Inheritance	(D) X- Linked Inheritance	
096.	All are true of FISH except		
	(A) FISH can detect as small as 50-200 kb of DNA		
	(B) FISH uses Probe Complementary to the study DNA		
	(C) FISH require clinical knowledge and test only one area at a time		
	(D) FISH recognize only deletion of > 5 Mb	pp	
097.	DSM 5 Diagnostic criteria for Autism Spectrum disorder include all except		
	(A) Persistent deficit in social communication and social interaction		
	(B) Vindictiveness at least twice within the past 6 months		
	(C) At least 2 out of 4 repetitive pattern of behavior		
	(D) Symptoms are present in early developmental period		
098.	DSM 5 Somatic System and Related Disorder (SSRD) include all except		
	(A) Conversion Disorder	(B) Obsessive Compulsive Disorder	
	(C) Factitious Disorder	(D) Illness Anxiety Disorder	
099.	Aversive Conditioning is treatment for		
	(A) PICA	(B) Thumb Sucking	
	(C) Rumination Disorder	(D) Bruxism	
100.	DSM 5 include Asperger Syndrome in		
	(A) High functioning end of Autism spectrum Disorder		
	(B) Attention Deficit Hyperactivity Disorder (ADHD)		
	(C) Low functioning end of Autism spectrum Disorder		
	(D) Hyperkinetic Disorder (HKD)		
101.	National Health Mission was launched in		
	(A) 2005	(B) 1999	
	(C) 2013	(D) 2015	

102.	2. Infant Mortality Rate of India SRS 2017 is	
	(A) 61 (B) 27	
	(C) 33 (D) 16	
103.	3. All true of (RBSK) RashtriyaBalSwasthyaKaryakram e	xcept
	(A) Babies born at public health facilities and home -Bir	th to 6 weeks
	(B) Preschool children in rural areas and urban slums 6	weeks to 6 years
	(C) RBSK scheme was launched in 2005 along with NR	HM
	(D) Children enrolled in classes 1st to 12th of age 6 Government aided schools	to 18 years in Government and
104.	4. Child is defined as all except	
	(A) A person below 12 years of age for medical care in	Government Hospital
	(B) According to Protection of Child act/Juvenile Justice	Care a person below 18 years
	(C) UN Convention on Right of the Child 1989 (Artic completed 17 years	le I) defines child as a person not
	(D) According to Child Labor act 1986 is a person below	14 years of age
105.	5. Adoption laws are all except	
	(A) Muslims, Christians, Parsis and Jews are governed 1890, as formal adoption is not allowed in these reli	•
	(B) Hindus, Sikhs, Buddhists and Jains on the other ha Maintenance Act, 1956	nd follow the Hindu Adoption and
	(C) All are consolidated into a single Law as Transfer of for adoption in India	Rights and Responsibility act 1980
	(D) Inter country adoption children are given for adoption till they are finally adopted according to the law of	•
106.	6. (JSSK) JananiShishuSurakshaKaryakaram provide all e	xcept
	(A) Free delivery	
	(B) Free pick up to and drop from Government Facility	
	(C) Monetary benefit of Rs. 700 to mother	
	(D) Free food and Medicine	
107.	7. Child helpline number for children in need of care and p	protection is
	(A) 1097 (B) 1073	
	(C) 1091 (D) 1098	
108.	8. True about Integrated management of Neonatal and chexcept	ildhood infections (IMNCI) are all
	(A) Guidelines are used to assess at home/first level hea	lth facility
	(B) Assessed with standard color coded management ch	arts
	(C) Targets Neonates and Infants only	
	(D) Focus on Sickness care, Nutrition and Immunization	of children

	(A) 3 doses of IPV at 6, 10 and 14 wo	eeks		
	(B) Given 0.5 ml Intradermal			
	(C) IPV is contraindicated in infants v	(C) IPV is contraindicated in infants with allergy to streptomycin		
	(D) Contraindicated in children with	immunodeficiency.		
110.	Most common Congenital anomaly of	Most common Congenital anomaly of Nose is		
	(A) Pyriform aperture stenosis	(B) Nasal septal defects		
	(C) Choanal Atresia	(D) Absent Nasal Bones		
111.	True of nasal foreign body are all exc	ept		
	(A) Alligator Forceps and blunt cerumen curette are used to remove the foreign body			
	(B) Tetanus is a rare complication of	long standing Nasal Foreign Body		
	(C) 2% lidocaine is use to kill live in	sects before removal		
	(D) Need sedation and operating room	n removal for Age > 5 and disc shaped foreign body		
112.	Samter triad is associated with			
	(A) Epistaxis	(B) Foreign body Nose		
	(C) Nasal angiofibroma	(D) Nasal polyp		
113.	Complications of sinusitis are all exce	ept		
	(A) Lemierre's disease	(B) Potts puffy tumor		
	(C) Orbital cellulitis	(D) Meningitis		
114.	Lemierre disease is			
	(A) Peritonsillar cellulitis	(B) Infection of Parapharyngeal space		
	(C) Infection of inner ear	(D) Mucocele of Para Nasal Sinus		
115.	In Criminal Medical Negligence prosecution is done by			
	(A) Affected person/party	(B) The state		
	(C) Indian medical council	(D) State Medical council		
116.	True about informed consent are all	except		
	(A) A consent given by a child between 12 -18 years is valid if the court feels that the patient has understood the implication of the consent			
	(B) Any person of sound mind who has attained the age of 18 can give a legally valid consent			
	(C) A consent given by a child under 12 years is invalid			
	(D) A consent given by a person under	er 18 years is invalid under all circumstances		
117.	Newer approach in Autism spectrum disorder			
	(A) Intranasal therapy with neuropeptide oxytocin			
	(B) Psychostimulant including Methylphenidate			
	(C) Anti psychotic like Ziprasidone			
	(D) Gene therapy			

True about IPV in National Immunization schedule

109.

	(C) Omalizumab	(D) Etilizumab	
	(A) Palivizumab	(B) Natalizumab	
126.	Humanized monoclonal antibody	used in bronchial asthma	
	(C) Erythromycin	(D) Azithromycin	
	(A) Penicillin	(B) Ceftriaxone	
125.	Drug of choice for pertussis is		
	(D) Measles vaccine within 96 hrs of exposure		
	(C) Measles vaccine within 5 days of exposure		
	(B) Measles vaccine within 48 hrs of exposure		
	(A) Measles vaccine within 72 hrs of exposure		
124.	Post exposure prophylaxis in susceptible individuals exposed to measles, which one is effective		
	(C) PCR for TB	(D) Hepatitis surface antigen for mother	
	(A) VDRL for mother & baby	(B) ELISA for HIV	
		What should be the next investigation?	
123.	Premature baby of 34 weeks was delivered by LSCS baby developed bullous lesion on the		
	(C) < 20%	(D) < 15%	
	(A) < 35%	(B) < 25%	
122,	As per WHO classification of immunosuppression, how much is the CD4 level in HIV/AIDS children with severe stage in age group of < 11 months		
122.	(C) PDA (D) Chorioretinitis  As now WHO classification of immunosuppression, how much is the CDA level in HIV/AIDS		
	(A) Cataract		
121.		(B) Deafness	
121	(D) Vomiting < 1 hr of exposure or > 4 Gy  Most common manifestation of congenital rubella syndrome is		
	(C) Vomiting 1-2 hours after exposure or 2-4 Gy		
	(B) Vomiting > 2 hours after exp	•	
	(A) No Vomiting or < 1 Gy		
120.	Management of radiation sickness need hospitalization in department of hematology if		
100	(D) Chelation with zinc or calcium diethylenitriamine pentaacetic acid		
	(C) Reduction of GI absorption with Prussian blue		
	(B) Blockage with saturated solution of Potassium Iodide		
	(A) Dilution (force fluids)		
119.	Specific therapy for Internal Radiation Contamination with Iodine 125/131 is		
	(D) Drug of choice for LQT3 is Beta Blockers		
	(C) LQT3 usually occurs at rest and during sleep		
	(B) LQT3 has highest possibility of death		
	(A) Recent studies has shown m	exilitine is helpful in patients with long QT type 3	

118.

False about Long QT Syndrome type 3 is

127.	The following are true regarding kidney	development except		
	(A) Human kidney develops mainly from metanephros			
	(B) Collecting parts of kidney develops from the ureteric bud			
	(C) Mesonephric duct disappears			
	(D) Kidney starts developing in the sacral region and ascends to the lumbar position			
128.	During mechanical ventilation the adverse pathophysiologic consequences of decreased Functional Residual Capacity (FRC) are ameliorated by			
	(A) ↓ PEEP	(B) ↓ Inspiratory time		
	(C) ↑ Expiratory time	(D)↑ PEEP & ↑ Inspiratory time		
129.	The ossification centres that are typically	The ossification centres that are typically present at birth include all the following except		
	(A) Distal femur	(B) Proximal tibia		
	(C) Calcaneous	(D) Distal humerus		
130.	The plasma osmolality can be estimated by	y a calculation based on the following formula		
	(A) $2 \times (Cl) + (glucose)/18 + (BUN)/2.8$	(B) $2 \times (Na) + (glucose)/1.8 + (BUN)/2.8$		
	(C) $2 \times (Na) + (glucose)/18 + (BUN)/2.8$	(D) $2 \times (Na) + (glucose)/28 + (BUN)/1.8$		
131.	Selective medium for corynebacterium diptheriae			
	(A) Tinsdale agar	(B) Brain heart infusion agar		
	(C) Lowenstein -Jensen medium	(D) Regan-Lowe charcoal agar		
132.	All are causes of metabolic acidosis with increased anion gap except			
	(A) DKA	(B) Kidney failure		
	(C) Salicylate poisoning	(D) Urinary tract diversions		
133.	The most common occular manifestation in marfans syndrome is			
	(A) Dislocation of ocular lens	(B) Severe myopia		
	(C) Flat cornea	(D) Retinal detachment		
134.	The most common site of osteomyelitis in children is			
	(A) Femur & Tibia	(B) Vertebrae		
	(C) Humerus	(D) Radius		
135.	All of the following conditions may cause torticollis except			
	(A) Positional deformation	(B) Klippel-feil syndrome		
	(C) Cervical lymphadenitis	(D) Supratentorial brain tumour		
136.	Differential diagnosis of Legg-calve-perth	es disease include all the following except		
	(A) Osteochondromatosis	(B) Schwartz-jampel syndrome		
	(C) Marfans syndrome	(D) Moroteaux-tamysyndrome		
137.	Adjunct therapies of recurrent respirator	y papillomatosis include all except		
	(A) Anti viral modalities			
	(B) Photodynamic therapy			
	(C) Dietary supplement of indole-3-carbin	ool		
	(D) Magsles vaccination			

138.	Prevention /reduction in the severity and	incidence of acute bronchiolitis include all except	
	(A) Pooled hyperimmune RSV IV IG	(B) Intra muscular Palivizumab	
	(C) Meticulous hand hygiene	(D) Omalizumab	
139.	Polyomavirus nephropathy is an important cause of allograft dysfunction, the increased incidence is thought to be the result of		
	(A) Reduction in immunosuppression doses		
	(B) More potent immunosuppressive regimens		
	(C) Cidofovir use		
	(D) Leflunomide use		
140.	An anti-C5 antibody that approved by FDA for the treatment of atypical HUS		
	(A) Eculizumab	(B) Omalizumab	
	(C) Adalimumab	(D) Abciximab	
141.	Which of the following causes mesenteric	c lymphadenitis?	
	(A) Adeno virus	(B) Campylobacter	
	(C) Yersinia pseudotuberculosis	(D) All of the above	
142.	Which microorganism is responsible for classical presentation of hydrocephalus, chorioretinitis, intracerebral calcifications		
	(A) Toxoplasmosis	(B) Rubella	
	(C) Measles	(D) CMV	
143.	In a child presented with tuberculosis, st	eroids are not indicated in	
	(A) Tuberculoma	(B) Endobronchial TB	
	(C) Massive pleural effusion	(D) Progressive pulmonary disease	
144.	Parotid enlargement in a HIV infected child is characterized in which stage of AIDS according to WHO		
	(A) stage 1	(B) stage 2	
	(C) stage 3	(D) stage 4	
145.	In minimal change disease, which of the following is seen		
	(A) Immune deposits in glomeruli	(B) Immune deposits in mesangium	
	(C) Immune deposits in blood vessels	(D) No immuno deposits	
146.	Which of the following is the most common renal cystic disease in infants is		
	(A) Polycystic kidney	(B) Simple renal cyst	
	(C) Unilateral renal dysplasia	(D) Calyceal cyst	
147.	Most common cause of hemolytic uremic syndrome is		
	(A) E.coli	(B) Shigella	
	(C) Salmonella	(D) Pseudomonas	
148.	The most common underlying anomaly in	a child with recurrent urinary tract infection is	
	(A) Posterior urethral valves	(B) Vesico ureteric reflux	
	(C) Neurogenic bladder	(D) Renal calculi	
149.	In children, renal failure in terms of urine output is defined as		
	(A) < 0.3 ml / kg/hr	(B) < 0.5  ml /kg/hr	
	(C) < 0.8  ml/kg/hr	(D) < 1  ml/kg/hr	

150.	An infant with FTT, hypertension, metabolic alkalosis and hyperkalemia presents to a clinician. Most probable cause is		
	(A) Gitelman's syndrome	(B) Bartter's syndrome	
	(C) Liddle's syndrome	(D) Gordon syndrome	
151.	Glomerular filtration begins at		
	(A) 12 wks of fetal life	(B) 10 wks of fetal life	
	(C) 6 wks of fetal life	(D) 3 wks of fetal life	
152.	Most common chronic glomerular disease in children		
	(A) Alport syndrome	(B) Berger Nephropathy	
	(C) Thin basement membrane disease	(D) Membranous nephropathy	
153.	Kartagener's triad comprises of		
	(A) Chronic sinusitis, situsinversus & br	onchiectasis	
	(B) Chronic sinusitis, situsinversus & br	onchitis	
	(C) Chronic sinusitis, situsinversus & chronic otitis media		
	(D) Chronic sinusitis, dextrocardia & bronchitis		
154.	Most common childhood cause of nasal polyposis		
	(A) Chronic sinusitis	(B) Allergic rhinitis	
	(C) Kartagener syndrome	(D) Cystic fibrosis	
155.	The following may be effective as common cold treatment except		
	(A) Vitamin C	(B) 1st generation anti histaminics	
	(C) Topical or oral adrenergic agents	(D) Honey	
156.	Bacterial tracheitis is characterized by all the following except		
	(A) Staph aureus is the most commonly isolated pathogen		
	(B) Considered a primary bacterial illness		
	(C) Mean age is between 5 and 7 yrs		
	(D) More common than epiglottitis in vaccinated populations		
157.	Most common cause of stridor in infants and children		
	(A) Vocal cord paralysis	(B) Foreign body in airway	
	(C) Congenital subglottic stenosis	(D) Laryngomalacia	
158.	Recurrent pneumonia is defined as	_	
	(A) 2 (or) more episodes in a single year, with radiographic clearing between occurrences		
	(B) 2 (or) more episodes in a single year, without radiographic clearing between occurrences		
	(C) 3 (or) more episodes in a single year, with radiographic clearing between occurrences		
	(D) 3 (or) more episodes in a single year, without radiographic clearing between occurrence		
159.	Bronchiectasis can also be congenital as in this syndrome in which there is an absence of annular bronchial cartilage		
	(A) Marnier – Kuhn syndrome	(B) Williams Campbell syndrome	
	(C) Yellow nail syndrome	(D) Cystic fibrosis	

160. Which of the following statements about cystic fibrosis is not true		stic fibrosis is not true	
	(A) Autosomal recessive disorder		
	(B) Abnormality on CFTR which leads to defective calcium transport		
	(C) Mutation in cystic fibrosis transport regulator		
	(D) CFTR protein has 1480 amino acids		
161.	6 months old infant diagnosed as a infantile spasm with EEG PATTERN SHOWS,		
	(A) Polyspike wave discharges in occipital	region	
	(B) Chaotic pattern of high voltage, bilaterally synchronous slow wave activity		
	(C) 4-6/sec irregular spike wave pattern enhanced on photic stimulation		
	(D) 3/sec spike and slow wave pattern		
162.	Drug of choice for petit mal seizure in children		
	(A) Phenytoin	(B) Carbamazepine	
	(C) Phenobarbitone	(D) Valproic acid	
163.	Most common organism to cause meningitis	common organism to cause meningitis after CNS shunt infection	
	(A) Listeria monocytogens	(B) Pneumococci	
	(C) Enteric bacteria	(D) Coagulase negative staph aureus	
164.	False statement about Brain abscess		
	(A) Most common age 1 year to 3 years		
	(B) One of the complication of TOF		
	(C) Most common site are frontal, parietal, temporal		
	(D) Surgery indicated in fungal abscess		
165.	An adolescent boy presented with External opthalmoplegia, heart block, and Retinitis pigmentosa muscle biopsy shows Ragged Red fibers,		
	(A) Kearns-sayre syndrome		
	(B) Leber Hereditary Optic Neuropathy		
	(C) Leigh disease		
	(D) MERRF		
166.	False statement about GBS		
	(A) Post infectious poly neuropathy		
	(B) Facial weakness are often impending sign of Respiratory failure		
	(C) Autonomic nervous system is also involved		
	(D) Landry descending paralysis		
167.	One year male child admitted at emergency department with h/o trauma, child able to open his eye to pain, able to moan, able to withdraw limbs to painful stimulation. So, what is the score of modified Glasgow coma score		
	(A) 8	(B) 10	
	(C) 6	(D) 12	
168.	Pseudotumourcerebri is caused by		
	(A) HypervitaminosisA	(B) Severe vitamin A deficiency	
	(C) Pseudohypoparathyoidism	(D) All of the above	
		_	

169.	True about acute bacterial meningitis		
	(A) H.influenza is most common in 2 month -2 years		
	(B) Hypoglycorrachia is present		
	(C) Hydrocephalus is a acute complication		
	(D) All of the above		
170.	Most common cause of seizures in a one day old Neonate is		
	(A) Hypoglycemia	(B) Inborn error of metabolism	
	(C) Hypocalcemia	(D) Asphyxia neonatorum	
171.	Which disease is presenting as Refractory epilepsy with Autistic Regression secondary to Novel mutation in HEXA gene		
	(A) Rett syndrome	(B) Tay – sachs disease	
	(C) Asperger's syndrome	(D) Niemann pick disease	
172.	True statements about congenital hypertro	phic pyloric stenosis (CHPS)	
	(A) Duodenoduodenostomy is the treatment of choice for congenital hypertrophic pyloric stenosis		
	(B) Icteropyloric syndrome is seen in CHPS		
	(C) Hypochloremic metabolic acidosis		
	(D) None of the above		
173.	2 years old child presented with intermittent painless brick coloured stool, probable diagnosis is		
	(A) Dysentery	(B) Meckel diverticula	
	(C) Cow milk protein allergy	(D) Intusussception	
174.	Extra gastric manifestations of H.pylori infection		
	(A) Anemia	(B) Short stature	
	(C) Idiopathic thrombocytopenic purpura	(D) All of the above	
175.	Celiac disease –specific antibody		
	(A) Endomysial antibodies	(B) Anti-saccharomyces cervisiae	
	(C) P-ANCA	(D) None of the above	
176.	False statement about Zellweger syndrome is		
	(A) Autosomal recessive	(B) Degeneration of liver and kidney	
	(C) Normal IQ	(D) Usually fatal in 6-12 months	
177.	Wilson disease is due to mutation in		
	(A) ATP7B	(B) ATP7A	
	(C) UGT1A1	(D) AT1B3	
178.	One year 6 month old infant developed jaundice and features of ALF. Child is found to be Positive for HbsAg. The mother's hepatitis B serological profile is likely to be		
	(A) HbsAg and anti Hbe antibody positive	(B) HbsAg positive only	
	(C) HbsAg and Hbe Ag positive	(D) Mother infected with mutant HBV	
179.	Indication for Auxiliary Liver transplantation is		
	(A) Crigler-Najjar type 1	(B) Chronic liver disease	
	(C) Biliary atresia	(D) Hepatic tumors	
		· · · · · · · · · · · · · · · · · · ·	

180.	Cause of conjugated hyperbilirubinemia all except		
	(A) TORCH	(B) Gilbert syndrome	
	(C) Galactosemia	(D) Giant cell hepatitis	
181.	Most common cause of Acute primary peritonitis		
	(A) Enterococci	(B) Staphylococci	
	(C) Pneumococci	(D) Klebsiella	
182.	Proposed gastro intestinal cause for Infantile colic all except		
	(A) Immaturity of enteric nervous system	(B) Decreased motilin receptor	
	(C) Cow milk hypersensitivity	(D) Altered gut micro organism	
183.	Drug causing constipation all except		
	(A) Drotaverin	(B) Dextromethorphan	
	(C) Oxybutynin	(D) Linaclotide	
184.	Gianotticrosti syndrome is associated with	h	
	(A) Hep B virus	(B) HPV	
	(C) Hep C virus	(D) CMV	
185.	Mode of inheritance of congenital erythro	poietic porphyria	
	(A) Autosomal dominant	(B) X-linked	
	(C) Autosomal recessive	(D) Mitochondrial	
186.	2 years old baby with impetigo has not achieved clinical improvement after 7 days of antibiotics, antibiotics of choice for MRSA suspected impetigo lesion		
	(A) Sulfamethoxazole – trimethoprim	(B) cloxacillin	
	(C) cephalexin	(D) cefuroxime axetil	
187.	False statement about atopic dermatitis		
	(A) Endogenous eczema	(B) IgE response	
	(C) Hanifin and Rajka criteria	(D) Flexor lichenification in infant	
188.	Collodion baby at birth, ensheathed in shiny lacquer- like membrane which on shedding reveals diffuse large thick brown plate-like scales which persist for life with deficiency of transglutaminase condition is known as		
	(A) Lamellar icthyosis	(B) Keratinopathic Icthyosis	
	(C) Icthyosis vulgaris	(D) X-linked Icthyosis	
189.	Newborn baby present with large flaccid bullae over the trunk and knees with mucosa involvement, microscopically shows level of split is lamina lucida with collagen XVII gen defect is		
	(A) Dystrophic Ectodermolysis Bullosa	(B) Junctional Ectodermolysis Bullosa	
	(C) EB simplex	(D) Kindler syndrome	
190.	Blister grafting technique is used for		
	(A) Vitiligo	(B) Pemphigus Vulgaris	
	(C) Psoriasis	(D) Lichen striatus	

191.	If a medical practitioner received the council is	gift > 1 lakh from pharma company, action to be taken by	
	(A) Removal for a period 6 mont	hs from state medical Register	
	(B) Removal for a period of > 1 year from state medical Register		
	(C) Removal for a period of 1 year	r from state council with 50,000 Rs fine	
	(D) Only 2 lakhs fine		
192.	Every physician should maintain the IP medical records for period of minimum		
	(A) One year	(B) 2 years	
	(C) 3 years	(D) 5 years	
193.	Following statements are conside	red as misconduct except	
	(A) Any act of termination of pregnancy of normal female fetus		
	(B) Selling schedule H&L drugs	to the public except to his patients	
	(C) A physician shall use touts for	· procuring patients	
	(D) Consent taken from the patien	nt for trial of drugs which is as per the ICMR guidelines	
194.	If a ROC curve goes diagonal, it	means	
	(A) Good diagnostic value	(B) Screening test	
	(C) No diagnostic value	(D) Gold standard test	
195.	Power of test is best defined as		
	(A) Correctly accepting null hypo	(A) Correctly accepting null hypothesis when it is true	
	(B) Correctly accepting null hypothesis when it is false		
	C) Correctly rejecting null hypothesis when it is false		
	(D) Correctly rejecting null hypothesis when it is true		
196.	The main aim of Experimental study designs is to		
	(A) Generate hypothesis	(B) Test hypothesis	
	(C) Prove hypothesis	(D) Formulate hypothesis	
197.	Positive predictive value is not true		
	(A) Depends on disease incidence		
	(B) Reflects the diagnostic power of test		
	(C) More the positive predictive value, the more specific the test		
	(D) Directly proportional to disease prevalence in population		
198.	Probability sampling method is		
	(A) Quota sampling	(B) Cluster sampling	
	(C) Homogenous sampling	(D) Chain sampling	
199.	Least affected by fluctuation of sampling		
	(A) Mean	(B) Median	
	(C) Mode	(D) Standard deviation	
200.	Absence of Bias in data measurement		
	(A) Reliability	(B) Consistency	
	(C) Validity	(D) Variability	