

2.5.4

Ophthalmology Department
Midcourse Improvement
Retest & Answer--sheets

2.5.4

**MIDCOURSE
IMPROVEMENT**

Dr.Vasantrao Pawar Medical College Hospital & RC Adgaon,Nashik-3
Department of Ophthalmology

2.5.4 MIDCOURSE IMPROVEMENT

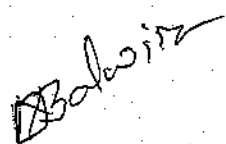
The Institution has defined Policy Document to provide opportunities to students for midcourse improvement of performance through specific interventions

UG

Year	Timely administration of CIE	On time assessment and feedback	Makeup assignment s/tests	Remedial teaching/support
2015-16	Yes	Yes	-	-
2016-17	Yes	Yes	4	4
2017-18	Yes	Yes	22	22
2018-19	Yes	Yes	4	4
2019-20	Yes	Yes	-	-

PG

Year	Timely administration of CIE	On time assessment and feedback	Makeup assignment s/tests	Remedial teaching/support
2015-16	Yes	Yes	No	No
2016-17	Yes	Yes	No	No
2017-18	Yes	Yes	No	No
2018-19	Yes	Yes	No	No
2019-20	Yes	Yes	No	No


 M.S (Ophthalmology)
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M.V.P'S
DR. VASANTRAO PAWAR
MEDICAL COLLEGE, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY
Midcourse improvement


MUHS – 33

DATE: - 05/06/2019

MARKS: - 10

MCQ

- 1) Giant papillary conjunctivitis is common due to
 - a) Rigid contact lens wear
 - b) Soft contact lens wear
 - c) Intraocular lens
 - d) None
- 2) Post capsular cataract is seen in
 - a) Iridocyclitis
 - b) Choroiditis
 - c) Retinitis pigmentosa
 - d) All of the above
- 3) Differential diagnosis of leucocoria include all EXCEPT
 - a) Cataract
 - b) Endophthalmitis
 - c) Central keratitis
 - d) Tuberculosis choroiditis
- 4) Angular conjunctivitis is caused by
 - a) Corynebacterium
 - b) Moraxella
 - c) Neisseria
 - d) None
- 5) Jones dye testing is indicated in
 - a) Partial obstruction of lacrimal drainage system
 - b) Total obstruction
 - c) Corneal ulcer
 - d) None
- 6) Fleurettes formation is seen in
 - a) Spring catarrh
 - b) Herpes keratitis
 - c) Diabetic retinopathy
 - d) Retinoblastoma
- 7) Drug used to prevent intraoperative miosis during cataract surgery is
 - a) Carpinol
 - b) Drosyn
 - c) Homide
 - d) Flur
- 8) Munson sign seen in
 - a) Keratoglobus
 - b) Interstitial keratitis
 - c) Buphthalmos
 - d) Keratoconus
- 9) Iris Shadow is seen in which stage of cortical cataract
 - a) Cuneiform cataract
 - b) Immature Senile cataract
 - c) Mature Cataract
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- 10) Steroids are contraindicated in
 - a) Uveitis
 - b) Spring catarrh
 - c) Episcleritis
 - d) Chronic simple glaucoma
- 11) Dilated fixed pupil is seen in
 - a) Endophthalmitis
 - b) Optic atrophy
 - c) Vernal conjunctivitis
 - d) Facial palsy
- 12) All the Following are investigations for Glaucoma except
 - a) Gonioscopy
 - b) Schiottz tonometry
 - c) Perimetry
 - d) Priestley-smith retinoscopy
- 13) Fleischer's ring on the corneal epithelium is seen in :
 - a) Anterior staphylocoma
 - b) Keratomalacia
 - c) Wilson's disease
 - d) Keratoglobus
- 14) Second sight caused by :
 - a) Nuclear cataract
 - b) Cortical cataract
 - c) Complicated cataract
 - d) All of the above
- 15) Optical iridectomy is done for
 - a) Central cataract
 - b) Central corneal opacity
 - c) High refractive errors
 - d) None
- 16) In the examination of the cornea you may find all EXCEPT
 - a) Pinguecula
 - b) Striate Keratitis
 - c) Keratic precipitates
 - d) KF ring
- 17) Earliest sign of acute iridocyclitis is
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 - c) Post Synechiae
 - d) Circum corneal congestion
- 18) Salmon patches are found in
 - a) Granulomatous uveitis
 - b) Choroidal atrophy
 - c) Interstitial keratitis
 - d) Fungal corneal ulcer
- 19) Indication for enucleation
 - a) Endophthalmitis
 - b) Retinoblastoma
 - c) Panophthalmitis
 - d) Sympathetic ophthalmitis
- 20) Topical therapy regime for trachoma consists of
 - a) 1 % tetracycline
 - b) 0.3 % Gentamycin
 - c) 0.5 % Timolol
 - d) 0.75 % Tropicamide

NSB/10/12

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Dr. Vasantao Pawar Medical College Adgaon Nashik.
Department of Ophthalmology
Mid course improvement
MUHS-31

DATE: -05/10/2017

MARKS: - 10

Instructions 1)- full (dark) the appropriate empty circle below the question number once only
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3) Each question carries half mark
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5) Do not write anything on the blank portion of the question paper. If written anything, such type. Of act will be considered as an attempt to resort to unfair means.

- 1) Sediel's sign is
 - a) Baring of blind spot
 - b) Sickle shaped blind spot
 - c) Enlarged blind spot
 - d) Arc shaped scotoma
- 2) The term Elschnig's pearls is used for
 - a) After Cataract
 - b) Syndermatotic cataract
 - c) Diabetic cataract
 - d) Traumatic cataract
- 3) All of the following Pre-op investigation are mandatory before cataract surgery except.
 - a) Syringing
 - b) Tonometry
 - c) A-scan
 - d) B-scan
- 4) 56 year old patient who has been on systemic steroids for many years develops blurred vision. What is the most likely cause?
 - a) Anterior subcapsular cataract
 - b) Posterior capsular cataract
 - c) Corneal edema
 - d) Nuclear cataract
- 5) Dense scar of cornea with incarceration of iris is known as:
 - a) Adherent Leucoma
 - b) Dense leucoma
 - c) Ciliary staphyloma
 - d) Iris bombe
- 6) Rubeosis iridis leads to :
 - a) Ghost cell glaucoma
 - b) Inverse glaucoma
 - c) Neovascular glaucoma
 - d) Glaucoma capsular
- 7) Topical Natamycin is used in the treatment of
 - a) Viral Keratitis
 - b) Conjunctivitis
 - c) Fungal Keratitis
 - d) Mooren's ulcer
- 8) Coloured halos are seen in
 - a) Acute mucopurulent conjunctivitis
 - b) Immature cataract
 - c) Acute congestive glaucoma
 - d) All of the above
- 9) The sight threatening complication of cataract surgery is
 - a) Striate keratitis
 - b) Expulsive haemorrhage
 - c) Iris prolapse
 - d) Choroidal detachment

- 10) Corneal thickness is measured by
 a) Keratometer
 b) Pachymeter
 c) Tonometer
 d) A Scan
- 11) Nyctalopia is due to
 a) Retinitis pigmentosa
 b) Hypermetropia
 c) Open angle glaucoma
 d) Optic Neuritis
- 12) Second sight caused by :
 a) Nuclear cataract
 b) Cortical cataract
 c) Complicated cataract
 d) All of the above
- 13) Posterior staphyloma is commonly seen in
 a) High myopia
 b) Hypermetropia
 c) Presbyopia
 d) Aphakia
- 14) Colour of corneal ulcer after fluorescein staining is
 a) Yellow
 b) Green
 c) Blue
 d) Red
- 15) Cherry red spot at the macula is seen in
 a) Central retinal vein occlusion
 b) Branch retinal vein occlusion
 c) Hemicentral vein occlusion
 d) Central retinal artery occlusion
- 16) Hutchinson rule is :
 a) Seen in Herpes zoster
 b) Involvement of nasociliary nerve -associated with involvement of the eye
 c) Both
 d) None
- 17) Keratoplasty means transplantation of
 a) Sclera
 b) Cornea
 c) Choroid
 d) Retina
- 18) Cylindrical lenses are used for the correction of
 a) Myopia
 b) Presbyopia
 c) Astigmatism
 d) Hypermetropia
- 19) Chalazian is due to a chronic inflammatory granuloma of which gland
 a) Gland of Zeis
 b) Meibomian Gland
 c) Gland of Moll
 d) Sweat Gland
- 20) Hirschberg test is used for
 a) Measuring the angle of squint
 b) Measuring the radius of curvature of cornea
 c) Measuring the thickness of cornea
 d) All of the above

D. Balhara

Dr. Vasantao Pawar Medical College Adgaon Nashik.
Department of Ophthalmology
Mid course improvement

MUHS-32

DATE: - 09/10/2018

MARKS: - 10

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1) Schirmer's test is used for diagnosing:

- | | |
|------------------|------------------------|
| a) Dry eye | b) Infective keratitis |
| b) Watering eyes | d) Horner's syndrome |

2) Band shaped Keratopathy is commonly caused by deposition of:

- | | |
|-------------------|-----------------|
| a) Magnesium salt | b) Calcium salt |
| c) Ferrous salt | d) Copper salt |

3) Dense scar of cornea with incarceration of iris is known as:

- | | |
|-----------------------|------------------|
| a) Adherent Leucoma | b) Dense leucoma |
| c) Ciliary staphyloma | d) Iris bombe |

4) Rubeosis iridis leads to :

- | | |
|-------------------------|----------------------|
| a) Ghost cell glaucoma | b) Inverse glaucoma |
| c) Neovascular glaucoma | d) Glaucoma capsular |

5) Angular conjunctivitis is caused by

- | | |
|--------------------|--------------|
| a) Corynebacterium | b) Moraxella |
| c) Neisseria | d) None |

6) The drug which should not be used and is contra indicated in acute congestive glaucoma is

- | | |
|----------------|----------------------|
| a) Pilocarpine | b) Timolol |
| c) Atropine | d) None of the above |


7) Cornea is Supplied by

- | | |
|---------------------------------------|---|
| a) Frontal branch of trigeminal nerve | b) Nosocilliary brach of trigeminal nerve |
| c) Trachlear nerve | d) Lacrimal branch of trigeminal nerve |

8) Munson sign seen in

- | | |
|-----------------|---------------------------|
| a) Keratoglobus | b) Interstitial keratitis |
| c) Buphthalmos | d) Keratoconus |

- 9) Giant papillary conjunctivitis is common due to
 a) Rigid contact lens wear b) Soft contact lens wear
 c) Intraocular lens d) None
- 10) Fleurettes formation is seen in
 a) Spring cataract b) Herpes keratitis
 c) Diabetic retinopathy d) Retinoblastoma
- 11) Differential diagnosis of leucocoria include all EXCEPT
 a) Cataract b) Endophthalmitis
 c) Central keratitis d) Tuberculosis choroiditis
- 12) The type of laser employed for treating posterior capsule thickening is
 a) Krypton laser b) Excimer laser
 c) Argon laser d) YAG laser
- 13) All the Following are investigations for Glaucoma except
 a) Gonioscopy b) Schiottz tonometry
 c) Perimetry d) Priestley-smith retinoscopy
- 14) Iris Shadow is seen in which stage of cortical cataract
 a) Cuneiform cataract b) Immature Senile cataract
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AND RESEARCH CENTER
VASANTDADA NAGAR, ADGAON, NASHIK, 422003**

Department of Ophthalmology

Midcourse Improvement

List of opportunities provided for the students for Midcourse Improvement of performance in the examinations

Year	Semester of study	Name of Students	Opportunity
2017-18 (MUHS-31)	6 th	1. Anchal Agarwal 2. Monika 3. Oswal Vineet Satish 4. Sudepti Negi 5. Ananya Gunjal	1. Discussion of individual terminal paper with each student and the correction required 2. Discussion of students queries regarding practicals 3. MCQs on terminal topics 4. Case presentation 5. Paper writing exercise on Term ending paper topics
2018-19 (MUHS-32)	6 th	1. Karande Pratik Rajesh Deepali 2. Patil Sagar Shantaram	1. Discussion of individual terminal paper with each student and the correction required 2. MCQs on terminal topics 3. Books Suggested for reading (Parson) 4. Paper writing exercise on Term ending paper topics
2019-20 (MUHS-33)	6 th	Nil	Nil


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Department of Ophthalmology

2.5.4 (QnM) Opportunities provided to students for mid-course improvement of academic performance (10)

Timely administration	On time assessment and feedback	Makeup assignments/tests	Remedial teaching/support
Yes	Yes	Yes	Yes

DBal/10/2

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CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

MUHS 32
MUHS 31

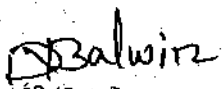
Winter-2017

Remedial Measure - MCQ test- 05/10/2017

Sr.No.	Name	Prelim	Mid course	MUHS 2017	Outcome
1.	Gupta Ayushi P.	FAIL	PASS	PASS	Improved
2.	GavitTilleshTulshiram	Ab	Ab	FAIL	Not improved
3.	ChiragSurana (Repeater)	Ab	Ab	FAIL	Not improved
4.	JanvirSaloni (Repeater)	FAIL	PASS	PASS	Improved

Attendance

Sr.No	Name	Attendance
1.	Gupta Ayushi P.	Present
2.	GavitTilleshTulshiram	Absent
3.	ChiragSurana (Repeater)	Absent
4.	JanvirSaloni (Repeater)	Present


 MS (Ophthalmology) Balvir
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CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY

Mid Course Improvement Exam

MUHS 32

Supplementary 2018

Remedial Measure -MCQ test -07/07/2018

Sr.No.	Name	MUHS 2017	Mid Course	MUHS Supplementary 2018	Outcome
2.	GavitTilleshTulshiram	Fail	Ab	Ab	Not improved
3.	ChiragSurana (Repeater)	Fail	Ab	Fail	Not improved

Attendance:

Sr.No.	Name	Attendance
2.	GavitTilleshTulshiram	Absent
3.	ChiragSurana (Repeater)	Absent

Dr.Dhiraj Balwir

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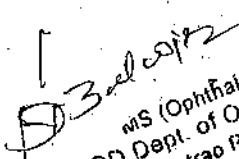
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DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

MUHS 32

Remedial Measure-MCQ Test 09/10/2018

Sr.No.	Name	Prelim	Mid course	MUHS 2018	Outcome
1.	Badala Mayur Mukesh	FAIL	PASS	Pass	Not Improved
2.	Baig Raza Khwaja	FAIL	PASS	Pass	Not Improved
3.	Bhosale Abhay Rajendra	FAIL	PASS	Pass	Not Improved
4.	Bhowate Maansvi Arvind	FAIL	PASS	Pass	Not Improved
5.	Giri Mohit Madan	FAIL	PASS	Pass	Pass
6.	Halin Josil	FAIL	PASS	Pass	Not Improved
7	Ingale Divya Arjunrao	FAIL	PASS	Pass	Improved
8	Ingale Rajat Sanjay	FAIL	PASS	Pass	Improved
9	Jha Ramnaresh Vishwanath	FAIL	PASS	Pass	Improved
10	Karande Pratik Rajesh Deepali	FAIL	PASS	Pass	Improved
11	Khan Sakib Ahmed Nasir	FAIL	PASS	Pass	Improved
12	Korshetti Beena Basavaraj	FAIL	PASS	Pass	Improved
13	Mhaske Ranjeet Nandkumar	FAIL	PASS	Pass	Improved
14	Mirza Azar Kadir Baig	Ab	PASS	Pass	Improved
15	Patel Kshitij Rasikbhai	FAIL	PASS	Pass	Improved
16	Sanidhya Tiwari	Ab	PASS	Pass	Improved
17	Shelke Ajaykumar Dhananjayrao	FAIL	PASS	Pass	Improved
18	Siddiqui Md. Zaidullah Md. Fasiullah	Ab	PASS	Pass	Improved
19	Vipin Kothawal	FAIL	PASS	Pass	Improved
20	Patil Sagar Shantaram	FAIL	PASS	Pass	Improved
21	Vasaikar Sneha Mahesh	Ab	PASS	Pass	Improved
22	Gavit Tilesh T	FAIL	Ab	Fail	Not Improved
23	Chirag Surana	FAIL	Ab	Fail	Not Improved


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DEPARTMENT OF OPHTHALMOLOGY

Mid Course Improvement Exam

MUHS 32

Attendance:

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6.	Halin Josil	Present
7.	Ingale Divya Arjunrao	Present
8.	Ingale Rajat Sanjay	Present
9.	Jha Ramnaresh Vishwanath	Present
10.	Karande Pratik Rajesh Deepali	Present
11.	Khan Sakib Ahmed Nasir	Present
12.	Korshetti Beena Basavaraj	Present
13.	Mhaske Ranjeet Nandkumar	Present
14.	Mirza Azar Kadir Baig	Present
15.	Patel Kshitij Rasikbhai	Present
16.	Sanidhya Tiwari	Present
17.	Shelke Ajaykumar Dhananjayrao	Present
18.	Siddiqui Md, Zaidullah Md. Fasiullah	Present
19.	Vipin Kothawal	Present
20.	Patil Sagar Shantaram	Present
21.	Vasaikar Sneha Mahesh	Present
22.	Gavit Tilesh T	Absent
23.	Chirag Surana	Absent


Dr. Dhiraj Balwir
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Dr. Vasant Rao Pawar Medical College Hospital & RC Adgaon, Nashik
Department of Ophthalmology

Key Indicator - 2.5 Evaluation Process and Reforms

2.5.4 (QnM) Opportunities provided to students for mid-course improvement of academic performance

Timely administration of CIE		On time assessment and feedback		Makeup assignments/tests		Remedial teaching/support	
Yes	No	Yes	No	Yes	No	Yes	No


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Midcourse improvement

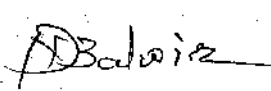
MUHS – 33

DATE: - 05/06/2019


MARKS: - 10

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Department of Ophthalmology

Mid course improvement

MUHS-31

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- a) Adherent Leucoma b) Dense leucoma
c) Ciliary staphyloma d) Iris bombe

6) Rubeosis iridis leads to :

- a) Ghost cell glaucoma b) Inverse glaucoma
c) Neovascular glaucoma d) Glaucoma capsular

7) Topical Natamycin is used in the treatment of

- a) Viral Keratitis b) Conjunctivitis
c) Fungal Keratitis d) Mooren's ulcer

8) Coloured halos are seen in

- a) Acute mucopurulent conjunctivitis b) Immature cataract
c) Acute congestive glaucoma d) All of the above

9) The sight threatening complication of cataract surgery is

- a) Striate keratitis b) Expulsive haemorrhage
c) Iris prolapse d) Choroidal detachment

- 10) Corneal thickness is measured by
 a) Keratometer
 b) Pachymeter
 c) Tonometer
 d) A Scan
- 11) Nyctalopia is due to
 a) Retinitis pigmentosa
 b) Hypermetropia
 c) Open angle glaucoma
 d) Optic Neuritis
- 12) Second sight caused by :
 a) Nuclear cataract
 b) Cortical cataract
 c) Complicated cataract
 d) All of the above
- 13) Posterior staphyloma is commonly seen in
 a) High myopia
 b) Hypermetropia
 c) Presbyopia
 d) Aphakia
- 14) Colour of corneal ulcer after fluorescein staining is
 a) Yellow
 b) Green
 c) Blue
 d) Red
- 15) Cherry red spot at the macula is seen in
 a) Central retinal vein occlusion
 b) Branch retinal vein occlusion
 c) Hemicentral vein occlusion
 d) Central retinal artery occlusion
- 16) Hutchinson rule is :
 a) Seen in Herpes zoster
 b) Involvement of nasociliary nerve -associated with involvement of the eye
 c) Both
 d) None
- 17) Keratoplasty means transplantation of
 a) Sclera
 b) Cornea
 c) Choroid
 d) Retina
- 18) Cylindrical lenses are used for the correction of
 a) Myopia
 b) Presbyopia
 c) Astigmatism
 d) Hypermetropia
- 19) Chalazian is due to a chronic inflammatory granuloma of which gland
 a) Gland of Zeis
 b) Meibomian Gland
 c) Gland of Moll
 d) Sweat Gland
- 20) Hirschberg test is used for
 a) Measuring the angle of squint
 b) Measuring the radius of curvature of cornea
 c) Measuring the thickness of cornea
 d) All of the above

NSBalkoiz

Dr. Vasantrao Pawar Medical College Adgaon Nashik.
Department of Ophthalmology
Mid course improvement

MUHS-32

DATE: - 09/10/2018

MARKS: - 10

- Instructions**
- 1)- full (dark) the appropriate empty circle below the question number once only
 - 2) Use blue/black ball pen only
 - 3) Each question carries half mark
 - 4) A student will not be allotted any marks if he / she overwrites, strikes out or puts white ink on the circle once filled (darkened).
 - 5) Do not write anything on the blank portion of the question paper. If written anything, such type. Of act will be considered as an attempt to resort to unfair means.

1) Schirmer's test is used for diagnosing:

- | | |
|----------------|------------------------|
| a) Dry eye | b) Infective keratitis |
| b) Watery eyes | d) Horner's syndrome |

2) Band shaped Keratopathy is commonly caused by deposition of:

- | | |
|-------------------|-----------------|
| a) Magnesium salt | b) Calcium salt |
| c) Ferrous salt | d) Copper salt |

3) Dense scar of cornea with incarceration of iris is known as:

- | | |
|-----------------------|------------------|
| a) Adherent Leucoma | b) Dense leucoma |
| c) Ciliary staphyloma | d) Iris bombe |

4) Rubeosis iridis leads to :

- | | |
|-------------------------|----------------------|
| a) Ghost cell glaucoma | b) Inverse glaucoma |
| c) Neovascular glaucoma | d) Glaucoma capsular |

5) Angular conjunctivitis is caused by

- | | |
|--------------------|--------------|
| a) Corynebacterium | b) Moraxella |
| c) Neisseria | d) None |

6) The drug which should not be used and is contra indicated in acute congestive glaucoma is

- | | |
|----------------|----------------------|
| a) Pilocarpine | b) Timolol |
| c) Atropine | d) None of the above |

7) Cornea is Supplied by

- | | |
|---------------------------------------|--|
| a) Frontal branch of trigeminal nerve | b) Nosociliary brach of trigeminal nerve |
| c) Trachlear nerve | d) Lacrimal branch of trigeminal nerve |

8) Munson sign seen in

- | | |
|-----------------|---------------------------|
| a) Keratoglobus | b) Interstitial keratitis |
| c) Buphthalmos | d) Keratoconus |

DBDwir

- 9) Giant papillary conjunctivitis is common due to
 a) Rigid contact lens wear b) Soft contact lens wear
 c) Intraocular lens d) None
- 10) Fleurettes formation is seen in
 a) Spring catarrh b) Herpes keratitis
 c) Diabetic retinopathy d) Retinoblastoma
- 11) Differential diagnosis of leucocoria include all EXCEPT
 a) Cataract b) Endophthalmitis
 c) Central keratitis d) Tuberculosis choroiditis
- 12) The type of laser employed for treating posterior capsule thickening is
 a) Krypton laser b) Excimer laser
 c) Argon laser d) YAG laser
- 13) All the Following are investigations for Glaucoma except
 a) Gonioscopy b) Schiottz tonometry
 c) Perimetry d) Priestley-smith retinoscopy
- 14) Iris Shadow is seen in which stage of cortical cataract
 a) Cuneiform cataract b) Immature Senile cataract
 c) Mature Cataract d) Hyper mature senile cataract
- 15) Dilated fixed pupil is seen in
 a) Endophthalmitis b) Optic atrophy
 c) Vernal conjunctivitis d) Facial palsy
- 16) Sediell's sign is
 a) Baring of blind spot b) Sickle shaped blind spot
 c) Enlarged blind spot d) Arc shaped scotoma
- 17) Hutchinson rule is :
 a) Seen in Herpes zoster
 b) Involvement of nasociliary nerve -associated with involvement of the eye
 c) Both
 d) None
- 18) Optical iridectomy is done for
 a) Central cataract b) Central corneal opacity
 c) High refractive errors d) None
- 19) Second sight caused by :
 a) Nuclear cataract b) Cortical cataract
 c) Complicated cataract d) All of the above
- 20) Posterior staphyloma is commonly seen in
 a) High myopia b) Hypermetropia
 c) Presbyopia d) Aphakia

Dr. Balloz

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Student List

MUHS 31

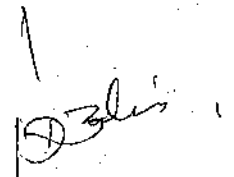
Winter-2017

Sr.No.	Name
1.	Gupta Ayushi P.
2.	GavitTilleshTulshiram
3.	ChiragSurana (Repeater)
4.	JanvirSaloni (Repeater)



Dr.Dhiraj Balwir

HOD OPHTHALMOLOGY



M.S (Ophthalmology)
HOD Dept. of Ophthalmology
MVP'S Dr. Vasant Rao Pawar Medical College
Hospital & R.C. Nashik

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Supplementary 2018

Sr.No.	Name
2.	GavitTilleshTulshiram
3.	ChiragSurana (Repeater)



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Hospital & R. C. Adgaon, Nashi

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Student List Winter -2018

Sr.No.	Name
1.	Badala Mayur Mukesh
2.	Baig Raza Khwaja
3.	Bhosale Abhay Rajendra
4.	Bhowate Maansvi Arvind
5.	Giri Mohit Madan
6.	Halin Josil
7	Ingale Divya Arjunrao
8	Ingale Rajat Sanjay
9	Jha Ramnaresh Vishwanath
10	Karande Pratik Rajesh Deepali
11	Khan Sakib Ahmed Nasir
12	Korshetti Beena Basavaraj
13	Mhaske Ranjeet Nandkumar
14	Mirza Azar Kadir Baig
15	Patel Kshitij Rasikbhai
16	Sanidhya Tiwari
17	Shelke Ajaykumar Dhananjayrao
18	Siddiqui Md. Zaidullah Md. Fasiullah
19	Vipin Kothawal
20	Patil Sagar Shantaram
21	Vasaikar Sneha Mahesh
22	Gavit Tilesh T
23	Chirag Surana

Dr. Dhiraj Balwir

MS (Ophthalmology)
HOD Dept. of Ophthalmology
HOD DEPARTMENT OF OPHTHALMOLOGY
Hospital & R. C. Adgaon, Nashik

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Student List

MUHS 33

Supplementary 2019

Sr.No.	Name
1.	Gavit Tilesh T
2.	Chirag Surana



Dr. Dhina Balyir
HOD Dept. of Ophthalmology
HOD DEPT. OF OPHTHALMOLOGY
Hospital & R.C. Adgaon, Nashik



**MVPS DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL AND
RESEARCH CENTER
VASANTDADA NAGAR, ADGAON, NASHIK, 422003**

Department of Ophthalmology

MUHS 31

Winter-2017

Remedial Measure –MCQ test- 05/10/2017

Sr.No.	Name	Prelim	Mid course	MUHS 2017	Outcome
1.	Gupta Ayushi P.	FAIL	PASS	PASS	Improved
2.	Gavit Nilesh Tulshiram	Ab	Ab	FAIL	Not improved
3.	Chirag Surana (Repeater)	Ab	Ab	FAIL	Not improved
4.	Janvir Saloni (Repeater)	FAIL	PASS	PASS	Improved

Dr. Dural Balwir

MS (Ophthalmology)
HOD Dept. of Ophthalmology
MVP'S Dr. Vasant Rao Pawar Medical College
HOD OPTHALMOLOGY



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RESEARCH CENTER
VASANTDADA NAGAR, ADGAON, NASHIK, 422003**

Department of Ophthalmology

Supplementary 2018

Remedial Measure –MCQ test -07/07/2018

Sr.No.	Name	MUHS 2017	Mid Course	MUHS Supplementary 2018	Outcome
2.	Gavit Tilesh Tulshiram	Fail	Ab	Ab	Not improved
3.	Chirag Surana (Repeater)	Fail	Ab	Fail	Not improved

MS (Ophthalmology)
HOD Dept. of Ophthalmology
MVP'S Dr. Vasant Rao Pawar Medical College
Hospital & R.C. Adgaon, Nashik
HOD OPHTHALMOLOGY



**MVPS DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL AND
RESEARCH CENTER
VASANTDADA NAGAR, ADGAON, NASHIK, 422003**

Department of Ophthalmology

MUHS-32

Winter-2018

Remedial Measure-MCQ Test 09/10/2018

Sr.No.	Name	Prelim	Mid course	MUHS 2018	Outcome
1.	Badala Mayur Mukesh	FAIL	PASS	Pass	Not Improved
2.	Baig Raza Khwaja	FAIL	PASS	Pass	Not Improved
3.	Bhosale Abhay Rajendra	FAIL	PASS	Pass	Not Improved
4.	Bhowate Maansvi Arvind	FAIL	PASS	Pass	Not Improved
5.	Giri Mohit Madan	FAIL	PASS	Pass	Pass
6.	Halin Josil	FAIL	PASS	Pass	Not Improved
7	Ingale Divya Arjunrao	FAIL	PASS	Pass	Improved
8	Ingale Rajat Sanjay	FAIL	PASS	Pass	Improved
9	Jha Ramnaresh Vishwanath	FAIL	PASS	Pass	Improved
10	Karande Pratik Rajesh Deepali	FAIL	PASS	Pass	Improved
11	Khan Sakib Ahmed Nasir	FAIL	PASS	Pass	Improved
12	Korshetti Beena Basavaraj	FAIL	PASS	Pass	Improved
13	Mhaske Ranjeet Nandkumar	FAIL	PASS	Pass	Improved
14	Mirza Azar Kadir Baig	Ab	PASS	Pass	Improved
15	Patel Kshitij Rasikbhai	FAIL	PASS	Pass	Improved
16	Sanidhya Tiwari	Ab	PASS	Pass	Improved
17	Shelke Ajaykumar Dhananjayrao	FAIL	PASS	Pass	Improved
18	Siddiqui Md. Zaidullah Md. Fasiullah	Ab	PASS	Pass	Improved
19	Vipin Kothawal	FAIL	PASS	Pass	Improved
20	Patil Sagar Shantaram	FAIL	PASS	Pass	Improved
21	Vasaikar Sneha Mahesh	Ab	PASS	Pass	Improved
22	Gavit Tishesh T	FAIL	Ab	Fail	Not Improved
23	Chirag Surana	FAIL	Ab	Fail	Not Improved

DB/10/12

MS (Ophthalmology)
HOD Dept. of Ophthalmology
MVPS Dr Vasant Rao Pawar Medical College
Hospital & P.C. Adgaon, Nashik



**MVPS DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL AND
RESEARCH CENTER
VASANTDADA NAGAR, ADGAON, NASHIK, 422003**

Department of Ophthalmology

Supplementary 2019-

Remedial Measures - MCQ Test - 05/06/2019

RESULT AWAITED

Sr.No.	Name	MUHS 2018	Mid course	MUHS- Sup. 2019	Outcome
1.	Gavit Tilesh T	Fail	Ab		
2.	Chirag Surana	Fail	Fail		

M.S (Ophthalmology)
HOD Dept of Ophthalmology
Dr. Dhiraaj Barwani
MVP'S Dr. Vasant Rao Pawar Medical College
Hospital & R.C. Adgaon, Nashik
HOD OPHTHALMOLOGY

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Winter-2018

MUHS 31

Winter-2017

Sr.No.	Name	Prelim	Mid course	MUHS 2017	Outcome
1.	Gupta Ayushi P.	FAIL	PASS	PASS	Improved ✓
2.	GavitTilleshTulshiram	Ab	Ab	FAIL	Not improved
3.	ChiragSurana (Repeater)	Ab	Ab	FAIL	Not improved
4.	JanvirSaloni (Repeater)	FAIL	PASS	PASS	Improved ✓

Supplementary 2018

Sr.No.	Name	MUHS 2017	Mid Course	MUHS Supplementary 2018	Outcome
2.	GavitTilleshTulshiram	Fail	Ab	Ab	Not improved
3.	ChiragSurana (Repeater)	Fail	Ab	Fail	Not improved

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

Winter-2018

(21)

Sr.No.	Name	Prelim	Mid course	MUHS 2018	Outcome
1.	Badala Mayur Mukesh	FAIL		Pass	Not Improved
2.	Baig Raza Khwaja	FAIL		Pass	Not Improved
3.	Bhosale Abhay Rajendra	FAIL		Pass	Not Improved
4.	Bhowate Maansvi Arvind	FAIL		Pass	Not Improved
5.	Giri Mohit Madan	FAIL		Pass	Pass
6.	Halin Josil	FAIL		Pass	Not Improved
7	Ingale Divya Arjunrao	FAIL		Pass	Improved
8	Ingale Rajat Sanjay	FAIL		Pass	Improved
9	Jha Ramnaresh Vishwanath	FAIL		Pass	Improved
10	Karande Pratik Rajesh Deepali	FAIL		Pass	Improved
11	Khan Sakib Ahmed Nasir	FAIL		Pass	Improved
12	Korshetti Beena Basavaraj	FAIL		Pass	Improved
13	Mhaske Ranjeet Nandkumar	FAIL		Pass	Improved
14	Mirza Azar Kadir Baig	Ab	Ab	Pass	Improved
15	Patel Kshitij Rasikbhai	FAIL		Pass	Improved
16	Sanidhya Tiwari	Ab		Pass	Improved
17	Shelke Ajaykumar Dhananjayrao	FAIL		Pass	Improved
18	Siddiqui Md. Zaidullah Md. Fasiullah	Ab		Pass	Improved
19	Vipin Kothawal	FAIL		Pass	Improved
20	Patil Sagar Shantaram	FAIL		Pass	Improved
21	Vasaikar Sneha Mahesh	Ab		Pass	Improved
22	Gavit Tilesh T	FAIL	Ab	Fail	Not Improved
23	Chirag Surana	FAIL	Ab	Fail	Not Improved

**DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH
CENTER, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY**

Mid Course Improvement Exam

MUHS 33

Supplementary 2019

Sr.No.	Name	MUHS 2018	Mid course	MUHS- Sup. 2019	Outcome
1.	Gavit Tilesh T	Fail	Ab		
2.	Chirag Surana	Fail	Fail		

MAHARASHTRA UNIVERSITY OF HEALTH, SCIENCES, NASHIK
MARKLIST FOR PRACTICAL & VIVA

CENTRE:-

SUBJECT:-OPHTHALMOLOGY

EXAM:-THIRD MBBS (PART-I)

MONTH/YEAR:-

DISTRIBUTION OF PRACTICAL MARKS

DISTRIBUTION OF PRACTICAL MARKS

LONG CASE

A) HISTORY

-05 MARKS

B) ILLICITATING CLINICAL SIGNS & CLINICAL EXAM -10 MARKS

D) MANAGEMENT -10 MARKS

G) DARK ROOM -05 MARKS

C) DIAGNOSIS

-05 MARKS E) TOTAL

-30 MARKS

F) INSTRUMENT -05 MARKS

Seat No	Long Case				E Clinical Total-30 Max-30 Marks Min-15 Marks	Instrument F (05)	Dark Room G (05)	Viva Total H (10)
	A (05)	B (10)	C (05)	D (10)				
55945	3	5	3	2.5		3	3	
55946	2.5	5	2.5	5		3	2.5	
55950	2.5	5	2.5	5		3.0	2.5	
55952	3	6	2.5	5		3.0	2.5	

NAME & COLLEGE OF EXAMINER

SIGNATURE WITH DATE

NAME & COLLEGE OF EXAMINER

SIGNATURE WITH DATE

1) _____ (Convenor)

2) _____ (External)

DR. VASANTRAO PAWAR MEDICAL COLLEGE & HOSPITAL RESEARCH

CENTER, ADGAON, NASHIK

DEPARTMENT OF OPHTHALMOLOGY

Mid Course Improvement Exam

Sr.No.	Name	Prelim	Mid course	MUHS 2018	Outcome
1.	Badala Mayur Mukesh	FAIL		Pass	Not Improved
2.	Baig Raza Khwaja	FAIL		Pass	Not Improved
3.	Bhosale Abhay Rajendra	FAIL		Pass	Not Improved
4.	Bhowate Maansvi Arvind	FAIL		Pass	Not Improved
5.	Giri Mohit Madan	FAIL		Pass	Pass
6.	Halin Josil	FAIL		Pass	Not Improved
7	Ingale Divya Arjunrao	FAIL		Pass	Improved
8	Ingale Rajat Sanjay	FAIL		Pass	Improved
9	Jha Ramnaresh Vishwanath	FAIL		Pass	Improved
10	Karande Pratik Rajesh Deepali	FAIL		Pass	Improved
11	Khan Sakib Ahmed Nasir	FAIL		Pass	Improved
12	Korshetti Beena Basavaraj	FAIL		Pass	Improved
13	Mhaske Ranjeet Nandkumar	FAIL		Pass	Improved
14	Mirza Azar Kadir Baig	Ab		Pass	Improved
15	Patel Kshitij Rasikbhai	FAIL		Pass	Improved
16	Sanidhya Tiwari	Ab		Pass	Improved
17	Shelke-Ajaykumar Dhananjayrao	FAIL		Pass	Improved
18	Siddiqui Md. Zaidullah Md. Fasiullah	Ab		Pass	Improved
19	Vipin Kothawal	FAIL		Pass	Improved
20	Patil Sagar Shantaram	FAIL		Pass	Improved
21	Vasaikar Sneha Mahesh	Ab		Pass	Improved
22	Gavit Tilesh T	FAIL		Fail	Not Improved
23	Chirag Surana	FAIL		Fail	Not Improved

Dr. Vasantao Pawar Medical College Adgaon Nashik.
Department of Ophthalmology
Mid course improvement
MUHS-31

DATE: -05/10/2017

MARKS: - 10

Instructions

- 1)- full (dark) the appropriate empty circle below the question number once only
- 2) Use blue/black ball pen only
- 3) Each question carries half mark
- 4) A student will not be allotted any marks if he / she overwrites, strikes out or puts white ink on the circle once filled (darkened).
- 5) Do not write anything on the blank portion of the question paper. If written anything, such type. Of act will be considered as an attempt to resort to unfair means.

1) Sediel's sign is

- a) Baring of blind spot b) Sickle shaped blind spot
c) Enlarged blind spot d) Arc shaped scotoma

2) The term Elschnig's pearls is used for

- a) After Cataract b) Syndermatotic cataract
c) Diabetic cataract d) Traumatic cataract

3) All of the following Pre-op investigation are mandatory before cataract surgery except.

- a) Syringing b) Tonometry
c) A-scan d) B-scan

4) 56 year old patient who has been on systemic steroids for many years develops blurred vision. What is the most likely cause?

- a) Anterior subcapsular cataract b) Posterior capsular cataract
c) Corneal edema d) Nuclear cataract

5) Dense scar of cornea with incarceration of iris is known as:

- a) Adherent Leucoma b) Dense leucoma
c) Ciliary staphyloma d) Iris bombe

6) Rubeosis iridis leads to :

- a) Ghost cell glaucoma b) Inverse glaucoma
c) Neovascular glaucoma d) Glaucoma capsular

7) Topical Natamycin is used in the treatment of

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8) Coloured halos are seen in

- a) Acute mucopurulent conjunctivitis b) Immature cataract
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- 11) Nyctalopia is due to
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b) Hypermetropia
c) Open angle glaucoma
d) Optic Neuritis
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b) Cortical cataract
c) Complicated cataract
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b) Green
c) Blue
d) Red
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a) Central retinal vein occlusion
b) Branch retinal vein occlusion
c) Hemicentral vein occlusion
d) Central retinal artery occlusion
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a) Seen in Herpes zoster
b) Involvement of nasociliary nerve -associated with involvement of the eye
c) Both
d) None
- 17) Keratoplasty means transplantation of
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b) Cornea
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d) Retina
- 18) Cylindrical lenses are used for the correction of
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b) Presbyopia
c) Astigmatism
d) Hypermetropia
- 19) Chalazion is due to a chronic inflammatory granuloma of which gland
a) Gland of Zeis
b) Meibomian Gland
c) Gland of Moll
d) Sweat Gland
- 20) Hirschberg test is used for
a) Measuring the angle of squint
b) Measuring the radius of curvature of cornea
c) Measuring the thickness of cornea
d) All of the above

MVHS-31

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.

MCQ ANSWER SHEET

Name of Candidate : Janvir Saloni
 Name of Examination : Mid course Improvement Exam.
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 5/10/17 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

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TOTAL MARKS :-

6/10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

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- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

marks 31

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK.

MCQ ANSWER SHEET

Name of Candidate : Gupta Ayushi P.
 Name of Examination : Mid Course Improvement.
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 5/10/17 Version No. : _____

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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TOTAL MARKS :-

5 1/2 / 10

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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CANDIDATE SIGNATURE

INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL

POINT PEN ONLY...



INSTRUCTIONS

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Wrong

Correct



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- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Dr. Vasantrao Pawar Medical College Adgaon Nashik.
Department of Ophthalmology
Mid course improvement

MUHS-32

DATE: - 09/10/2018

MARKS: - 10

-
- Instructions**
- 1)- full (dark) the appropriate empty circle below the question number once only
 - 2) Use blue/black ball pen only
 - 3) Each question carries half mark
 - 4) A student will not be allotted any marks if he / she overwrites, strikes out or puts white ink on the circle once filled (darkened).
 - 5) Do not write anything on the blank portion of the question paper. If written anything, such type. Of act will be considered as an attempt to resort to unfair means.

1) Schirmer's test is used for diagnosing:

- | | |
|----------------|------------------------|
| a) Dry eye | b) Infective keratitis |
| b) Watery eyes | d) Horner's syndrome |

2) Band shaped Keratopathy is commonly caused by deposition of:

- | | |
|-------------------|-----------------|
| a) Magnesium salt | b) Calcium salt |
| c) Ferrous salt | d) Copper salt |

3) Dense scar of cornea with incarceration of iris is known as:

- | | |
|-----------------------|------------------|
| a) Adherent Leucoma | b) Dense leucoma |
| c) Ciliary staphyloma | d) Iris bombe |

4) Rubeosis iridis leads to :

- | | |
|-------------------------|----------------------|
| a) Ghost cell glaucoma | b) Inverse glaucoma |
| c) Neovascular glaucoma | d) Glaucoma capsular |

5) Angular conjunctivitis is caused by

- | | |
|--------------------|--------------|
| a) Corynebacterium | b) Moraxella |
| c) Neisseria | d) None |

6) The drug which should not be used and is contra indicated in acute congestive glaucoma is

- | | |
|----------------|----------------------|
| a) Pilocarpine | b) Timolol |
| c) Atropine | d) None of the above |

7) Cornea is Supplied by

- | | |
|---------------------------------------|---|
| a) Frontal branch of trigeminal nerve | b) Nosocilliary brach of trigeminal nerve |
| c) Trachlear nerve | d) Lacrimal branch of trigeminal nerve |

8) Munson sign seen in

- | | |
|-----------------|---------------------------|
| a) Keratoglobus | b) Interstitial keratitis |
| c) Buphthalmos | d) Keratoconus |

- 9) Giant papillary conjunctivitis is common due to
a) Rigid contact lens wear b) Soft contact lens wear
c) Intraocular lens d) None
- 10) Fleurettes formation is seen in
a) Spring catarrh b) Herpes keratitis
c) Diabetic retinopathy d) Retinoblastoma
- 11) Differential diagnosis of leucocoria include all EXCEPT
a) Cataract b) Endophthalmitis
c) Central keratitis d) Tuberculosis choroiditis
- 12) The type of laser employed for treating posterior capsule thickening is
a) Krypton laser b) Excimer laser
c) Argon laser d) YAG laser
- 13) All the Following are investigations for Glaucoma except
a) Gonioscopy b) Schiötz tonometry
c) Perimetry d) Priestley-smith retinoscopy
- 14) Iris Shadow is seen in which stage of cortical cataract
a) Cuneiform cataract b) Immature Senile cataract
c) Mature Cataract d) Hyper mature senile cataract
- 15) Dilated fixed pupil is seen in
a) Endophthalmitis b) Optic atrophy
c) Vernal conjunctivitis d) Facial palsy
- 16) Sediell's sign is
a) Baring of blind spot b) Sickle shaped blind spot
c) Enlarged blind spot d) Arc shaped scotoma
- 17) Hutchinson rule is :
a) Seen in Herpes zoster
b) Involvement of nasocilliary nerve -associated with involvement of the eye
c) Both
d) None
- 18) Optical iridectomy is done for
a) Central cataract b) Central corneal opacity
c) High refractive errors d) None
- 19) Second sight caused by :
a) Nuclear cataract b) Cortical cataract
c) Complicated cataract d) All of the above
- 20) Posterior staphyloma is commonly seen in
a) High myopia b) Hypermetropia
c) Presbyopia d) Aphakia

Name of Candidate : Badala Mayur Mukesh
 Name of Examination : Mid course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

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QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

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QUESTION :-> 11 12 13 14 15 16 17 18 19 20

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QUESTION :-> 21 22 23 24 25 26 27 28 29 30

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TOTAL MARKS :-

6/10

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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Date : / /

USE BLUE BALL POINT PEN ONLY...

INSTRUCTIONS

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Wrong	Correct
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3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
4. ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : Baig Raza Khurafa

Name of Examination : Mid course Improvement

Class : _____ Semester : _____

Subject : Ophthalm Paper : _____

Date : 9/10/18 Version No. : _____

ROLL NO.

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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C

D

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Name of Candidate : Bhasale Abhay Rajendra

Name of Examination : mid course improvement

Class : _____ Semester : _____

Subject : Ophthalmology Paper : _____

Date : 9/10/18 Version No. : _____

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Wrong

Correct



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Name of Candidate : Bhawate Mansi Arvind.
 Name of Examination : Mid course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

6.5/10

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL POINT PEN ONLY...

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW

Wrong	Correct
-------	---------

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------	--------------------------	-------------------------------------

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.

Name of Candidate : Gur Mohit Madan

Name of Examination : Mid course Assessment

Class : _____ Semester : _____

Subject : Ophthalmology Paper : _____

Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

9.51

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE

INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL

POINT PEN ONLY....



INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong

Correct



- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : Halin Joshi
 Name of Examination : Mid Course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10
 ANSWER : ↓
 A
 B
 C
 D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20
 ANSWER : ↓
 A
 B
 C
 D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30
 ANSWER : ↓
 A
 B
 C
 D

TOTAL MARKS :-


9.5/10

ROLL NO. (In Words)

 QUESTION BOOKLET VERSION

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
 CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS
 1. FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
 4. ROUGH WORK MUST NOT BE DONE ON

Name of Candidate: Ingate Divya Arjun Rao
 Name of Examination: mid-course improvement
 Class: _____ Semester: _____
 Subject: Ophthalmology Paper: _____
 Date: 9/10/18 Version No.: _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER : ↓

A

B

C

D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER : ↓

A

B

C

D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER : ↓

A

B

C

D

TOTAL MARKS :-

66/34/10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet-Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALL POINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : Jha Ramnaresh Vishwanath
 Name of Examination : Mid course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

6 1/2 5/10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : Karan R. Patil Rajesh
 Name of Examination : Mid Course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 19/10/19 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date : / /

USE BLUE BALL POINT PEN ONLY... 

- INSTRUCTIONS**
- FILL THE BLOCKS USING BLUE BALL POINT PEN ONLY.
 - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- | | |
|-------------------------------------|-------------------------------------|
| Wrong | Correct |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
 - ROUGH WORK MUST NOT BE DONE ON

Name of Candidate: Khan Sakib Ahmed Nasir
 Name of Examination: Mid course improvement
 Class: _____ Semester: _____
 Subject: Ophthalmology Paper: _____
 Date: 9/10/18 Version No.: _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question-Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

- INSTRUCTIONS
- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
 - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
- | | |
|-------|---------|
| Wrong | Correct |
|-------|---------|
- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.

Name of Candidate : KORSHETTI BEENA BASAVRAJ
 Name of Examination : MID COURSE IMPROVEMENT
 Class : _____ Semester : _____
 Subject : OPHTHALMOLOGY Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A

B

C

D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A

B

C

D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

A

B

C

D

TOTAL MARKS :-

ROLL NO. (In Words)

QUESTION BOOKLET VERSION

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE

Date: / /

USE BLUE BALL POINT PEN ONLY

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong

Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.



Name of Candidate : Mhaske Ranjeet Nandkumar
 Name of Examination : mid-course improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 3/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date : / /

USE BLUE BALL POINT PEN ONLY... 

- INSTRUCTIONS
- FILL THE BLOCKS USING BLUE BALL POINT PEN ONLY.
 - FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong Correct



- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

TOTAL MARKS :-

6/10

Name of Candidate : Mirza Azar Kadir Baig

Name of Examination : Mid-course improvement

Class : _____ Semester : _____

Subject : Ophthalmology Paper : _____

Date : 9/16/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

6/10

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL POINT PEN ONLY...

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

<input type="checkbox"/> Wrong	<input type="checkbox"/> Correct
--------------------------------	----------------------------------

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : SANDHYA TIWARI
 Name of Examination : MID COURSE IMPROVEMENT
 Class : _____ Semester : _____
 Subject : OPHTHALMOLOGY Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A

B

C

D

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A

B

C

D

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

A

B

C

D

TOTAL MARKS :-

6/16

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE

INVIGILATOR'S SIGNATURE

Date : / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.

Name of Candidate: Shelke Ajaykumar
 Name of Examination: Prd write improvement
 Class: _____ Semester: _____
 Subject: epbhdology Paper: _____
 Date: 19/10/19 Version No.: _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION → 1 2 3 4 5 6 7 8 9 10

ANSWER ↓

A

B

C

D

QUESTION → 11 12 13 14 15 16 17 18 19 20

ANSWER ↓

A

B

C

D

QUESTION → 21 22 23 24 25 26 27 28 29 30

ANSWER ↓

A

B

C

D

TOTAL MARKS :-

7.81

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong Correct

- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.

Name of Candidate: Siddiqui Md. Za'idullah Md.
 Name of Examination: Mid course Improvement
 Class: _____ Semester: _____
 Subject: Ophthalmology Paper: _____
 Date: 9/10/18 Version No.: _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 1 2 3 4 5 6 7 8 9 10

ANSWER :->

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTION :-> 11 12 13 14 15 16 17 18 19 20

ANSWER :->

A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :-> 21 22 23 24 25 26 27 28 29 30

ANSWER :->

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL MARKS :-

9:5/10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date: / /

USE BLUE BALL POINT PEN ONLY... 

INSTRUCTIONS

- FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
- FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

Wrong	Correct
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON

Name of Candidate : VIPIN KOTHAWAL.
 Name of Examination : MID COURSE IMPROVEMENT
 Class : _____ Semester : _____
 Subject : OPHTHALMOLOGY Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A

B

C

D

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

A

B

C

D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

B

C

D

TOTAL MARKS :-

6-5/18

ROLL NO. (In Words)

QUESTION BOOKLET VERSION :

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Date : / /

USE BLUE BALL POINT PEN ONLY... 

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Wrong Correct

Name of Candidate : Patil Sagar Shantaram
 Name of Examination : Mid course improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

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TOTAL MARKS :-

6/10

ROLL NO. (In Words)


QUESTION BOOKLET VERSION :

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Wrong	Correct
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Name of Candidate : Vasai Kar Sreha Mihesh
 Name of Examination : Mid course improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 03/10/18 Version No. : _____

ROLL NO.

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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ANSWER :↓

A

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D

QUESTION :→ 21 22 23 24 25 26 27 28 29 30

ANSWER :↓

A

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D

TOTAL MARKS :-

6.5/14


ROLL NO. (In Words)

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M.V.P'S
DR. VASANTRAO PAWAR
MEDICAL COLLEGE, ADGAON, NASHIK
DEPARTMENT OF OPHTHALMOLOGY
Midcourse improvement

MUHS – 33
DATE: - 05/06/2019

MARKS: - 10

MCQ

- 1) Giant papillary conjunctivitis is common due to
 - a) Rigid contact lens wear
 - b) Soft contact lens wear
 - c) Intraocular lens
 - d) None
- 2) Post capsular cataract is seen in
 - a) Iridocyclitis
 - b) Choroiditis
 - c) Retinitis pigmentosa
 - d) All of the above
- 3) Differential diagnosis of leucomoria include all EXCEPT
 - a) Cataract
 - b) Endophthalmitis
 - c) Central keratitis
 - d) Tuberculosis choroiditis
- 4) Angular conjunctivitis is caused by
 - a) Corynebacterium
 - b) Moraxella
 - c) Neisseria
 - d) None
- 5) Jones dye testing is indicated in
 - a) Partial obstruction of lacrimal drainage system
 - b) Total obstruction
 - c) Corneal ulcer
 - d) None
- 6) Fleurettes formation is seen in
 - a) Spring catarrh
 - b) Herpes keratitis
 - c) Diabetic retinopathy
 - d) Retinoblastoma
- 7) Drug used to prevent intraoperative miosis during cataract surgery is
 - a) Carpinol
 - b) Drosyn
 - c) Homide
 - d) Flur
- 8) Munson sign seen in
 - a) Keratoglobus
 - b) Interstitial keratitis
 - c) Buphthalmos
 - d) Keratoconus
- 9) Iris shadow is seen in which stage of cortical cataract
 - a) Cuneiform cataract
 - b) Immature Senile cataract
 - c) Mature Cataract
 - d) Hyper mature senile cataract

- 10) Steroids are contraindicated in
- Uveitis
 - Spring catarrh
 - Episcleritis
 - Chronic simple glaucoma
- 11) Dilated fixed pupil is seen in
- Endophthalmitis
 - Optic atrophy
 - Vernal conjunctivitis
 - Facial palsy
- 12) All the Following are investigations for Glaucoma except
- Gonioscopy
 - Schiotz tonometry
 - Perimetry
 - Priestley-smith retinoscopy
- 13) Fleischer's ring on the corneal epithelium is seen in :
- Anterior staphylocoma
 - Keratomalacia
 - Wilson's disease
 - Keratoglobus
- 14) Second sight caused by :
- Nuclear cataract
 - Cortical cataract
 - Complicated cataract
 - All of the above
- 15) Optical iridectomy is done for
- Central cataract
 - Central corneal opacity
 - High refractive errors
 - None
- 16) In the examination of the cornea you may find all EXCEPT
- Pinguecula
 - Striate Keratitis
 - Keratic precipitates
 - KF ring
- 17) Earliest sign of acute iridocyclitis is
- Keratic precipitates
 - Aqueous flare
 - Post Synechiae
 - Circum corneal congestion
- 18) Salmon patches are found in
- Granulomatous uveitis
 - Choroidal atrophy
 - Interstitial keratitis
 - Fungal corneal ulcer
- 19) Indication for enucleation
- Endophthalmitis
 - Retinoblastoma
 - Panophthalmitis
 - Sympathetic ophthalmitis
- 20) Topical therapy regime for trachoma consists of
- 1 % tetracycline
 - 0.3 % Gentamycin
 - 0.5 % Timolol
 - 0.75 % Tropicamide

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK

MCQ ANSWER SHEET

Name of Candidate : Chirag Surana
 Name of Examination : _____
 Class : _____ Semester : _____
 Subject : _____ Paper : _____
 Date : _____ Version No. : _____

ROLL NO.

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1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION :→ 11 12 13 14 15 16 17 18 19 20

ANSWER :↓

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TOTAL MARKS :-

4/10


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- | | |
|-------------------------------------|-------------------------------------|
| Wrong | Correct |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK

MCQ ANSWER SHEET

Name of Candidate : Govil Tillesh T
 Name of Examination : Med Course Improvement
 Class : _____ Semester : _____
 Subject : Ophthalmology Paper : _____
 Date : 9/10/18 Version No. : _____

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QUESTION :→ 1 2 3 4 5 6 7 8 9 10

ANSWER :↓

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QUESTION :→ 21 22 23 24 25 26 27 28 29 30

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TOTAL MARKS :-

7.5/18
7.5


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