



RAN-2406000104020601

Third M.B.B.S. (Part - II) Examination March - 2026
General Surgery (Paper - 1) (New)

[Total Marks : 100

<p>सूचना : / Instructions</p> <p>(1) उपरोक्त दशविव विगतो उत्तरवही पर अवश्य लખवी. Fill up strictly the above details on your answer book</p>	<p>Seat No.:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <p style="text-align: center;">Student's Signature</p>						

- Q. 1. Give answer in brief: (Any two out of three) (2×10=20)**
- a. An 8 months old child presented with episodes of screaming and vomiting. There is abdominal distension and passage of stool mixed with blood and mucus. Abdominal examination revealed sausage shaped lump in upper abdomen with empty right iliac fossa.
- What is the likely diagnosis? (2)
 - What is the etio-pathology of the condition? (3)
 - Discuss about treatment of this patient. (5)
- b. 60 year old lady came with lump in Right breast for 11 months. 6×4 cm lump in right upper outer quadrant, hard, non tender, fixed to skin and chest wall. Palpable anterior axillary and supraclavicular lymph-nodes.
- What is your probable diagnosis? (2)
 - What is the TNM staging of this patient? (2)
 - What investigations will be needed to decide the treatment protocol? (3)
 - Discuss about treatment of this patient. (3)
- c. A 45 years old male security guard presented with complaint of swelling and tortuosity of veins along inner aspect of right leg for last 3 years. This swelling of veins aggravated on prolonged standing and reduces and sometimes disappear on lying down. There is dark pigmentation of skin around ankle joint,
- What is your diagnosis? (1)
 - Outline aetiology. (2)
 - Mention points of management and recent advance in management (3)
 - Enumerate complications in this condition. (2)
 - How will you prevent complications? (2)
- Q. 2. Write short notes : (Any three out of four) (3×4=12)**
- Total Parenteral Nutrition.
 - Common modes of Hospital acquired infection and describe in brief about prevention of them.
 - Medullary Carcinoma Thyroid and strategies to prevent them.
 - Describe various types of Melanoma. Give outline of Stage wise treatment of nodular melanoma.

Q. 3. Write in brief : (Nine out of Ten)

(9×2=18 marks)

- i. What are the different types of bariatric procedures?
- ii. Phases of wound healing
- iii. Hypertrophic scar
- iv. Acute Paronychia
- v. Natural history of Grave's Disease
- vi. What are the causes and management of hyponatremia ?
- vii. Empyema Necessitans
- viii. Enlist complications of massive transfusion
- ix. Sebaceous cyst
- x. Breaking bad news: Skills required by Indian medical graduates.

Section - II

Q. 4. Give answer in brief: (Any two out of three)

(2×10=20 marks)

- a. 23 year old boy presented with Right sided painless testicular swelling for two months. O/E -6×6 cm swelling in right scrotum, firm to hard, non tender, non transilluminant and fluctuation absent.
 - i. What is the most likely clinical diagnosis? (2)
 - ii. What are the differential diagnosis? (2)
 - iii. What are required investigations. (2)
 - iv. Discuss in brief, management of this patient. (4)
- b. A 66 year male came to OPD with history of suprapubic pain for 3 months, he has frequency of urination at daytime, increase pain at jolting movements, history of interruption of urination, with occasional blood in urine. On xray KUB patient has 4 cm diameter calculus in urinary bladder area.
 - i. What are the types of bladder calculus? What are the aetiology for their formation? (3)
 - ii. What will be other investigations? (3)
 - iii. Discuss in details about management of this patient. (4)
- c. A 22 yr male patient came to emergency department with history of road traffic accident before 4 hours with pelvic compression test positive, patient is unable to pass urine, has blood at tip of external urethral meatus.
 - i. What is probable diagnosis? (2)
 - ii. What investigations you will do in this case? (3)
 - iii. Discuss in detail about emergency and long term treatment of this case. (5)

Q. 5. Write short notes : (Any three out of four)

(3×4=12)

- i. Clinical feature & Treatment of Senile Enlargement of Prostate.
- ii. Describe in brief about clinical features, investigations and treatment of Wilm's tumor.
- iii. What are the causes of hematuria in adults? Describe in brief about management of any one.
- iv. Evaluation and investigations flow chart for male subfertility

Q. 6. Write in brief :(Nine out of ten)

(9×2=18)

- i. Enumerate causes of hydronephrosis
- ii. Phosphate stones
- iii. Hypospadias
- iv. Management of retention of urine
- v. Paraphimosis
- vi. Varicocele
- vii. Management of penile fracture
- viii. Informed consent for vasectomy
- ix. Causes of recurrent urinary tract infections
- x. What are the roles of Indian medical graduate, as envisaged by NMC



RAN-2406000104020602

Third M.B.B.S. (Part-II) Examination March - 2026 General Surgery - New Course (Set-1) (Paper - II)

सूचना : / Instructions

- (1) उपरोक्त दशविव विगतो उत्तरवही पर अवश्य लખवी.
Fill up strictly the above details on your answer book.

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Student's Signature

(Section-I)

- Q-1. Give answers in brief: (any two out of three) 20**
- a) A 70 yr old male brought to casualty with H/O severe abdominal distension 5 days duration, not able to pass stool or flatus. History of passing blood stained stool for last 6 months and weight loss. O/E there was tachycardia, hypotension, abdominal distension and on per rectal examination, irregular mass, which bled on touch.
- i) what is the probable diagnosis 03
- ii) how will you investigate 03
- iii) mention briefly the treatment. 04
- b) A 30 yr male presented with complain of upper abdominal pain with vomiting. History of taking analgesic and muscle relaxation tablets for last 2 weeks for back ache. On examination, patient has tachycardia, hypotension and board like rigidity of abdomen.
- i) what is the diagnosis ? 02
- ii) how will you investigate? 03
- iii) briefly mention the management. 05
- c) A 45 year male patient, alcoholic for 20 years, came to emergency department with severe abdominal pain in epigastric region. Pain reduces in leaning forward position. Serum amylase, lipase are significantly raised.
- i) what is your probable diagnosis? 02
- ii) what are the etiological factors ? 02
- iii) Mention clinical features. 02
- iv) Discuss management of this patient. 04
- Q-2. Write short notes: (Any three out of four) 12**
- 1) What are the different fluid containing space occupying lesions of liver. Describe in brief about management of amoebic liver abscess.
- 2) What are the types, clinical presentation and management of biliary stones.
- 3) Overwhelming post splenectomy infection (OPSI)
- 4) What are the causes and risk factors for carcinoma oesophagus? Describe in brief management options of stage 4 ca. oesophagus with dysphagia.

- Q-3. Write in brief: (Nine out of ten) 18**
- 1) Surgical anatomy of female inguinal canal
 - 2) TIPSS (transjugular intrahepatic porto systemic shunt)
 - 3) Mallory Weiss tear
 - 4) Differences between Crohn's disease and ulcerative colitis
 - 5) What are the indications of permanent colostomy.
 - 6) Components of Ochsner-Sherren Regimen
 - 7) How will you manage acute fissure in ano
 - 8) Enumerate the causes of lower GI bleeding
 - 9) Meckel's diverticulum
 - 10) Charcot's triad

Section – II

- Q-4. Give answers in brief: (any two out of three) 14**
- 1) a) Classify Lower end radius fractures (2). Enumerate its complications (2) and write the surgical management of fracture of lower end radius in a young adult (3)
 - 2) Classify arthritis (2). Describe the clinical features of Osteoarthritis of Knee joint in an elderly lady of 60 years (3) and the investigations required for the diagnosis (2)
 - 3) Describe the clinical features (2), investigations (2) and medical management (3) of post-menopausal Osteoporosis

- Q-5. Write short notes: (Any three out of four) 12**
- 1) Gunstock deformity
 - 2) Involucrum
 - 3) Wrist drop
 - 4) Trendelenburg test

- Q-6. Write short notes: (Any three out of four) 12**
- i) CT Scan and MRI: Compare Advantages and limitations.
 - ii) Propofol.
 - iii) What is spinal anaesthesia. Mention the different drugs used, what are the advantages of this method?
 - iv) Informed consent process.

- Q-7. Write in brief: (six out of seven) 12**
- i) Dentigerous cyst
 - ii) Intravenous urography (IVU)
 - iii) Transrectal ultrasound guided biopsy of prostate
 - iv) Principles of root canal treatment.
 - v) Importance of pre anaesthesia check up
 - vi) Multiple air fluid levels on erect Xray Abdomen.
 - vii) Common Indications of central venous pressure monitoring.

old Course

Time:- 2 Hours

Dt. 01/04/2028

Paper-1

Obstetrics and Diseases of the Newborn

Section-I

1. Write short notes on: 2X5=10
 - a) Discuss high risk factors, diagnosis and management of Atonic Post-Partum Haemorrhage.
 - b) Discuss the clinical features, complications and management of anemia in pregnancy.
2. Write short notes on: 2X5=10
 - a) Discuss the indications for Caesarean section.
 - b) Discuss the causes and management of Puerperal pyrexia.

Section- II

3. Write short notes on : 10x2=20
 - a) Iron therapy in pregnancy
 - b) Umbilical cord
 - c) Active management of third stage of labour
 - d) Complications of episiotomy
 - e) Oxytocin
 - f) Drugs for Eclampsia
 - g) Anencephaly
 - h) Cord prolapse
 - i) Threatened abortion- management
 - j) Abruptio placentae- diagnosis

Paper-2
Gynaecology and Family Planning

Old Course
Time:- 10:30 to 12:30
3rd M.B.B.S part 2

Section-I

1. Write short notes on: 2X5=10
- a) Discuss clinical features, diagnosis and management of Fibroid uterus.
 - b) Discuss clinical features, diagnosis and management of Ectopic pregnancy.
2. Write short notes on: 2X5=10
- a) Discuss the mechanism of action and contra-indications of Intra-uterine contraceptive device.
 - b) Discuss the causes and management of Vaginal discharge.

Section- II

3. Write short notes on : 10x2=20
- a) Pap smear- method of collecting sample
 - b) Imperforate hymen- diagnosis and treatment
 - c) Complications of Hysterectomy
 - d) Collection of sample for Semen analysis
 - e) Clomiphene citrate for ovulation induction
 - f) High risk factors for Cervical cancer
 - g) Complications of Hystero-salpingography
 - h) Contra-indications of Combined Oral contraceptive pills
 - i) Non contraceptive uses of Oral Contraceptive Pills
 - j) Dermoid cyst



RAN-2406000104030701

Third MBBS (Part-2) Examination March - 2026

Obstetrics and Gynaecology (Paper - 1)

Obstetrics and Diseases of the Newborn

सूचना : / Instructions

- (1) उपरोक्त दशविल विगतो उत्तरवली पर अवश्य लखवी.
Fill up strictly the above details on your answer book
- (2) Answer Section A and B in separate answer papers.
- (3) Be precise.
- (4) Add diagrams where necessary.

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Section-A

- Q.1. Long Essay Type (Attempt 2 out of 3) (10×2=20)**
- a) Discuss the plan of management of a primiparous patient presenting with haemorrhage within half hour of vaginal delivery of twins. She has presented with pallor, pulse rate of 120 per minute and blood pressure of 90/60 mm Hg.
 - b) Discuss the plan of management of a primiparous patient presenting with generalized tonic-clonic convulsions within one hour of childbirth.
 - c) Discuss the plan of management of a primigravida at 34 weeks gestation presenting with breathlessness and a haemoglobin level of 6 gm/dL.
- Q.2. Short Notes. (Attempt 3 out of 4) (3×4=12)**
- a) Importance of placental examination at birth
 - b) Points to be discussed while counselling for Trial of labour after Caesarean section.
 - c) Complications of post-datism
 - d) Reasons for non-engaged fetal head at term in a primigravida
- Q.3. Short Answers. (Attempt 9 out of 10) (9×2=18)**
- a) Draw the fontanelles of fetal skull at birth and write two points about their importance.
 - b) Dosage schedule of antenatal corticosteroids to prevent Respiratory Distress in preterm newborn
 - c) Daily Fetal Movement Count - how to measure and importance
 - d) Methods of delivery of aftercoming head of breech
 - e) Tetanus prophylaxis during pregnancy
 - f) Four advantages of breastfeeding
 - g) Signs of onset of labour
 - h) Four indications for Induction of labour
 - i) Reasons for physiological pedal edema during third trimester of pregnancy
 - j) Four causes of recurrent pregnancy losses in second and third trimester

Section-B

- Q.4. Long Essay Type (Attempt 2 out of 3) (10×2=20)**
- a) Discuss the causes and management of Disseminated Intravascular Coagulation in Obstetrics.

- b) Discuss the preparations, indications and dosage of anti-D for prophylaxis against Rhesus iso-immunisation.
- c) Discuss the role of USG in first trimester bleeding.

Q.5. Short Notes. (Attempt 3 out of 4) (3×4=12)

- a) Discuss the dose and side effects of Calcium channel blockers in management of Preterm labour.
- b) Discuss the intra and post-operative complications of Caesarean section.
- c) Principles of prevention of vertical transmission of Hepatitis B infection from mother to newborn.
- d) Describe the various positions for breast feeding.

Q.6. Short Answers. (Attempt 9 out of 10) (9×2=18)

- a) Importance of inter-spinous diameter in Obstetrics
- b) Enumerate four complications of Abruption placentae
- c) Suturing uterine incision in LSCS- types of suture materials and precautions
- d) Diagnosis and management of cephalhaematoma
- e) Advantages and timing of External cephalic version
- f) Draw flowchart for management of retained placenta
- g) Uses of carbetocin
- h) Diagnosis and management of Incomplete abortion
- i) Management flowchart of needle stick injury in a healthcare provider
- j) Diagram for Grading of Placenta praevia



RAN-2406000104030702

Third MBBS (Part-2) Examination March - 2026

Obstetrics and Gynaecology (Paper - 2) New

Gynaecology and Family Planning

सूचना : / Instructions

- (1) उपरोक्त दशविव विगतो उत्तरवली पर अवश्य लખवी.
Fill up strictly the above details on your answer book
- (2) Answer Section A and B in separate answer papers.
- (3) Be precise.
- (4) Add diagrams where necessary.

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Section-A

- Q.1. Long Essay Type (Attempt 2 out of 3) (10×2=20)**
- a) A 25 year old lady with dysmenorrhea and infertility presented to the clinic with suspicion of endometriosis. Discuss the investigations for confirmation of diagnosis and management of the same.
 - b) Discuss the management of a 30 year old lady with third degree utero-vaginal prolapse who has completed her childbearing.
 - c) A 25 year old lady with irregular menstrual cycles has presented with infertility. Discuss the various tests for confirmation of ovulation and management of anovulatory infertility.
- Q.2. Short Notes. (Attempt 3 out of 4) (3×4=12)**
- a) Discuss the contraceptive options for an unmarried lady.
 - b) Describe the colposcopic findings suggestive of Cervical Intra-Epithelial Neoplasia.
 - c) Discuss the management options for AUB-O.
 - d) Describe the timing, steps and post-procedure care after Hystero—Salpingography.
- Q.3. Short Answers. (Attempt 9 out of 10) (9×2=18)**
- a) Four Contra-indications for IUCD
 - b) Tumor markers for Germ Cell tumor of ovary
 - c) Oligozoospermia- management
 - d) Diagnosis of Cervical ectopic pregnancy
 - e) Hydrosalpinx- diagnosis and management
 - f) Mechanism of action of Progestrone only pills as a contraceptive
 - g) Names of four Chemotherapeutic drugs for Gestational Trophoblastic Diseases
 - h) Management of a client with lost IUCD thread
 - i) Diagnostic tests for confirmation of Genital Tuberculosis
 - j) Diagnosis and Management of Senile Vaginitis

Section-B

- Q.4. Long Essay Type (Attempt 2 out of 3) (10×2=20)**
- a) Discuss the clinical features and management of submucosal fibroid.
 - b) Discuss the diagnosis and management of Complex Endometrial Hyperplasia.

c) Discuss the approach to management of Primary amenorrhoea.

Q.5. Short Notes. (Attempt 3 out of 4)

(3×4=12)

- a) Implanon-NXT-advantages and side effects.
- b) Management of recurrent Vulvo-vaginal Candidiasis
- c) Counselling a client for MTP using Mifepristone-Misoprostol combination.
- d) Role of Human Papilloma Virus in Cervical Cancer

Q.6. Short Answers. (Attempt 9 out of 10)

(9×2= 18)

- a) USG findings suggestive of Chocolate cyst of ovary
 - b) Clinical features and diagnosis of Trichomonal vaginitis
 - c) HSG picture of Bicornuate uterus and Septate uterus
 - d) Management of ASCUS noted on Pap smear
 - e) Long term implications of Poly Cystic Ovarian Syndrome
 - f) Treatment options for Stage III Cervical cancer
 - g) Indications for In Vitro Fertilisation- embryo transfer
 - h) Post abortion contraception options
 - i) Treatment of Acute Pelvic Inflammatory Disease
 - j) Confirmation of completion of procedure during Manual vacuum aspiration for MTP
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RAN-2406000104110501

Third MBBS Part - 2 (New) Examination March - 2026

General Medicine Paper - I New Course (Set -A)

सूचना : / Instructions

- (1) उपरोक्त दशविव विगतो उत्तरवही पर अवश्य लખवी.
Fill up strictly the above details on your answer book.

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Student's Signature

SECTION - I

- Q. 1. Long Essay type Questions (Clinical Problem Based) (Any 2 out of 3) 20**
1. A 58-year-old man presents with progressive breathlessness for 4 months. Recently he has difficulty breathing while lying flat, bilateral leg swelling and decreased urine output. He has elevated JVP, Bilateral pitting pedal edema. Apex beat displaced to 6th intercostal space, anterior axillary line, S3 gallop present, Bilateral basal crepitations, Tender hepatomegaly. What is the most likely diagnosis and how will you evaluate and treat this patient.
 2. A 42-year-old woman presents with pain and swelling of multiple joints for 8 months. She has symmetrical involvement of MCP and PIP joints improving with activity. Rheumatoid nodules are present. Bilateral symmetrical swelling of MCP and PIP joints present, Tenderness over wrist joints and nodules present. What is the most likely diagnosis? Discuss investigations and management of this patient.
 3. A 35-year-old woman presents with chronic cough and copious sputum production for the past 5 years, large amounts of thick, yellowish sputum, foul-smelling and occasionally streaked with blood especially in the morning, has frequent sinus infections since adolescence. Grade II clubbing present, Bilateral coarse crackles over lower lung fields. What is the most likely diagnosis? Discuss the diagnostic workup and management for this patient.
- Q. 2. Short Notes (Any 3 out of 4) 12**
1. Clinical features, investigations, and treatment of community-acquired pneumonia.
 2. Disease associated with massive splenomegaly
 3. Approach to a patient with lymphadenopathy
 4. Risk factors for thrombosis (Virchow's Triad)
- Q. 3. Answer in Very Brief (Any 9) 18**
1. Name two drugs causing Urticaria.
 2. Causes of Atrial Fibrillation.
 3. Enumerate Major John's Criteria for Rheumatic fever.
 4. Write New York heart association functional classification (NWHF) of Heart Failure.
 5. Enumerate determinants of Stroke Volume.
 6. Mention causes of Dilated Cardiomyopathy.

7. Write two indications of Lung Transplantation.
8. Mention four adverse effects of Hypercapnia.
9. Why is pulse pressure wide in aortic regurgitation?
10. List two causes of Raynaud's phenomenon.

SECTION-II

- Q. 4. Long Essay Type Questions (Clinical Problem Based) (Any 2 out of 3) 20**
1. A 19-year-old male presents with progressive weakness and shortness of breath on exertion for 6 months has recurrent episodes of jaundice and dark-colored urine since childhood. Similar illness present in his elder sibling. Frontal bossing, Splenomegaly present, anemia present with Raised HbF, hyperbilirubinemia, "hair-on-end" appearance present in X-ray skull. How will you evaluate and treat this patient.
 2. A 28-year-old farmer is brought to the emergency department with acute onset of vomiting, excessive salivation, sweating, pinpoint pupils, muscle fasciculations, and respiratory distress after spraying pesticides in his field—what is the most likely poisoning, its mechanism of toxicity, and the immediate management?
 3. A 35-year-old male working as sewage maintenance worker presents with high-grade fever for 7 days, with chills and rigors, severe headache, myalgia, and vomiting. Yellowish discoloration of the eyes for 2 days, dark-colored urine, and reduced urine output. Investigations reveal Hyperbilirubinemia and raised Serum creatinine. Discuss the diagnostic work up and management of this case.
- Q. 5. Short Notes (Any 3 out of 4) 12**
1. Mention classification and management of hemolytic anemia.
 2. Clinical disorders associated with ARDS.
 3. Causes and treatment of thyrotoxicosis.
 4. Describe investigations, clinical features and management of Carbon monoxide poisoning.
- Q. 6. Reasoning Type Questions/short Notes/Applied Aspects (Any 9 out of 10) 18**
1. Write four causes of microcytic anemia.
 2. Mention diseases associated with massive splenomegaly.
 3. Indications of liver biopsy.
 4. Mention two cyclic antidepressants.
 5. Write names of microbes causing community acquired pneumonia.
 6. Define hypokalemia, mention its ECG changes.
 7. Write four clinical features of phaeochromocytoma.
 8. Mention causes of Traveler's diarrhea.
 9. Mention two neurotoxic features of cobra bite,
 10. Name two complications of COVID-19.



RAN-2406000104110502

MBBS (Part-2) Examination March - 2026

General Medicine - Set A - Paper-II (New Course)

સૂચના : / Instructions

- (1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
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Section I

- Q.1. Long essay type questions (Clinical problem based) (Any 2 out of 3) 20**
1. A 62-year-old male, Mr. R, a known case of hypertension and type 2 diabetes mellitus for 10 years, presents to the Emergency Department with sudden onset weakness of the right side of the body and difficulty in speaking for the past 2 hours. There was no history of trauma, seizure, headache, vomiting, or loss of consciousness. Examination revealed expressive aphasia, BP: 180/100 mmHg, Pulse: 92/min, irregularly irregular, right upper limb power: 1/5, Right lower limb power: 2/5, Right plantar: Extensor, Left side power: 5/5, Facial deviation to left, Sensory loss on right side, ECG shows atrial fibrillation. Discuss the diagnostic workup and management of this case.
 2. "What is cirrhosis of the liver? Explain its causes, pathological changes, signs and symptoms, complications, and treatment."
 3. Define chronic renal failure. Describe causes, Clinical features, Investigations and Management of Chronic Renal Failure.
- Q.2. Answer in Brief (Any 3 out of 4) 12**
1. Classification of seizure and management of status epilepticus.
 2. Etiology and management of Pyelonephritis.
 3. Difference between Compressive and Noncompressive Myelopathy.
 4. Clinical features of Chronic Hepatitis.
- Q.3. Reasoning Type Questions / Short Notes / Applied Aspects 18**
1. Enumerate causes of Stroke in young age.
 2. Drugs used in preventive treatment of Migraine.
 3. Clinical Features of Parkinsonism.
 4. Mention two hyperkinetic movement disorder
 5. Enumerate tests for detection of H pylori.
 6. Write metabolic causes of pain abdomen.
 7. Mention common causes of primary headache
 8. Write four Risk factors of chronic kidney disease.
 9. Indications of Hemodialysis.

Section II

- Q.4. A. Long essay type question. 10**
1. Describe clinical manifestations, Differential Diagnosis and treatment of Schizophrenia.
- B. Write short notes (Any 1 out of 2) 04**
1. Bipolar Disorder.
2. Obsessive compulsive disorder.
- C. Objective type of questions/Applied aspects (Any 3 out of 4) 03**
1. Define psychosis and Neurosis.
2. Name two types of affective disorders.
3. ECT
4. Type I personality Disorder
- Q.5. A. Long essay type question. 10**
1. Define Psoriasis. Describe its clinical features, and management.
- B. Write short notes (Any 1 out of 2) 04**
1. Seborrheic Dermatitis.
2. Tinea versicolor
- C. Objective type of questions/Applied aspects: (Any 3 out of 4) 03**
1. Define atopic dermatitis.
2. Mention two causes of acne.
3. Mention two causes of Stevens-Johnson syndrome.
4. Mention two skin changes of Hyperlipidemia.
- Q.6. A. Long essay type question. 10**
1. Describe clinical features, investigations, treatment and complications of tubercular meningitis.
- B. Write short notes (Any 1 out of 2) 04**
1. Write differences between Chronic bronchitis and Emphysema.
2. Enumerate the types of chest wall.
- C. Objective type of questions/Applied aspects (Any 2 out of 3) 02**
1. What is the most common site of extrapulmonary TB.
2. Define MDR-TB.
3. Enumerate types of respiratory failure.
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RAN-2406000104040801

Third M.B.B.S. (Part- II) Examination March - 2026

Paediatrics (Paper - Set - 1) (New Style)

Time: 3 Hours]

[Total Marks: 100

<p>सूचना : / Instructions</p> <p>(1) उपरोक्त दशविल विगतो उत्तरवली पर अवश्य लपवली. Fill up strictly the above details on your answer book</p> <p>(2) Paper contains Section I, II and III</p> <p>(3) All questions are compulsory</p> <p>(4) Write each section on separate answer sheet</p> <p>(5) Marks indicated on right side</p>	<p>Seat No.:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <p style="text-align: center;">Student's Signature</p>						

SECTION - I

(Multiple Choice Questions)

20

(Encircle only one correct option)

1. Most common cause of neonatal sepsis in India is:
 - a. Group B Streptococcus
 - b. Klebsiella
 - c. E. coli
 - d. Staphylococcus aureus
2. A child with barking cough and inspiratory stridor likely has:
 - a. Bronchiolitis
 - b. Epiglottitis
 - c. Croup
 - d. Laryngomalacia
3. Failure to thrive is defined as weight below:
 - a. 10th percentile
 - b. 5th percentile
 - c. 3rd percentile
 - d. 25th percentile
4. Earliest sign of puberty in girls:
 - a. Menarche
 - b. Pubarche
 - c. Thelarche
 - d. Growth spurt
5. Most common cause of nephrotic syndrome in children:
 - a. FSGS
 - b. Minimal change disease
 - c. Membranous nephropathy
 - d. IgA nephropathy
6. Drug of choice for status epilepticus:
 - a. Phenytoin
 - b. Diazepam
 - c. Phenobarbitone
 - d. Valproate
7. Which vaccine is contraindicated in severe immunodeficiency?
 - a. OPV
 - b. Hepatitis B
 - c. Pentavalent
 - d. IPV
8. Most common cause of acute diarrhea in children:
 - a. Rotavirus
 - b. Salmonella
 - c. Shigella
 - d. E. coli
9. Feature not seen in severe dehydration:
 - a. Sunken eyes
 - b. Lethargy
 - c. Bradycardia
 - d. Poor skin turgor
10. Physiological jaundice appears after:
 - a. Birth
 - b. 12 hours
 - c. 24 hours
 - d. 72 hours

11. Cherry red spot is seen in:
 - a. Tay Sachs disease
 - b. Gaucher disease
 - c. Niemann Pick disease
 - d. Krabbe disease
12. Most common cause of cyanotic CHD:
 - a. TGA
 - b. TOF
 - c. TAPVC
 - d. Tricuspid atresia
13. WHO recommended exclusive breastfeeding duration:
 - a. 3 months
 - b. 4 months
 - c. 6 months
 - d. 9 months
14. Most common cause of anemia in children:
 - a. Hemolytic anemia
 - b. Iron deficiency anemia
 - c. Aplastic anemia
 - d. Megaloblastic anemia
15. Vaccine given at birth except:
 - a. BCG
 - b. OPV
 - c. Hepatitis B
 - d. Measles
16. Most common tumor of posterior fossa in children:
 - a. Astrocytoma
 - b. Medulloblastoma
 - c. Ependymoma
 - d. Craniopharyngioma
17. APGAR score assesses all except:
 - a. Respiration
 - b. Heart rate
 - c. Reflex
 - d. Blood pressure
18. Night blindness occurs due to deficiency of:
 - a. Vitamin A
 - b. Vitamin D
 - c. Vitamin C
 - d. Vitamin B12
19. Blue sclera is seen in:
 - a. Osteogenesis imperfecta
 - b. Rickets
 - c. Scurvy
 - d. Achondroplasia
20. Most common cause of febrile seizure:
 - a. Meningitis
 - b. Viral fever
 - c. Brain tumor
 - d. Hypoglycemia

SECTION-II

Q.1. Structured Long Essay (Clinical Problem Based) 10

A 2-year-old child presents with puffiness of face, pedal edema and decreased urine output for 3 days. Urine examination shows albumin +3.

What is your probable diagnosis?

Enumerate complications

Outline investigations and management

Q.2. Short Notes (Five Marks Each) 30

1. Approach to child with developmental delay
2. Management of Dengue in children
3. Vitamin D deficiency rickets
4. Neonatal hypoglycemia - causes and management
5. Indications and complications of exchange transfusion
6. Integrated Management of Neonatal and Childhood Illness (IMNCI)

SECTION - III

- Q.3. Unstructured Long Question** **10**
Define Acute Severe Asthma. Write etiopathogenesis, clinical features, and management of Acute Severe Asthma in children.
- Q.4. Short Notes (Five Marks Each)** **30**
1. Kangaroo Mother Care
 2. Autism spectrum disorder
 3. Oral Rehydration Therapy
 4. Neonatal jaundice - causes and management
 5. Rheumatic fever - diagnosis and prevention
 6. Protein Energy Malnutrition - classification and management
-



RAN-2606000104061001

Third MBBS (MCQ : Part-2) Examination March - 2026

Otorhino Laryngology (ENT : Set-1) Final MBBS

<p>सूचना : / Instructions</p> <p>(1) उपरोक्त दृशविल विगतो उत्तरवली पर अवश्य लभवी. Fill up strictly the above details on your answer book</p>	<p>Seat No.:</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Student's Signature</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION-1

Q.1. MCQs

20

- 1) Crus commune is a part of:
 - a) Cochlea
 - b) Middle Ear
 - c) Vestibule
 - d) Semicircular canal
- 2) Sistrunk procedure is used for the management of:
 - a) Branchial Cyst
 - b) Branchial Sinus
 - c) Thyroglossal duct cyst
 - d) Pharyngeal Cyst
- 3) Referred otalgia in case of malignancy in pyriform fossa is referred through
 - a) V Cranial Nerve
 - b) VII Cranial Nerve
 - c) IX Cranial Nerve
 - d) X Cranial Nerve
- 4) Which structure is usually preserved in Modified Radical Neck Dissection Type I
 - a) All lymphatic structures
 - b) SCM, IJV and XI CN
 - c) only XI Cranial Nerve
 - d) both IJV and SCM
- 5) Which of the following condition has the maximum malignant potential
 - a) Leucoplakia
 - b) Erythroplakia
 - c) Erythro-leucoplakia
 - d) Aphthous ulcer
- 6) Secretory fluid is confirmed in the middle ear and needs to be drained Incision on the tympanic membrane is to be made in which quadrant-
 - a) Antero- inferior
 - b) Postero-inferior
 - c) Antero-superior
 - d) Postero-superior
- 7) The function of stria vascular is
 - a) To produce perilymph
 - b) To absorb perilymph
 - c) To maintain electric milieu of endolymph
 - d) To maintain electric milieu of perilymph

- 18) Citelli's angle is:
 a) Solid angle c) Sinodural angle
 b) Cerebellopontine angle d) Genu of facial nerve
- 19) Pharyngeal bursa is site of origin for:
 a) Craniopharyngioma c) Thornwaldt's cyst
 b) Chordoma d) Rathke's cyst
- 20) As per the Cotton-Myer grading system, grade II would represent as an airway stenosis of which of the following?
 a) 31% to 50% c) 51% to 70%
 b) 41%to 60% d) 61% to 80%

SECTION 2

- Q.2. Attempt any 1 out of 2** **10**
1. Describe physiology of hearing. Enumerate causes of conductive and sensorineural hearing loss.
 2. What is Epistaxis? Draw a labelled diagram of Little's area. How will you manage a case of Epistaxis?

- Q.3. Attempt any 2 out of 3** **12**
1. A 42yrs old female presents to the ENT OPD with history of foul smelling, scanty, purulent ear discharge since last 3 years. On examination there is a posterior marginal perforation.
 - a) What is your diagnosis?
 - b) What are investigations and management?
 2. A 20 years old male presents with severe pain, swelling and redness of nasal dorsum, fever and nasal obstruction. There was history of blunt nasal trauma. On examination, smooth bilateral swelling of nasal septum with fluctuation.
 - a) What is likely diagnosis?
 - b) What is treatment?
 - c) Write down its complication
 3. Impedance audiometry

- Q.4. Short Notes (Attempt any 3 out of 4)** **18**
1. Malignant otitis externa
 2. Noise induced hearing loss
 3. Nasal myiasis
 4. Difference between Septoplasty and SMR

SECTION 3

- Q.5. Attempt any 1 out of 2** **10**
1. What is stridor? Write about aetiology and management.
 2. Describe physiology of swallowing. Enumerate causes of dysphagia. Describe any one cause in brief.

Q.6. Attempt any 2 out of 3

12

1. A 54 years old male patient who is a heavy smoker presented to ENT clinic with hoarseness of voice for 2 months. There was no history of voice abuse.
 - a) What is likely diagnosis?
 - b) Write its treatment.

2. 6-year-old child presents with greyish-white membrane covering the tonsils, soft palate and uvula- its removal leaves a bleeding surface, fever and progressive inspiratory stridor.
 - a) What is likely diagnosis?
 - b) Write its treatment.
 - c) Write down its 2 complications.

3. Discuss the differential diagnosis of Unilateral vocal cord Palsy.

Q.7. Short Notes (Attempt any 3 out of 4)

18

1. Patterson Kelly Brown syndrome
2. HIV manifestations in ENT
3. Draw labelled diagram of neck spaces
4. Draw a labelled diagram of laryngeal framework. Write differences between Adult and Paediatric larynx.



RAN-2606000104050901

Third MBBS (Part-II) Examination March - 2026

Ophthalmology (Paper : Set-II)

[Total Marks: 100

<p>સૂચના : / Instructions</p> <p>(1) ઉપરોક્ત દર્શવિલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fill up strictly the above details on your answer book</p>	<p>Seat No.:</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">Student's Signature</p> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section – I

1. A 55-year-old woman presents with sudden onset severe eye pain, blurred vision, headache, and vomiting. On examination, the eye is red with a mid-dilated fixed pupil and hazy cornea. Intraocular pressure is markedly elevated. What is the most likely diagnosis? 20
 - a. Acute conjunctivitis
 - b. Acute angle-closure glaucoma
 - c. Anterior uveitis
 - d. Corneal ulcer
2. A 65-year-old male complains of gradual painless loss of vision in both eyes for 2 years. Vision improves slightly in dim light. Fundus examination is difficult due to lens opacity. What is the most likely cause?
 - a. Primary open-angle glaucoma
 - b. Senile cataract
 - c. Retinal detachment
 - d. Macular degeneration
3. A 50-year-old myopic patient complains of sudden flashes of light followed by appearance of a curtain over vision in one eye. What is the most likely diagnosis?
 - a. Vitreous haemorrhage
 - b. Retinal detachment
 - c. Acute glaucoma
 - d. Optic neuritis
4. A 12-year-old child from a rural area presents with chronic redness and irritation of eyes. Examination reveals follicles on the upper tarsal conjunctiva and pannus formation over the cornea. Causative organism?
 - a. Chlamydia trachomatis
 - b. Staphylococcus aureus
 - c. Adenovirus
 - d. Streptococcus pneumonia

5. A 55-year-old diabetic patient complains of gradual visual impairment. Fundoscopy shows microaneurysms, dot and blot haemorrhages, and hard exudates in all four quadrant, what stage of retinopathy
- Proliferative diabetic retinopathy
 - Moderate Non-proliferative diabetic retinopathy
 - Hypertensive retinopathy
 - Mild non proliferative diabetic retinopathy
6. Which is the largest crystallin of the human lens in terms of abundance and functional importance?
- B-Crystallin
 - α -Crystallin
 - γ -Crystallin
 - $\beta \gamma$ Crystallin
7. Which one of the following contributes to the aqueous layer of the tear film?
- Glands of Wolfring
 - Glands of Zeiss
 - Goblet cells
 - Meibomian gland
8. Which of the following IOP-lowering therapy would be **LEAST** suitable for a patient who has mild Broncho- constrictive lung disease?
- Timolol
 - Betaxolol
 - Latanoprost
 - Brimonidine
9. Which of the following structures is derived from neural crest cells?
- Corneal endothelium
 - Lens
 - Lacrimal sac.
 - Sclera
10. A 3-year-old patient presents with bilateral leukocoria. What is the **LEAST** likely diagnosis?
- Congenital cataracts
 - Retinoblastoma
 - Retinopathy of prematurity
 - Metastasis
11. Phacolytic glaucoma is
- Non granulomatous inflammation
 - Zonal granulomatous inflammation
 - Macrophages filled with lens material
 - Type II g E- mediated anaphylaxis
12. Primary angle-closure glaucoma occurs most commonly in patients with shallow anterior chambers. Among the following, which does **NOT** contribute to a shallow anterior chamber?
- Mature lens
 - Hyperopia
 - Ocular hypertension
 - Iris bombe
13. Which one of the following regarding megalo cornea is **TRUE**?
- Most common inheritance is autosomal dominant
 - Associated with progressive corneal enlargement
 - Corneal diameter greater than 10mm
 - Associated with Down syndrome

- Q.2.** A 55-year-old woman complains of watering and discharge from eye. Pressure over lacrimal sac causes regurgitation of pus through punctum..
- What is your Diagnosis? 02
 - What are the investigations to be done in this patient 04
 - Outline the management Plan of this disease 04

- Q.3. Write Short notes on: (Any 4) 20**
- Corneal transparency and factors responsible for it.
 - Enumerate the Layers of tear film and functions of each layer in brief.
 - Define pterygium and its treatment modalities.
 - Draw a labelled diagram of pupillary light reflex
 - What is blepharitis? Write about types of blepharitis and its features.

Section – III

- Q.1.** Describe the causes, clinical features, investigations and management of Acute Iridocyclitis . 2+3+2+3 = 10

- Q.2.** 55-year-old diabetic patient complains of sudden painless loss of vision and floaters in the right eye.
- What is the probable diagnosis? 01
 - Classify diabetic retinopathy. 02
 - Describe fundus findings in proliferative diabetic retinopathy. 03
 - List investigations used in diagnosis. 02
 - Outline management. 02

OR

- Q.2.** 25-year-old female presents with sudden loss of vision in one eye with pain on eye movement. Fundus examination shows unilateral disc oedema.
- What is the most likely diagnosis? 01
 - Classify optic neuritis. 02
 - Describe clinical features. 03
 - List investigations. 02
 - Outline treatment. 02

- Q.3. Write Short Notes On: (any 4) 20**
- Write about clinical features, complications and management of orbital cellulitis.
 - Write about the stages of senile cataract.
 - Visual field defects in Primary Open angle glaucoma.
 - A patient scheduled for cataract surgery appears anxious and asks multiple questions regarding procedure.
 - What are two important elements of effective doctor-patient communication in this situation? 02
 - Mention two components of informed consent. 02
 - Why empathy is important in patient. 01
 - Write a note on Ocular manifestation of patient suffering from HIV with CD4 count 250cells.