

ARUNACHAL PRADESH PUBLIC SERVICE COMMISSION, ITANAGAR

**GENERAL DUTY MEDICAL OFFICER (GDMO)- ALLOPATHY -
EXAMINATION 2017-18**

Subject : PAPER - II
Time : 2 (two) Hours
Maximum Marks : 200

ROLL NO.

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Signature of Candidate

Signature of Invigilator

INSTRUCTIONS FOR CANDIDATES

1. Immediately after the commencement of the Examination, candidate should check that this Booklet does **NOT** have any unprinted, torn or missing pages/sl.no. etc. If any defect is found, get it replaced by a Complete Question Booklet.
2. **DO NOT** write your Name or anything else in the Question Booklet except your Roll no. & signature in the space provided.
3. Enter correct and entire digits of your Roll No. in the appropriate boxes and darken the corresponding bubbles in the OMR RESPONSE SHEET.
4. **DO NOT** handle your OMR RESPONSE SHEET in such a manner as to mutilate, fold etc.
5. This Question Booklet contains 100 questions carrying 2 (two) marks each. Each question contains four responses. Choose **only one response/answer** for each question and darken the appropriate bubble on the OMR RESPONSE SHEET.
6. No candidate shall be admitted to the Examination Hall 20 minutes after commencement of the Examination. The Centre Supdt./Asstt. Centre Supdt. Of the Examination Hall will be the time-keeper and his/her decision in this regard is final.
7. Candidates are strictly prohibited to possess any book, notebook or loose paper, calculator, mobile phone, any electronic gadget, digital wrist watch etc. inside the Examination Hall, except his/her Admit Card and writing materials only.
8. Immediately after the final bell indicating closure of the examination, stop markings. Be seated till the OMR RESPONSE SHEET is collected. After handing over the OMR RESPONSE SHEET to the Invigilator and after you have been permitted by the Invigilator to leave, you may leave the examination hall.
9. Violation of any of the above Rules will render the candidate liable to be expelled and disqualified from the Examination, and according to the nature and gravity of his/her offence, he/she may be debarred from future Examinations and interviews to be conducted by the Commission and other such organization (i.e UPSC, SSC & SPSCs).

N.B: CANDIDATE MAY RETAIN THE QUESTION BOOKLET

- Q.1.** Adolescence starts at the age of -
A) 7 years.
B) 10 years.
C) 14 years.
D) 17 years.
- Q.2.** A baby can draw a circle at-
A) 12 months
B) 24 months
C) 30 months
D) 36 months
- Q.3.** Treatment of breath holding spells is?
A) Pyridoxine
B) Zinc
C) Iron
D) Molybdenum
- Q.4.** Neonatal period Extends up to-
A) 21 days life
B) 30 days of life
C) 28 days of life
D) 35 days of life
- Q.5.** Low birth weight is defined as birth weight less than-
A) 2 Kg.
B) 1 Kg.
C) 1.5 Kg.
D) 2.5 Kg.
- Q.6.** In a new born, what is the normal respiratory rate?
A) 10 - 20 breath/ minute
B) 30 - 40 breath/ minute
C) 40 - 60 breath/ minute
D) 60 - 80 breath/ minute
- Q.7.** Colour of transitional stools-
A) Green
B) Brown
C) Yellow
D) Pale
- Q.8.** Key feature of Kangaroo mother care is all of the following except?
A) Skin to skin contact between mother and baby
B) Exclusive breast feeding.
C) Initiated in a facility and continued at home
D) Done for babies with cyanosis

- Q.9.** Retinopathy of prematurity is caused by-
- A) Less
 - B) Low birth weight
 - C) O₂ toxicity
 - D) Carbohydrate excess
- Q.10.** Moro's reflex disappear at -
- A) 5 months
 - B) 3 months
 - C) 7 months
 - D) 6 months
- Q.11.** Most common organism causing neonatal sepsis-
- A) Staphylococcus aureus
 - B) E coli
 - C) Haemophilus influenzae
 - D) Klebsiella
- Q.12.** What is the body temperature range categorises a neonate as having cold stress ?
- A) 35.4 to 36.0°C
 - B) 33.4 to 34 °C
 - C) 44.4 to 35.4°C
 - D) 36 to 36.4°C
- Q.13.** Best indicator of growth monitoring in children-
- A) Weight
 - B) Mid upper arm circumference
 - C) Rate of height and weight
 - D) Head circumference
- Q.14.** In which stage corneal Xerosis is seen?
- A) Stage XI
 - B) Stage X2
 - C) Stage X3A
 - D) Stage X3B
- Q.15.** Rehydration therapy is a 2 year old child after diarrhea with some dehydration?
- A) 30 ml/kg in 1 hour -70 ml in 5 hour
 - B) 30 ml/kg in 30 m -70ml in 2 ½ hour
 - C) 20 ml/kg in 30 m – 50ml/kg in 2 ½ hour
 - D) 75ml/kg in 4 hour
- Q.16.** Trisomy 13 is in-
- A) Edward Syndrome
 - B) Patau Syndrome
 - C) Down Syndrome
 - D) Turner Syndrome

Q.17. All are seen in Lactose intolerance except -

- A) Benedict test
- B) Alkaline urine
- C) Acidic stool
- D) Lactase enzyme deficiency

Q.18. Most common cause of acute otitis media in children is:

- A) Streptococcus pneumoniae
- B) Streptococcus pyogenes
- C) Staphylococcus aureus
- D) Pseudomonas

Q.19. A child after 4 week of birth is acyanotic but a systemic murmur is detected:

- A) VSD
- B) PDA
- C) TOF
- D) Coarctation of Aorta

Q.20. Concentration of K⁺ (potassium) in ORS is -

- A) 20
- B) 40
- C) 90
- D) 10

Q.21. Best time to do chorionic villous sampling is

- A) 6-8 weeks
- B) 7-9 weeks
- C) 9-11 weeks
- D) 11-13 weeks

Q.22. In a young female of reproductive age with regular menstrual cycles of 28 days , ovulation occur around 14th day of periods . when is the first polar body extruded ?

- A) 24 hours prior to ovulation
- B) Accompanied by ovulation
- C) 48 hours after the ovulation
- D) At the time of fertilization

Q.23. In early pregnancy the clinical sign of soft cervix is

- A) Hegar sign
- B) Chadwick sign
- C) Godell's sign
- D) osiander sign

- Q.24.** Which one of the following congenital malformations of the fetus can be diagnosed in the first trimester by USG
- A) Anencephaly
 - B) dysplastic kidney
 - C) microcephaly
 - D) holoprosencephaly
- Q.25.** Most common tumor to show metastasis to placenta is
- A) Ca breast
 - B) Ca lung
 - C) Melanoma
 - D) Ca cervix
- Q.26.** Moebius syndrome occurs due to maternal intake of
- A) Mifepristone
 - B) misoprostol
 - C) DES
 - D) methotrexate
- Q.27.** Pain in early labour is limited to
- A) T11T12
 - B) S1S2
 - C) L4L5
 - D) L2L3.
- Q.28.** A G2P1L1 with previous LSCS presents with hematuria during labour . The most likely diagnosis is
- A) impending rupture of scar
 - B) urethral trauma
 - C) prolong labour
 - D) cystitis
- Q.29.** A patient with RHD has PPH .which of the following drugs is contraindicated ?
- A) Mifepristone
 - B) Methylergometrine
 - C) Oxytocin
 - D) Carboprost
- Q.30.** In a case of recurrent spontaneous abortion the following investigation is unwanted ?
- A) Hysteroscopy
 - B) Testing for APLA
 - C) Testing for TORCH infections
 - D) Thyroid function tests.

- Q.31.** The shape of cervix (on usg) which indicates a competent os
- A) T shaped
 - B) Y shaped
 - C) V shaped
 - D) U shaped
- Q.32.** False about partial mole
- A) Caused by triploidy
 - B) Can be diagnosed very early by USG
 - C) Can present as missed abortion
 - D) Rarely causes persisted GTD
- Q.33.** B lynch suture is applied on
- A) Cervix
 - B) Uterus
 - C) Fallopian tube
 - D) Ovaries
- Q.34.** Vaginal delivery is allowed in all, expect
- A) Monochorionic monoamniotic twin
 - B) Extended breech
 - C) Dichorionic twins with 1st cephalic and 2nd breech presentation
 - D) Mento-anterior face
- Q.35.** Lactational amenorrhoea is due to
- A) Prolactin suppressing GnRH
 - B) Prolactin increases FSH & LH
 - C) Prolactin increases estrogen and progesterone
 - D) All of the above
- Q.36.** A 28 year old primigravida was diagnosed as a case of gestational hypertension at 28 weeks. She presents at 32 weeks with pain abdomen. On examination, PR=98/min, BP=100/60mmHg, Hb=6gm%. Per abdomen uterus 34 weeks, tonically contracted with absent FHR. On pervaginal examination, no active bleeding seen. The diagnosis is
- A) concealed placenta previa
 - B) revealed placenta previa
 - C) concealed abruptio placentae
 - D) revealed abruptio placentae
- Q.37.** A 32 years old primigravida with 34 weeks of pregnancy suddenly complaints of headache, oliguria and blurring of vision. Her BP is 180/110mmHg and urine for albumin is 3+. The first line of management is
- A) wait and watch
 - B) LSCS
 - C) induction of labour
 - D) anticonvulsants + antihypertensives therapy

- Q.38.** A pregnant lady presents with genital warts. The best management is –
A) Imiquimod
B) Trichloroacetic acid
C) Podophyllin
D) Cryotherapy
- Q.39.** The most common site of ectopic pregnancy is –
A) Cervix
B) Vagina
C) Ampulla of fallopian tube
D) Isthmus of fallopian tube
- Q.40.** Ring of fire sign in ultrasound is seen in
A) Ectopic pregnancy
B) Twin pregnancy
C) Hydatidiform mole
D) Missed abortion
- Q.41.** From which of the following layers the regeneration of endometrium takes place
A) zona basalis
B) zona pellucidum
C) zona compacta
D) zona spongiosa
- Q.42.** Use of oral contraceptive pills are known to protect against following malignancies except
A) ovarian carcinoma
B) endometrial carcinoma
C) uterine sarcoma
D) carcinoma cervix
- Q.43.** The most common site of tubal sterilisation is –
A) Ampulla
B) Interstitium
C) Isthmus
D) Fimbriae
- Q.44.** Drug of choice for galactorrhoea is
A) Bromocriptine
B) Cabergoline
C) Metformin
D) Dopamine
- Q.45.** All of the following is associated with PCOS except-
A) Diabetes mellitus
B) CA endometrium
C) CA ovary
D) Osteoporosis

- Q.46.** A 20 year old woman gives a history of sharp pain in the lower abdomen for 2-3 days every month approximately 2 weeks before her menses. The most probable aetiology is –
- A) Endometriosis
 - B) Dysmenorrhoea
 - C) Pelvic TB
 - D) Mittelschmerz
- Q.47.** A 35 yr old woman presents with primary infertility and palpable adnexal mass. Her CA 125 level is 90 IU/ml. the most likely diagnosis is –
- A) Epithelial ovarian CA
 - B) Endometrioma
 - C) Tuberculosis
 - D) Borderline ovarian tumour
- Q.48.** A young male presents with delayed puberty with decreased FSH , LH, and testosterone. Which of the following isn't possible?
- A) Kallman syndrome
 - B) Klinefelters syndrome
 - C) Constitutional
 - D) DAX-1 gene mutation
- Q.49.** The investigation of choice in a 55year old post menopausal women who has presented with postmenopausal bleeding is
- A) Pap smear
 - B) Fractional curettage
 - C) TVS
 - D) CA-125
- Q.50.** which of the following is not used as emergency contraceptive
- A) LNG-Intrauterine system
 - B) Oral LNG
 - C) Mifepristone
 - D) Cu-T device
- Q.51.** true and false broad ligament fibroids differentiated by anatomic position of
- A) Ureter
 - B) Internal iliac vein
 - C) External iliac vein
 - D) Descending cervical artery
- Q.52.** Pap smear is useful in diagnosis of all expect
- A) Gonorrhoea
 - B) T.vaginalis
 - C) HPV
 - D) Inflammatory changes

- Q.53.** A 16 year old girl presents with 6*6 cm right ovarian mass with absent AFP, negative CA125 , and increased alkaline phosphatase ,diagnosis is
- Dysgerminoma
 - Mucinous cystadeno CA
 - Endodermal sinus tumor
 - Teratoma
- Q.54.** Endometrial CA involving > 50% of myometrium with vaginal metastasis. No pelvic or para aortic nodes involved with positive peritoneal cytology. Staging is -
- IIIa
 - IIIb
 - IIIc
 - IVa
- Q.55.** A 35 year old mother of 2 children, is suffering from amenorrhoea for her last 10 months. She has a history of failure of lactation following second delivery but remained asymptomatic thereafter. Skull x-ray shows empty sella syndrome ,diagnosis is
- Menopause
 - Pituitary tumor
 - Sheehans syndrome
 - Breast fibroadenoma
- Q.56.** In post menopausal women, HRT is indicated for all except -
- Vaginal dryness
 - Hot flushes
 - Coronary artery disease
 - Osteoporosis
- Q.57.** which of the following isn't included in Amsel's criteria-
- Characteristic homogenous greyish white discharge
 - Positive whiff test
 - Vaginal fluid ph <4.7
 - Clue cells
- Q.58.** A 25 year old female has a 2 cm soft non tender swelling in the vulva , just outside the vaginal introitus. While walking she has discomfort. The treatment of choice -
- Antibiotics
 - Incision and drainage
 - Marsupialisation
 - Surgical excision
- Q.59.** A 28 yr old nulliparous woman with 3rd degree uterine prolapse and cervical elongation with good abdominal wall tone is treated with -
- Le Fort's colpodeisis
 - Fothergill's repair
 - Cervicopexy
 - Hysterectomy

- Q.60.** Bonney's test is used to demonstrate –
- A) Stress urinary incontinence
 - B) Sensory urge incontinence
 - C) Motor urge incontinence
 - D) All of the above
- Q.61.** Modes of intervention in primary prevention:
- A) Specific protection
 - B) Early diagnosis
 - C) Rehabilitation
 - D) All of the above
- Q.62.** Measures of central tendency include:
- A) Mean, Mode, Range
 - B) Median, Mode, Variation
 - C) Mean, Mode, Median
 - D) Mean, Range, Variation
- Q.63.** *Aedes aegypti* is an important vector of:
- A) Malaria
 - B) Filariasis
 - C) Dengue
 - D) Japanese encephalitis
- Q.64.** Ability of a test to identify correctly those who do not have the disease is:
- A) Sensitivity
 - B) Specificity
 - C) Predictive value
 - D) None of the above
- Q.65.** First case of a communicable disease introduced into the population unit being studied is:
- A) Index Case
 - B) Primary Case
 - C) Secondary Case
 - D) Suspect Case
- Q.66.** The continuous scrutiny of the factors that determine the occurrence and distribution of disease and other condition of ill health is:
- A) Epidemiology
 - B) Monitoring
 - C) Evaluation
 - D) Surveillance
- Q.67.** Case fatality rate may be used as an index of:
- A) Virulence
 - B) Communicability
 - C) Severity
 - D) None of the above

Q.68. Prevalence of low birth weight (<2.5 kg) is:

- A) Morbidity indicator
- B) Socio economic indicator
- C) Health care delivery indicator
- D) Nutritional indicator

Q.69. Confirmatory evidence of recent faecal pollution of water is:

- A) E. coli
- B) Cl. perfringes
- C) Faecal streptococci
- D) Klebsiella aerogenes

Q.70. When the disease agent undergoes cyclical change but does not multiply in the body of the arthropod:

- A) Cyclo-propagative
- B) Cyclo-development
- C) Propagative
- D) Cyclical transmission

Q.71. Extrinsic incubation period in malaria is:

- A) 5-10 days
- B) 10-14 days
- C) 10-20 days
- D) 14-20 days

Q.72. PQLI includes:

- A) MMR, life expectancy at 1 year and case fatality rate
- B) IMR, life expectancy at 1 year and literacy
- C) MMR, literacy and socio economic class
- D) IMR, life expectancy at birth and knowledge

Q.73. Triage should be carried out at the site of disaster to:

- A) First come first treated
- B) Identify the victim
- C) Bed availability at the hospital
- D) Severity of their injuries

Q.74. The following is a benefit to the employees under ESI act is:

- A) Sickness expenses
- B) Mortality benefit
- C) Maternity benefit
- D) Employment benefit

Q.75. Population based registries is a registration for:

- A) Diabetes
- B) Cardiovascular disease
- C) Non communicable disease
- D) Cancer

Q.76. Multi-drug therapy for leprosy includes the following except:

- A) Rifampicin
- B) INH
- C) Clofazimine
- D) Dapsone

Q.77. Estimation of prevalence of infection of tuberculosis in a population is done by:

- A) ELISA
- B) Montoux test
- C) Tuberculin test
- D) Sputum microscopy

Q.78. Fast breathing in management of pneumonia in a child aged 2 months upto 12 months:

- A) 30 breaths per minute or more
- B) 40 breaths per minute or more
- C) 50 breaths per minute or more
- D) 60 breaths per minute or more

Q.79. Which of the following vaccine is not a live vaccine:

- A) Rota virus vaccine
- B) Hepatitis B vaccine
- C) DPT
- D) Measles vaccine

Q.80. Iodized salt at the consumer level should be:

- A) 20 ppm
- B) 15 ppm
- C) 10 ppm
- D) 05 ppm

Q.81. Epidemiological triad includes the following:

- A) Environment, man, animal
- B) Host, agent, arthropod
- C) Nature, host, agent
- D) Agent, host, environment

- Q.82.** Secular trend is a type of:
A) Descriptive Epidemiology
B) Analytical Epidemiology
C) Experimental Studies
D) None of the above.
- Q.83.** A disease that is transmitted through contact
A) Communicable Disease
B) Infectious Disease
C) Contagious Disease
D) All of the above
- Q.84.** Prevention of Dehydration in Diarrhoea in children is done by
A) ORS alone
B) ORS + continued feeding
C) Medication
D) Restriction of food
- Q.85.** Isolation is required in cases of Diptheria
A) Agree
B) Dis agree
C) Cannot say
D) Do not know
- Q.86.** Serious side effect of Measles Vaccine
A) TSS
B) Fever
C) Rash
D) Convulsion
- Q.87.** All cold chain equipments are available at PHC except
A) Vaccine Carrier
B) Cold Boxes
C) ILR
D) Walk in Cooler
- Q.88.** Vaccines are normally stored in temperature
A) 2 °c - 8 °c
B) - 20 °c
C) 0 - 2 °c
D) None of the above
- Q.89.** Breast feeding in HIV infected mother
A) Contra indicated
B) Informed Choice
C) Strongly Indicated
D) All of the above

- Q.90.** Hepatitis B infection is a
- A) Blood Borne Infection
 - B) Food Borne Infection
 - C) Water Borne Infection
 - D) Arthropod Borne Infection
- Q.91.** Hepatitis A infection is a
- A) Water Borne Infection
 - B) Blood Borne Infection
 - C) Arthropod Borne Infection
 - D) All of the above
- Q.92.** Anti - Rabies vaccine is indicated in
- A) Bites by wild animal
 - B) Bites by unknown/Untraceable animal
 - C) Bites by Rabid animal
 - D) All Bites
- Q.93.** Dog Bites should be treated by
- A) Vaccination + Local Cleansing
 - B) Only local cleansing with soap
 - C) Only observing the Dog for 10 days
 - D) Only Vaccination
- Q.94.** Diseases transmitted by sexual route are all except
- A) Hepatitis B
 - B) Hepatitis A
 - C) HIV
 - D) Malaria
- Q.95.** Population covered by a PHC is
- A) 5000
 - B) 10,000
 - C) 20,000
 - D) 50,000
- Q.96.** Incubation period for Staphylococcal food poisoning is
- A) 7 - 10 hours
 - B) 12 - 36 hours
 - C) 1 - 6 hours
 - D) > 6 hours

Q.97. Components of DOTS is

- A) Accountability
- B) Economy
- C) Surveillance
- D) All of the above

Q.98. Field level worker are all except

- A) AWW
- B) ASHA
- C) Village Health Guide
- D) C.D.P.O

Q.99. Requirement of protein for adult is

- A) 1 gm per kg body weight
- B) 69 gm per adult
- C) 2 - 3 gm per adult
- D) None of the above

Q.100. Contact period for Chlorination water is

- A) 3 hours
- B) 3 - 4 hours
- C) 1 hour
- D) 10 mins

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