

2.5.4

Pathology Department
Midcourse Improvement
Retest & Answer--sheets

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH
CENTER
VASANTDADA NAGAR, ADGAON, NASHIK – 422003

Department of Pathology

Key Indicator - 2.5 Evaluation Process and Reforms (45)										
2.5.4 (QnM) Opportunities provided to students for mid-course improvement of academic performance (10)										
Timely administration of CIE			On time assessment and feedback			Makeup asslgnments/tests			Remedial teachlng/support	
	Yes			Yes			Yes			Yes


Dr. Preeti Bajaj

Department of Pathology

Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasanttrao Pawar Medical
College, Adgaon, Nashik



**Dr. Vasant Rao Pawar Medical College, Hospital & Research
Centre, Adgaon, Nashik - 03.**

Department of Pathology

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 assignments/tests Please write NUMBER OF STUDENTS	Remedial teaching/support Please write NUMBER OF STUDENTS
2015-16	Yes	Yes	Yes (21 students)	Yes (21 students)
2016-17	Yes	Yes	Yes (04 students)	Yes (04 students)
2017-18	Yes	Yes	Yes (08 students)	Yes (08 students)
2018-19	Yes	Yes	Yes (01 students)	Yes (01 students)
2019-20	Yes	Yes	Yes (11 students)	-


HOD

Dept of Pathology



Seal

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik



M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

IMPORTANT QUESTIONS FROM EXAM POINT OF VIEW - **SAQ**

1. Fatty liver- Etiopathogenesis and morphological features
2. Give differentiating features between apoptosis and necrosis
3. Give differentiating features between dry and wet gangrene
4. Give differentiating features between metaplasia and dysplasia
5. Write a note on Pathogenesis of AIDS
6. Pathological lesions and clinical manifestations of HIV/AIDS
7. Write a note on CVC- Liver, Spleen
8. Write a note on Granulomatous inflammation
9. Write a note on Tubercularis
10. Write a note on Leprosy
11. Write a note on Syphilis
12. Complications of wound healing
13. What are the steps in Fracture healing
14. Define neoplasia. Give differentiating features between benign and malignant tumors.
15. Write a note on spread of tumors(metastasis)
16. Write a note on chemical carcinogens
17. Write a note on biological carcinogens
18. Write a note on paraneoplastic syndromes
19. Define anemia. Give the classification of anemia
20. Write a note on Haemophilia A
21. Write a note on DIC
22. Enumerate and explain in brief the complications of blood transfusion
23. Write a note on Hemolytic disease of newborn
24. Give differentiating features between leukaemoid reaction and CML
25. Describe Burkitt's Lymphoma
26. Enumerate and explain in brief the causes of splenomegaly
27. Atherosclerosis - Etiopathogenesis and morphological features
28. Describe in brief the Tetralogy of Fallot
29. Write a note on ARDS
30. Bacterial Pneumonia - Etiopathogenesis and morphological features
31. Write a note on emphysema
32. Write a note on Retinoblastoma
33. Describe in brief - Pleomorphic adenoma
34. Give differentiating features between duodenal and gastric ulcer

35. Give differentiating features between benign and malignant ulcer
36. Give differentiating features between Cohn's disease and ulcerative colitis
37. Give differentiating features between typhoid and Tuberculous intestinal ulcers
38. Give differentiating features between right and left colon carcinomas
39. Appendicitis - Etiopathogenesis and morphological features
40. Describe in brief- Hepatitis B
41. Write a note on Amoebic liver abscess
42. Write a note on ALD
43. HCC- Etiopathogenesis and morphological features
44. Adult polycystic kidney disease- Etiopathogenesis and morphological features
45. Give classification of glomerular diseases. Add a note on post streptococcal glomerulonephritis
46. Enumerate causes of nephrotic syndrome. Give differentiating features between nephritic and nephrotic syndrome
47. Acute glomerulonephritis - Etiopathogenesis and morphological features
48. Chronic glomerulonephritis - Etiopathogenesis and morphological features
49. Chronic pyelonephritis - Etiopathogenesis and morphological features
50. Write a note on prostatic carcinoma
51. Write a note on CIN
52. Write a note on leiomyoma
53. Write a note on Teratoma
54. Write a note on fibroadenoma
55. Squamous cell carcinoma - Etiopathogenesis and morphological features
56. Basal cell carcinoma - Etiopathogenesis and morphological features
57. Malignant melanoma- Etiopathogenesis and morphological features
58. Write a note on pheochromocytoma
59. Write a note on Hashimoto's thyroiditis
60. Write a note on Graves' disease
61. Write a note on Multinodular goiter
62. Give differentiating features between type I and type II diabetes mellitus
63. Write a note on diagnosis of diabetes mellitus
64. Write a note on pyogenic osteomyelitis
65. Write a note on osteosarcoma
66. Write a note on Giant cell tumor
67. Write a note on Ewing's sarcoma
68. Write a note on Lipoma
69. Write a note on fibrosarcoma
70. Write a note on bacterial meningitis. Describe CSF findings.
71. Write a note on tubercular meningitis. Describe CSF findings.
72. Describe in brief neonatal jaundice
73. Give differentiating features between Follicular and papillary carcinoma of thyroid
74. Give differentiating features between rheumatic heart disease and bacterial endocarditis
75. Give differentiating features between lobar pneumonia and bronchopneumonia

IMPORTANT QUESTIONS FROM EXAM POINT OF VIEW - LAQ

1. Amyloidosis—Etiopathogenesis, morphological features, types and diagnosis, special stains.
2. Shock- classification, pathogenesis, stages, clinical features and complications
3. Thrombosis - Etiopathogenesis and morphological features, clinical features and complications, fate
4. Embolism- classification, pathogenesis, , clinical features and complications
5. Cellular events in acute inflammation
6. Mediators of inflammations
7. Define neoplasia. Give differentiating features between benign and malignant tumors. Describe the pathological diagnosis of cancer. Add a note on metastasis of cancer.
8. Define anemia. Discuss in detail iron deficiency anemia
9. Define anemia. Discuss in detail megaloblastic anemia
10. Describe in detail Hodgkin's lymphoma
11. Discuss in detail acute myocardial infarction. Add a note on laboratory diagnosis of acute MI and also on the morphological changes seen in the myocardium following MI
12. Discuss in detail Rheumatic heart disease
13. Discuss in detail Infective Bacterial Endocarditis
14. Discuss In detail lung tumors- Etiopathogenesis, morphological features, clinical features and diagnosis
15. Discuss in detail carcinoma oesophagus - Etiopathogenesis, morphological features, clinical features and diagnosis
16. Discuss in detail gastric carcinoma Etiopathogenesis, morphological features, clinical features and diagnosis
17. Discuss in detail colorectal carcinoma- Etiopathogenesis, morphological features, clinical features and diagnosis
18. Discuss in detail renal cell carcinoma - Etiopathogenesis, morphological features, clinical features and diagnosis
19. Discuss in detail testicular tumors- Classification, Etiopathogenesis, morphological features, clinical features and diagnosis. Add a note on seminoma.
20. Discuss in detail carcinoma cervix - Etiopathogenesis, morphological features, clinical features and diagnosis. Add a note on CIN.
21. Discuss in detail ovarian tumors – Classification, Etiopathogenesis, morphological features, clinical features and diagnosis. Add a note on serous tumors.
22. Discuss in detail carcinoma breast- Classification, Etiopathogenesis, morphological features, clinical features and diagnosis
23. Discuss in detail carcinoma thyroid- Classification, Etiopathogenesis, morphological features, clinical features and diagnosis. Add a note on papillary carcinoma of thyroid

24. Discuss in detail carcinoma thyroid- Classification, Etiopathogenesis, morphological features, clinical features and diagnosis. Add a note on follicular carcinoma of thyroid.
25. Discuss in detail tumors of the CNS- Classification, Etiopathogenesis, morphological features, clinical features and diagnosis



M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME
LIST OF INITIATIVES FOR THE ACADEMIC YEAR
2019-20

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasantao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology
Preliminary Theory Examination II/ III MBBS (June - 2020)
Paper - I

Date - 08/06/2020

Time - 11:00am to 1:00pm

Instructions: -

1. All questions are compulsory
2. Select appropriate option in the following multiple choice questions
3. Draw relevant diagrams.

Section - A (MCQ)

[Marks: 8]

1. **Heart failure cells in lung alveoli are seen in-**
 - a) Acute pulmonary edema
 - b) Acute pulmonary embolism
 - c) Chronic passive venous congestion of (CPVC) lung
 - d) Nonbacterial thrombotic Endocarditis
2. **Down syndrome is associated with-**
 - a) Trisomy 11
 - b) Trisomy 13
 - c) Trisomy 18
 - d) Trisomy 21
3. **Which of the following is inherited as autosomal recessive form-**
 - a) Sickle cell anemia
 - b) Hemophilia
 - c) Hereditary spherocytosis
 - d) Glucose 6 - phosphate dehydrogenase deficiency
4. **Platelet function defects are seen in-**
 - a) ITP
 - b) Dengue fever
 - c) Aplastic anemia
 - d) Bernard soulier syndrome

5. In senile cardiac amyloidosis the biochemical form of amyloid is-

- a) AL
- b) AA
- c) ATTR (Transthyretin)
- d) AB₂m (Microglobulin)

6. Medial calcific sclerosis is a type of-

- a) Dystrophic Calcification
- b) Metastatic & Calcification
- c) Both metastatic & Dystrophic Calcification
- d) Neither Metastatic & Dystrophic Calcification

7. In Iron Deficiency anemia TIBC is-

- a) Low
- b) Normal
- c) High
- d) Borderline

8. The most common exogenous pigment is-

- a) Lipofuscin
- b) melanin
- c) Hemosiderin
- d) carbon

9. All are causes of splenomegaly except-

- a) Aplastic anemia
- b) Kala Azar
- c) Hemolytic anemia
- d) Malaria

10. AIDS is characterized by the depletion of-

- a) CD4 cells
- b) CD8 cells
- b) Monocytes
- d) Neutrophils

11. Epithelioid cell in granulomas is modified

- a) T lymphocyte
- b) Neutrophil
- c) B lymphocyte
- d) Macrophage

12. Gangrene is necrosis together with
- a) Desiccation
 - b) Colliquative necrosis
 - c) Involvement of limbs
 - d) Putrefaction
13. Free radicals are molecule with-
- a) Hydrogen ion
 - b) Protons
 - c) Unpaired electrons
 - d) High energy particles
14. In pernicious anemia antibodies are formed against-
- a) Parietal cells
 - b) Intrinsic factor
 - c) RBCs
 - d) Plasma cells
15. Red infarct is seen in-
- a) Spleen
 - b) Lung
 - c) Kidney
 - d) Liver
16. Most specific stain for amyloid is-
- a) Congo red
 - b) H & E
 - c) PAS
 - d) Prussian Blue

B) Short Answer Questions: (Any five out of six)

[Marks: 20]

- 1) Hypersensitivity reaction type I
- 2) Acute Myeloid Leukemia.
- 3) Blood transfusion reactions.
- 4) Fate of thrombus
- 5) CPVC liver.
- 6) Factors affecting wound healing.

C) Long Answer Questions: (Any two out of three)

[Marks: 12]

- 1) Define Neoplasia. Discuss in detail differences between benign and malignant tumors.
- 2) Define anemia. Discuss etiology & laboratory diagnosis of iron deficiency anemia.
- 3) Enumerate various types of shock with clinical examples & mention the pathophysiology of any one type.

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3

Department of Pathology
Preliminary Theory Examination II/ III MBBS (June - 2020)

Paper - II

Date - 09/06/2020

Time - 11:00am to 1:00pm

Instructions: -

1. All questions are compulsory
2. Select appropriate option in the following multiple choice questions
3. Draw relevant diagrams.

Section A (MCQ)

[Marks: 8]

1. **Crushmann's spirals in sputum are pathognomonic of**
 - a) Emphysema
 - b) Chronic bronchitis
 - c) Bronchial asthma
 - d) Bronchiectasis
2. **The Histopathological hallmark of malignant hypertension is**
 - a) Proliferative endarteritis
 - b) Focal glomerulonephritis
 - c) Fibrinoid necrosis of small arteries and arterioles
 - d) Reduplication of internal elastic lamina
3. **Primary tumors are rare in which of the following location?**
 - a) Small bowel
 - b) Stomach
 - c) Oesophagus
 - d) large bowel
4. **The 'Dane particle' is**
 - a) HAV
 - b) HBV
 - c) HCV
 - d) HEV
5. **'Sago spleen' is seen in which disease?**
 - a) Tuberculosis
 - b) Leprosy
 - c) Primary amyloidosis
 - d) Secondary amyloidosis

6. Which of the following is not classified under germ cell tumors ?
- a) Leydig cell tumor
 - b) Embryonal carcinoma
 - c) Yolk sac tumor
 - c) Choriocarcinoma
7. Painless hematuria is typical of
- a) Ureteric calculus
 - b) Renal tuberculosis
 - c) SLE
 - d) Renal calculus
8. 'Rodent ulcer' is other name of
- a) Squamous cell carcinoma
 - b) Malignant melanoma
 - c) Basal cell carcinoma
 - d) Marjolin's ulcer
9. 'Kayser fleischer ring' is pathognomonic of
- a) Cystinosis
 - b) Hemochromatosis
 - c) Hypercalcemia
 - d) Wilson's disease
10. 'Ground glass nuclei' in the thyroid carcinoma are seen in
- a) Follicular carcinoma
 - b) Papillary carcinoma
 - c) Medullary carcinoma
 - d) Anaplastic carcinoma
11. The initial focus of primary pulmonary tuberculosis is-
- a) Miliary tubercle
 - b) Rich's focus
 - c) Ghon focus
 - d) Cavitation
12. Maccallum's patch is seen in
- a) Bacterial endocarditis
 - b) Rheumatic heart disease
 - c) Rheumatoid arthritis
 - d) SLE
13. The virus associated with cervical cancer is
- a) Human papilloma virus
 - b) Herpes virus 2
 - c) Epstein Barr virus
 - d) Human Immunodeficiency Virus

14. Tuberculosis of gastro – intestinal tract commonly involves
- a) Stomach
 - b) Oesophagus
 - c) Colon
 - d) Ileo – caecal region
15. 'Soap bubble' appearance on x-ray is diagnostic of –
- a) Ewing's sarcoma
 - b) Chondrosarcoma
 - c) Osteosarcoma
 - d) Giant cell tumor
16. Cryptococcal meningitis is diagnosed by using
- a) Pandy's test
 - b) India ink test
 - c) ZN stain
 - d) Prussian Blue stain

B) Short Answer Questions: (Any five out of six)

[Marks: 20]

- 1) Post necrotic liver cirrhosis.
- 2) Causative factors for breast carcinoma.
- 3) Malignant melanoma.
- 4) Advantages and disadvantages of FNAC.
- 5) Teratoma.
- 6) Leiomyoma.

C) Long Answer Questions : (Any two out of three)

[Marks: 12]

- 1) Define Inflammatory Bowel Disease. Give differences between Ulcerative colitis and Crohn's disease.
- 2) Discuss the Pathogenesis. Pathology and complications of atherosclerosis.
- 3) Discuss the Etiopathogenesis. Gross and microscopic features of chronic pyelonephritis.

PRACTICAL EXAMINATION UG

DEPARTMENT OF PATHOLOGY

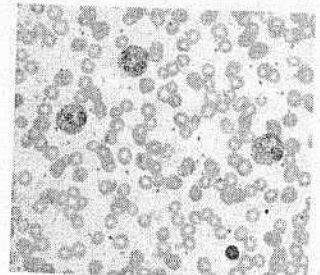
INDEX

Question No	Exercise	Marks
1	Spots (10 Spots)	10
2	PBS slide	03
3	Urine examination	05
4	Histopathology slide (03 slides)	03
5	Haemoglobin estimation/ TLC/DLC/Blood grouping	05
6	Table viva (4 questions)	07
7	Grand viva (2 questions)	07
Total		40

Spot 1

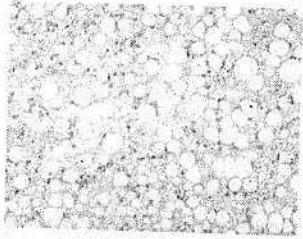
1. SPOTS (10 marks)

- Identify
- Enumerate 2 conditions causing it.



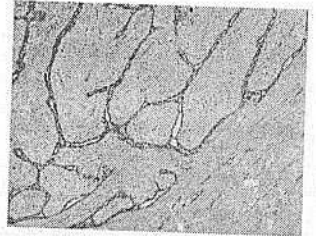
Spot 2

- Identify
- Name 2 special stains used



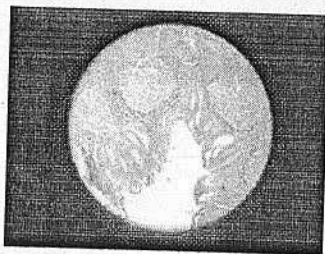
Spot 3

- Identify
- Enumerate 2 types of pattern seen



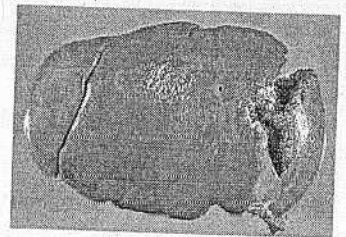
Spot 4

- Identify
- Enumerate 2 clinical features of the disease



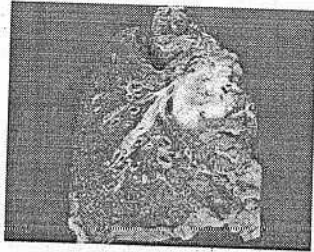
Spot 5

- Identify
- Enumerate 2 causes



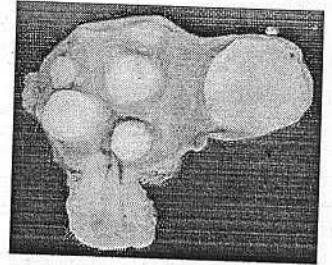
Spot 6

- Identify
- Give 1 etiological factor



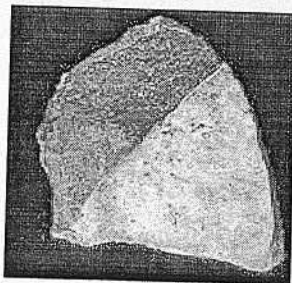
Spot 7

- Identify
- Enumerate 2 types



Spot 8

- Identify
- Enumerate the stages



Spot 9

- Identify
- Mention its use



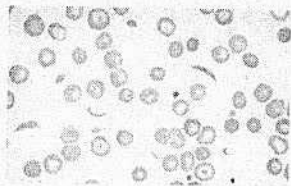
Spot 10 – Clinical Case

23 years old Male	
Presenting Symptoms:	Low grade fever since 10 days Headache since 3 days Vomiting since 2 days Altered Consciousness
Clinical Examination	
Laboratory Investigations	
CSE Examination revealed	
Physical Exam	Slightly Turbid appearance Cobweb Present
Chemical Exam	Proteins = 120.00 mg/dl (Normal 15-45 mg/dl) Glucose = 35.00 mg/dl (Normal 40-60 mg/dl) Total nucleated cells = 250 / mm ³
Microscopic Exam	100% Lymphocytes (Normal 0-5 Lymphocytes / mm ³)
Gram stain	Negative
ZN stain	Acid Fast Bacilli Present
Questions	
1.	Give your diagnosis
2.	Mention one supporting evidence for your diagnosis.

2. PBS Slide (03 marks)

Examine the given picture of the haematological slide and answer the following questions

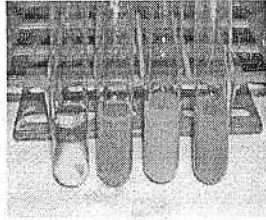
- Identify the type of anemia
- Define anemia
- What is the proforma for reporting PBS?
- Describe the criteria for an ideal Peripheral blood smear.
- What are the PBS findings for this case?
- What is the confirmatory test for the diagnosis of the given slide?



3. Urine Examination (05 marks)

Examine the given picture of urine examination of a patient and answer the following questions

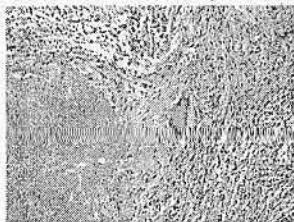
- Identify and interpret the results of the test shown
- What are the crystals normally found in urine?
- What is glycosuria? Enumerate the causes of glycosuria.
- What are the tests for diagnosing proteins in urine? Enumerate the causes of proteinuria.
- Name the parasites found in urine.



4. Histopathology slide (03 marks – 03 slides)

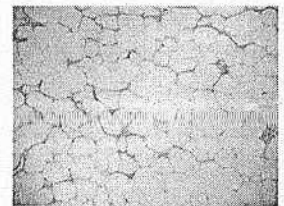
Slide 1

- Identify
- Give 2 microscopic features



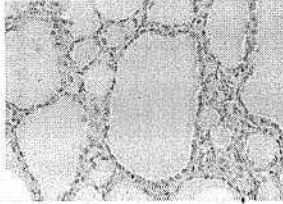
Slide 2

- Identify
- Mention common sites



Slide 3

- Identify
- Give 2 microscopic features



5. Haemoglobin estimation/TLC/DLC/Blood Grouping (05 marks)

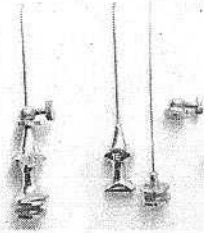
Answer the following questions

- Enumerate the causes of neutropenia.
- Name the reagent used as WBC diluting fluid and mention its components.
- What are the normal values of haemoglobin? Enumerate the methods of Hemoglobin estimation.
- What is Bombay Blood Group?
- What is the significance of ABO and Rh Blood grouping?

6. Table Viva (07 marks)

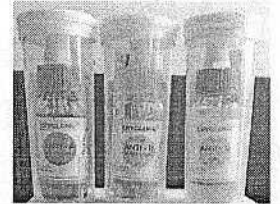
Question 1

- Identify
- Mention 2 indications.



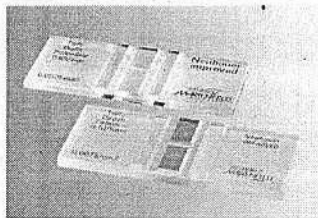
Question 2

- Identify and mention the principle.
- What are the different blood group systems?



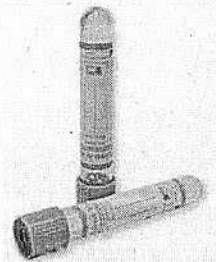
Question 3

- Identify
- Mention its use



Question 4

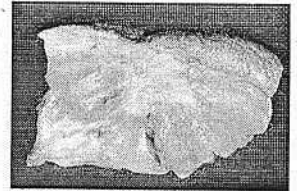
- Identify and enumerate the reagent present.
- Mention uses



7. Grand Viva (07 marks)

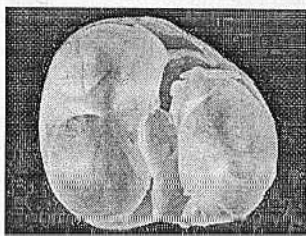
Question 1

- Identify
- Enumerate the etiological factors
- Discuss the laboratory diagnosis in brief.
- What are the various IHC markers associated with this disease?



Question 2

- Identify
- Give classification of ovarian tumours.
- Describe in brief the gross and microscopic findings for the specimen given.
- Describe teratoma.



END

MVPS Dr. Vasantrao Pawar Medical College, Nashik
Department of Pathology

Name of Examination: II MBBS Summer-2020.

Name of the Subject: Pathology Year: Summer-2020 Total Marks: 30.

Date:-25/06/2020

Roll No.	Name	Paper I	Paper II	Practical	Total	Signature
1	Aditya Anand Pawar	26.5	31.5	34	92	
2	Hambarde Eshikesh Khobraji	34	32	25	91	
3	Kochure Atharva Pramod	34	32	29.5	95.5	
4	Pankaj Mohan Pawara	35	32	29	96	
5	Pawar Akhilesh Chandrasing	34.5	28	30	92.5	
6	Rajput Sumeet Mahendra	35.5	24.5	24	84	
7	Rathod Chetan Kashinath	33	26	31	90	
8	Shivsharan Budhabhushan Jagannath	31	32	27	90	
9	Wakode Nikita Gulabrao	31	33.5	31	95.5	
10	Madkar Kiran Ramakant	32.5	31.5	28.5	92.5	
11	Vasave Vikram Navsa	Absent	Absent	Absent	-	


Dr. Preeti Bajaj

Professor & HOD
Department of Pathology



M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME
LIST OF INITIATIVES FOR THE ACADEMIC YEAR

2018-2019

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.


Dr. Preeti Bajaj

Professor and HOD

Dept of Pathology

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date:- 25/10/2019

- 1) The most common site for myocardial infarction?
 - a. Left atrium
 - b. Right atrium
 - c. Left ventricle
 - d. Right ventricle

- 2) Mallory Weiss syndrome is caused due to tear in?
 - a. Lower esophageal end
 - b. Upper esophageal end
 - c. Cricopharyngeal junction
 - d. Gastroesophageal junction

- 3) Paraneoplastic syndrome associated with lung cancer does not show production of which ectopic hormone?
 - a. ACTH
 - b. ADH
 - c. Parathormone
 - d. Growth hormone

- 4) Transitional cell carcinoma is caused by
 - a. E. coli
 - b. Malana
 - c. Ascariasis
 - d. Schistosomiasis

- 5) Osteogenesis imperfect defect occurs in?
 - a. Collagen type I
 - b. Elastin
 - c. Collagen type IV
 - d. Basement membrane

12) The complement is best fixed by which of the following Ig

- a. IgG
- b. IgM
- c. IgA
- d. IgD

13) Line of Zahn in occurs in

- a. Post mortem clot
- b. Infarct
- c. Embolus
- d. Coralline thrombus

14) Coagulation time is prolonged in all except

- a. Haemophilia
- b. Von Willebrand disease
- c. Christmas disease
- d. ITP

15) Amyloid deposit stain positively with all of the following except

- a. Congo red
- b. Crystal violet
- c. Methanamine silver
- d. Thioflavin T

16) Birbeck granules in the cytoplasm are seen in

- a. mast cells
- b. Langerhans cells
- c. Thrombocytes
- d. Melocytes

17) The correct sequence of cell cycle is

- a. G₀-G₁-S-G₂-M
- b. G₁-G₁-G₂-S-M
- c. G₀-M-G₂-S-G₁
- d. G₀-G₁-S-M-G₂

M. V. P. Samaj's
Dr. Vasantao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

MVPS/Dr. VMPCH/Patho/2018-2019

Date:- 26/10/19

Serial No	Roll No.	Name	Marks
1	31	Gaikwad Aakanksha P	34
2	52	Khade Mahesh R	34
3	118	Shivasharan Budhabhushan	36
4	126	Rathod Chetan Kashinath	32

PB

Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasantao Pawar Medical
College, Adgaon, Nashik.




M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME

LIST OF INITIATIVES FOR THE ACADEMIC YEAR

2017-2018

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date:- 09/10/18

- 1) The infarcted myocardium is replaced by fibrous scar tissue in?
 - a. 2nd week
 - b. 4th, 6th week
 - c. 3rd week
 - d. 12th week

- 2) Curling ulcer is seen in?
 - a. Shock
 - b. Severe trauma
 - c. Septicemia
 - d. Excessive burns

- 3) Position of trachea in a patient of lung collapse is?
 - a. Deviated to same side
 - b. Deviated to opposite side
 - c. Same as normal
 - d. None of the above

- 4) Bilateral RCC is seen in?
 - a. Eagle – Barrett's syndrome
 - b. Bilateral angiomyolipoma
 - c. Von Hippel Lindau disease
 - d. Down's syndrome

- 5) All the following are characteristics of Turner syndrome except
 - a. Webbing of neck
 - b. Cubitus valgus
 - c. Umbilical hernia
 - d. Coarctation of aorta

12) important role of bradykinin in acute inflammation

- a. Increase in vascular permeability
- b. Vasodilatation
- c. Mediation of pain
- d. Bronchoconstriction

13) Red infarct is seen in

- a. Liver
- b. Kidney
- c. Brain
- d. Lung

14) Antibodies in ITP are

- a. IgG
- b. IgM
- c. IgE
- d. IgD

15) The most important cell in type 1 hypersensitivity

- a. Macrophages
- b. Mast cells
- c. Neutrophils
- d. Lymphocytes

16) AML is characterized by

- a. Philadelphia chromosome
- b. Auer rods
- c. Hemolytic anemia
- d. Dohle bodies

17) BRCA1 gene is located on


- a. Chromosome 13
- b. Chromosome 11
- c. Chromosome 17
- d. Chromosome 22

M. V. P. Samaj's
Dr. Vasantao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

Ref : MVPS/Dr. VMPCH/Patho/2017-2018

Date :- 10/10/2018

Serial No	Roll No	Name	Marks
1.	37	JADHAV VISHNU SHAHADEO	30
2.	84	RAUNDAL MOHANISH SAHEBRAO	28
3.	90	SALAHUDDIN MINHAJ SIRAJ UL HAQUE	34
4.	112	THOMBARE SUSHANT SUNIL	30
5.	118	VASAVE VIKRAM NAVSA	26
6.	119	GADKARI ABHIJAY HITENDRA	28
7.	122	MANIKKULE VIVEK RAMESHRAO	30
8.	123	RAJPUT SIIRUSIITI VIJAYSING	24


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasantao Pawar Medical
College, Adgaon, Nashik




M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME

LIST OF INITIATIVES FOR THE ACADEMIC YEAR

2016-2017

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date:- 18/10/2017.

Q1 Kaposi Sarcoma is seen with ?

- | | |
|---------|---------|
| A HHV 8 | B HHV 2 |
| C HHV 4 | D HHV 1 |

Q2 Sweat Chloride in cystic fibrosis is

- | | |
|-------------|----------------------------|
| A Decreased | B No change |
| C Increased | D May Increase or Decrease |

Q3 Alport's Syndrome is

- | | |
|---------------|------|
| A X linked | B AR |
| C Co dominant | D AD |

Q4 Most common complication in duodenal ulcer

- | | |
|-------------------|----------------------------|
| A Haemorrhage | B Malignant transformation |
| C Bloody diarrhea | D Obstruction |

Q5 Micronodular Liver cirrhosis is seen in all except

- A Early late stage of alcoholic cirrhosis
- B Hemochromatosis
- C Primary biliary cirrhosis
- D Late stage alcoholic cirrhosis

Q17 PCOD is characterized by all except

- A Anovulatory cycle
- B infertility
- C Oligomenorrhea
- D Menorrhagia

Q18 All are risk factors for Ca Breast except

- A Caffeine intake
- B Family History
- C Early menstruation
- D Late menstruation

Q19 Verocay bodies are seen in

- A Schwannoma
- B Medullablastoma
- C Ependymoma
- D Glioblastoma


Q20 Most common thyroid cancer is

- A Papillary Ca
- B Medullary Ca
- C Follicular Ca
- D Anaplastic Ca

M.V.P. SAMAJ'S
DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH
CENTER
VASANTDADA NAGAR, ADGAON, NASHIK – 422003
Department of Pathology

DATE: 19/10/2017

Sr No	Roll No	Name	Marks
1	48	Ingle Rajat Sanjay	34
2	97	Mirza Azhar Baig Kadar Baig	26
3	91	Sanidhya Tiwari	30
4	105	Siddiqui Md Zaidullah Md Fasihullah	32


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik




M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME **LIST OF INITIATIVES FOR THE ACADEMIC YEAR**

2015-2016

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

Q12 All are features of hemolytic anemia except

- A Hemoglobinuria
- B Jaundice
- C Increased haptoglobin
- D Hemosiderin

Q13 Epithelioid granuloma maybe seen in all of the following condition except

- A Sarcoidosis
- B Tuberculosis
- C Pneumocystic carini
- D Hodgkin's lymphoma

Q14 All are antigen presenting cells except

- A Langerhan's cells
- B Dendritic cells
- C T- cells
- D B-cells

Q15 Reversible loss of polarity with abnormality in size and shape of dells is known as

- A Metaplasia
- B Dysplasia
- C Hyperplasia
- D Anaplasia

Q16 Virchow's triad for thrombosis include all except

- A Stasis
- B Endothelial injury
- C Hypercoagulability
- D Platelet Thrombin

Q17 Surface epithelia stromal tumor of kidney is


- A Brenner tumor
- B Granulosa cell tumor
- C Yolk sac tumor
- D Teratoma

M. V. P. Samaj's
Dr. Vasantao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

Ref : MVPS/Dr. VMPCH/Patho/2015-2016

Date :- 30/10/2016

Serial No	Roll No	Name	Marks
1.	31	Gupta Ayushi P.	32
2.	37	Kakad Menka Pandurang	30
3.	41	Kolhe Pooja Sunil	34
4.	43	Mange Aditi Dyaneshwar	26
5.	44	Maniar Jaimin Priyesh	30
6.	57	Patil Irsesh Hemant	34
7.	58	Patil Nishita Nilesh	30
8.	60	Patil Tejas Ravindra	28
9.	79	Sharon Sherly S.	30
10.	103	Yadav Komal	32
11.	17	Sonawane Gaurav	34
12.	109	Dhawale Sharmistha Milind	36
13.	110	Gavit Tilesh Tilshiram	34
14.	113	Jogdand Pradnya B.	30
15.	115	More Bhushan Hitendra	34
16.	117	Patil Gaurav Hiraji	36
17.	121	Sadgir Pratik R.	34
18.	122	Tushar Arora	36
19.	123	Vivek Kumar	32
20.	R-108	Khan Abdulquadir L.	24
21.	R-111	Rajput Pratik M.	26


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasantao Pawar Medical
College, Adgaon, Nashik



M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME
LIST OF INITIATIVES FOR THE ACADEMIC YEAR
2014-2015

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.


Dr. Preet Bajaj

Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date:- 06/10/2015

Q1 Non modifiable risk factor for CHD is ?

- A . Diabetes
- B . Hypertension
- C . Smoking
- D . Old age

Q2 Pink Puffers are patients of ?

- A . Emphysema
- B . Asthma
- C . Chronic bronchitis
- D . Bronchiectasis

Q3 Tamm Harshall Protein is produced by

- A . Ureter
- B . Loop of Henle
- C . Collecting Duct
- D . Distal tubule

Q4 Type B Gastritis is?

- A . Body predominant
- B . Autoimmune
- C . Fundus Predominant
- D . Antral predominant

Q5 Unconjugated Hyperbilirubinemia is seen in

- A . Crigler Najjar Syndrome Type 2
- B . Crigler Najjar Syndrome Type 1
- C . Dubin Johnson syndrome
- D . Gilbert syndrome

Q18 All are risk factors for Ca Breast except

- A . Caffeine intake
- B . Family History
- C . Early menstruation
- D . Late menstruation

Q19. Struge Weber syndrome is associated with

- A. Port wine stain of face
- B . Seizures
- C . Mental Retardation
- D. All of the above

Q20 Antoni A and Antoni B regions are seen in


- A . Meningioma
- B . Schwannomma
- C . Glioblastoma
- D . Medullobastoma

**M.V.P. SAMAJ'S
DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH
CENTER
VASANTDADA NAGAR, ADGAON, NASHIK – 422003**

Department of Pathology

Date: 07/10/2015

Serial No.	Roll No.	Name	Marks
1	25	Gaikwad Vrushabh A.	34
2	45	Mohdf. Affan Zaki Ansari	34
3	51	Neha Rana	32
4	54	Oza Maitri R.	30
5	55	Pillai Vipin v	32
6	59	Patel Arliben J.	32
7	60	Patel Jenithkumar M.	32
8	68	Pise Gopal Devias	30
9	78	Sandeep Singh Barar	34
10	88	Sonawane Komal N.	32
11	96	Valvi Abhishek J.	32
12	98	Vishnupriya G. Hari	32
13	104	Chirag surana	32
14	105	Gawit Akash Karamsing	32
15	107	Janvir Saloni B.	32
16	108	Khan Abdulquadir L.	32
17	109	Niphade Sagar P.	32
18	110	Pathak Vaishnavi J.	32
19	111	Rajput Pratik M.	34
20	114	Sawant Snehal S.	34


Dr. Preeti Bajaj
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik



M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

MID COURSE IMPROVEMENT PROGRAMME
LIST OF INITIATIVES FOR THE ACADEMIC YEAR
2013-2014

- The students were counseled by the Mentor/Guide.
- Course content was discussed with the students and the weak areas of each student were identified.
- Previous year University question papers were made available to the students.
- Information regarding teaching notes, power point presentations, videos, etc. was made available to the students.
- Access to the e-content and e-course were given to the students.
- If needed, remedial teaching was scheduled for the students.
- An examination in the form of MCQs was given to the students post their prelim examination.
- List of important questions from an exam point of view was made available to the students.
- Discussion by the Mentor/Guide of prelim papers with each student was carried out. Corrections required were suggested.
- Discussions with students regarding practicals and spots. Queries were solved.
- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.

Dr. Mahajan S V
Department of Pathology
Dr. VPMCH & RC, Nashik

Professor & HOD
Department of Pathology
Dr. Vasant Rao Pawar Medical
College, Adgaon, Nashik

M. V. P. Samaj's
Dr. Vasant Rao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik - 3
Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date:- 18/10/2014

- 1) Tree bark like calcification is seen in-
 - a. Syphilitic aneurysm
 - b. Neurofibromatosis
 - c. Aorto arteritis
 - d. Atherosclerosis

- 2) Skip lesions are seen in?
 - a. Crohn's disease
 - b. Ulcerative colitis
 - c. Acute gastritis
 - d. Hirschsprung's colon

- 3) Which of the following is the cause of Berylliosis?
 - a. Dust of beryllium
 - b. Cotton dust
 - c. Dust and fumes of asbestos
 - d. Silica dust exposure

- 4) Features of chronic pyelonephritis are all except
 - a. Colloid cyst (Thyroidisation)
 - b. Pan glomerular fibrosis
 - c. Chronic inflammatory cells
 - d. Presence of fibrin capillary

- 5) Which of the following is Dominant metabolic disorder?
 - a. Cystic fibrosis
 - b. Phenylketonuria
 - c. Alpha- antitrypsin def
 - d. Hypercholesterolemia

12) Phagocytic cells in brain

- a. Oligodendrocyte
- b. Macrophages
- c. Microglia
- d. Astrocyte

13) Pale infarct are seen in all of the sites except

- a. Heart
- b. Spleen
- c. Kidney
- d. Lung

14) Platelet functions can be assessed by

- a. Prothrombin time
- b. Fibrinogen degradation products
- c. Clotting time
- d. Bleeding time

15) Hemolytic disease of new born is an example of

- a. Type 3 hypersensitivity
- b. Type 2 hypersensitivity
- c. Type 4 hypersensitivity
- d. Arthus reaction
- e.

16) Classical marker for Hodgkins disease

- a. CD15 and CD 30
- b. CD15 and CD 22
- c. CD15 and CD 16
- d. CD20 and CD 30

17) All are growth promoting oncogenes except

- a. FGF
- b. FGF beta
- c. FGF alpha
- d. PDGF

M. V. P. Samaj's
Dr. Vasantao Pawar Medical College, Hospital &
Research Centre, Adgaon, Nashik – 3
Department of Pathology

MVPS/Dr. VMPCH/Patho/2013-2014

Date :- 20/10/14

Serial No	Roll no	Name	Marks
1.	5	ASHIKA MEHTA	36
2.	8	DEORE CHAITNYA S	34
3.	10	DESHPANDE PAVAN SHRIDHAR	32
4.	14	GAIKWAD PRASHANT BHASKAR	28
5.	16	GAVALI AMIT A	32
6.	34	MARATHE GANESH VITTHAL	32
7.	36	MEHTA JIGAR DHANJIBHAI	30
8.	52	PAWAR RAJU SHANKARRAO	32
9.	53	PAWARA VINESH DHANSING	32
10.	55	PEDDAPALLI RATAN RAJVANSH	40
11.	59	RAOTE RUPA GAJENDRA	36
12.	92	KADAM PARTH SURESH	34
13.	93	KHAIRNAR AISHWARYA RAJENDRA	38
14.	94	KOTKAR GAURAV RAVINDRA	38
15.	95	MAGAR VAISHALI NAMDEO	34
16.	96	PATEL UNNATI KANTIBHAI	36
17.	97	BADGUJAR POOJA MANOJ	38
18.	99	YADAV SAPNA YAGPAL	32
19.	100	SAWALKAR ABHAY SHIVAJIRAO	30
20.	102	MISHRA VYOM AVINASH	36
21.	103	ABID ALI	32
22.	104	BHOI SUMIT V	32
23.	105	BHUPINDER	32
24.	106	BOBADE SNEHA BALAJI	30
25.	107	BORDE SUMEDHA KISHORKUMAR	32
26.	108	GAIKWAD SURAJ ANAND	34
27.	109	INGLE RAJRATNA GANESH	36
28.	110	MAJMULE KISHOR DEVIDAS	32

29.	112	SAHU NAMITA YASHWANT	30
30.	113	PAWAR PARESH POPATRAO	36
31.	114	PILLEWAR VIVEK MAROTI	34
32.	115	ROHITKUMAR CHOUDHARY	30
33.	116	SASANE GAJANAN SURESH	32
34.	118	SHIRBHATE ASMITA DIWAKAR	30
35.	119	PATRA SHOUBHIK UTPALKUMAR	36
36.	120	SIDDIQUI MARIYA MOIZUL ISLAM	30
37.	121	SOCHA MAULIK AMARISHBHAI	30
38.	122	SONAWANE AMRUTA CHANDRAKANT	32
39.	123	SONAR VIDYA RAMDAS	36
40.	R1	NISHANT SINGH	32
41.	R2	BARELA SHAMVEL ANVAR	32
42.	R3	BHAGAT DHAMMADEEP BALU	28
43.	R4	PATEL DARSHAN VIJAY	32
44.	R5	PATEL CHIRAGKUMAR J	28



Dr. Mahajan S V

Department of Pathology

Dr. VPMCH & RC, Nashik

Professor & HOD

Department of Pathology
Dr. Vasantao Pawar Medical
College, Adgaon, Nashik

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

Name of Candidate : [REDACTED]

Name of Examination : MCQ course imp exam

Class : IInd MBBS Semester : _____

Subject : Pathology Paper : I & II

Date : 29/10/16

ROLL NO.	
	37
0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

ROLL NO. (In Words)
Three seven


QUESTION BOOKLET VERSION :

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject are correct.

[REDACTED]

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____

Date : 29/10/16

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.
 - ROUGH WORK MUST NOT BE DONE THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

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

36
40

Name of Candidate : [REDACTED]
 Name of Examination : Postcourse Insp Exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

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

QUESTION :→ ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ 40
 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 :-

$$\frac{34}{40}$$

ROLL NO. (In Words)
Four One
 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 29/10/16

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Name of Candidate : [REDACTED]

Name of Examination : [REDACTED]

Class : IPD MBBS Semester : _____

Subject : Pathology Paper : ICE

Date : 29/10/16

ROLL NO.

43

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

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

ANSWER : ↓

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

forty three

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 29/10/16

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 THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

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 :-

26
40

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

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

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

$\frac{30}{40}$

ROLL NO. (In Words)
four four
 QUESTION BOOKLET VERSION :
 [] [] [] [] []

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

[REDACTED]
 CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE
 Date : 29/10/16

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : Mideoms imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

				5	7

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 checked="" 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 checked="" 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"/>

ROLL NO. (In Words)
Five seven

QUESTION BOOKLET VERSION :


--	--	--	--	--	--

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

[REDACTED]

CANDIDATE SIGNATURE	INVIGILATOR'S SIGNATURE
---------------------	-------------------------

Date : 29/10/16

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.
 - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input 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 checked="" 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"/>
D	<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"/>	<input checked="" 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 :-

34
40

Name of Candidate : [REDACTED]
 Name of Examination : midcourse imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.	
	58
0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>


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

ROLL NO. (In Words)
Five Eight
 QUESTION BOOKLET VERSION :

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date : 29/10/16

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

USE BLUE BALL POINT PEN ONLY... 

TOTAL MARKS :-

$$\frac{30}{40}$$

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : mbbs case imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

					60
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 :-

$$\frac{28}{40}$$

ROLL NO. (In Words)
Six zero
 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
 Date 29/10/16
 INVIGILATOR'S SIGNATURE

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : [REDACTED]
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.


					7	9
0	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>

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

ROLL NO. (In Words)
Seven Nine
 QUESTION BOOKLET VERSION :

--	--	--	--	--	--

This is to certify that the entries of Roll No., Question Booklet Version, _____ No. & Subject _____
[REDACTED]
 SIGNATURE _____
 Date : 29/10/16
 INVIGILATOR'S SIGNATURE _____

USE BLUE BALL
 POINT PEN ONLY... 

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

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

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

TOTAL MARKS :-

$$\frac{30}{40}$$

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

MCQ ANSWER SHEET

Name of Candidate: [Redacted]
 Name of Examination: Midcourse imp exam
 Class: 1st MBBS Semester: _____
 Subject: Pathology Paper: I & II
 Date: 29/10/16

ROLL NO.


			1	0	3

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

ROLL NO. (In Words)
one zero
Three
 QUESTION BOOKLET VERSION :

--	--	--	--	--	--

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
 [Redacted]
 SUPERVISOR'S SIGNATURE
 Date: 29/10/16

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.
 - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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 :-

32
40

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

			1	0	7

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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


ROLL NO. (In Words)
One zero
seven
 QUESTION BOOKLET VERSION :

--	--	--	--	--

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED] INVIGILATOR'S SIGNATURE
 SIGNATURE
 Date : 29/10/16

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

USE BLUE BALL
 POINT PEN ONLY.... 

TOTAL MARKS :-

34
40

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Name of Candidate : [REDACTED]
 Name of Examination : med course imp exam
 Class : 1st MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

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

$$\frac{34}{40}$$

ROLL NO. (In Words)

one one
zero

QUESTION BOOKLET VERSION :

--	--	--	--	--


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

[REDACTED]
CANDIDATE SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 29/10/16

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : 1st course imp exam
 Class : 1st MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.			
		1	3
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<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

ROLL NO. (In Words)
one one
Three
 QUESTION BOOKLET VERSION :

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject
[REDACTED]
 SUPERVISOR'S SIGNATURE

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

USE BLUE BALL POINT PEN ONLY.... 

TOTAL MARKS :-

$$\frac{30}{40}$$

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 THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate: [REDACTED]
 Name of Examination: [REDACTED]
 Class: 1st MBBS Semester: _____
 Subject: Pathology Paper: I & II
 Date: 29/10/16

ROLL NO.				
		1	1	5
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<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"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	<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"/>
8	<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"/>

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

ANSWER :->

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

34

40

ROLL NO. (In Words)

one one
five

QUESTION BOOKLET VERSION :

--	--	--	--	--

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


[REDACTED SIGNATURE]

INVIGILATOR'S SIGNATURE

SIGNATURE

Date 29/10/16

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate: [Redacted]
 Name of Examination: Midcourse imp exam
 Class: IInd MBBS Semester: _____
 Subject: Pathology Paper: I & II
 Date: 29/10/16

ROLL NO.

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


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

ROLL NO. (In Words)
One One
seven
 QUESTION BOOKLET VERSION :

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
 [Redacted]
 CANDIDATE SIGNATURE _____
 INVIGILATOR'S SIGNATURE _____
 Date: 29/10/16

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

USE BLUE BALL
 POINT PEN ONLY... 

TOTAL MARKS :-

36
40

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

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

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

Name of Candidate : [REDACTED]
 Name of Examination : [REDACTED]
 Class : 2nd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

			1	2	1
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 40

ANSWER :->

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

ROLL NO. (In Words)
One Two
One

QUESTION BOOKLET VERSION :

--	--	--	--	--

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

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


[REDACTED]

CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date 29/10/16

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"/>

USE BLUE BALL POINT PEN ONLY.... 

TOTAL MARKS :-

34
40

- 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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : Medicine imp exam
 Class : 2nd MBBS Semester : _____
 Subject : Pathology Paper : 1st
 Date : 29/10/16

ROLL NO.

		1	2	2
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<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"/>
5	<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"/>
7	<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"/>
9	<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

ROLL NO. (In Words)
one Two
Two
 QUESTION BOOKLET VERSION :

--	--	--	--	--

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE
 INVIGILATOR'S SIGNATURE
 Date 29/10/16

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

USE BLUE BALL
 POINT PEN ONLY.... 

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

- 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 type="checkbox"/>
 - 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.

TOTAL MARKS :-

36
40

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.				
		1	2	3
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<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"/>
6	<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"/>
8	<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"/>

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

ANSWER :->

A	<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"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input checked="" 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"/>
C	<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"/>	<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)
One Two
Three

QUESTION BOOKLET VERSION :

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

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


[REDACTED] CANDIDATE SIGNATURE
 Date : 29/10/16

[REDACTED] INVIGILATOR'S SIGNATURE

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"/>

USE BLUE BALL
 POINT PEN ONLY.... 

TOTAL MARKS :-

$$\frac{32}{40}$$

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Name of Candidate : [REDACTED]
 Name of Examination : [REDACTED]
 Class : 1st MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

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

ANSWER :->

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

$$\frac{24}{40}$$

ROLL NO. (In Words)
R. One zero
Eight
 QUESTION BOOKLET VERSION :

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject
[REDACTED]
 SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date : 29/10/16

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.
 - ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : Post course imp exam
 Class : III MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 29/10/16

ROLL NO.			
		1	1
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ANSWER : ↓

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

$$\frac{26}{40}$$

ROLL NO. (In Words)
one one
one


QUESTION BOOKLET VERSION :
[] [] [] [] []

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

[REDACTED]

CANDIDATE SIGNATURE _____
Date: 29/10/16

INVIGILATOR'S SIGNATURE _____

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : mid-course imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 18/10/17


ROLL NO.	
	48
0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>

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

ROLL NO. (In Words)
four eight
 QUESTION BOOKLET VERSION :

--	--	--	--	--

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date : 18/10/17

USE BLUE BALL POINT PEN ONLY.... 

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

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

Wrong

Correct

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

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

TOTAL MARKS :-

$$\frac{34}{40}$$

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

Name of Candidate : [REDACTED]
 Name of Examination : mid-semester exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 18/10/17

ROLL NO.

								9	1
0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

ROLL NO. (In Words)
None one

QUESTION BOOKLET VERSION :


--	--	--	--	--

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

[REDACTED]
 CANDIDATE SIGNATURE

[REDACTED]
 INVIGILATOR'S SIGNATURE

Date : 18/10/17

**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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

ANSWER : ↓

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

30
40

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

Name of Candidate : [REDACTED]
 Name of Examination : mid course imp exam
 Class : 1st MBBS Semester : _____
 Subject : pathology Paper : I & II
 Date : 18/10/17

ROLL NO.					
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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~~ 40
 ANSWER :↓
 A
 B
 C
 D


ROLL NO. (In Words)
one zero five
 QUESTION BOOKLET VERSION :

--	--	--	--	--	--

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





This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE
 Date : 18/10/17

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

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
-------	---------





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

TOTAL MARKS :-

32
 /
40

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

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : III MBBS Semester : _____
 Subject : Pathology Paper : TEI
 Date : 9/10/18

ROLL NO.

				3	7

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 checked="" 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 checked="" 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"/>

ROLL NO. (In Words)
Thirty seven

QUESTION BOOKLET VERSION :


--	--	--	--	--

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

[REDACTED]
 CANDIDATE SIGNATURE

[REDACTED]
 INVIGILATOR'S SIGNATURE

Date 9/10/18

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

QUESTION :→ 1 2 3 4 5 6 7 8 9 40

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	<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 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 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"/>
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"/>
D	<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 :→ 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 :-

30
40

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

MCQ ANSWER SHEET

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/18

ROLL NO.

								8	4

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

QUESTION :→ 1 2 3 4 5 6 7 8 9 10
 ANSWER :↓
 A

B

C

D

ROLL NO. (In Words)
Eighty
four
 QUESTION BOOKLET VERSION :

--	--	--	--	--	--

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

B

C

D


This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date: 09/10/18

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

B

C

D

USE BLUE BALL
 POINT PEN ONLY.... 

TOTAL MARKS :-

28
40

INSTRUCTIONS

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

Wrong Correct

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

MCQ ANSWER SHEET

Name of Candidate : [Redacted]
 Name of Examination : midcourse imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/18

ROLL NO.

								9	0

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

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

ROLL NO. (In Words)
Nine zero
 QUESTION BOOKLET VERSION :

--	--	--	--	--	--

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
 [Redacted]
 CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE
 Date : 09/10/18

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

USE BLUE BALL
 POINT PEN ONLY....

TOTAL MARKS :-

34

 40

INSTRUCTIONS
 1. FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
 2. 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"/>
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

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

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

MCQ ANSWER SHEET

Name of Candidate : [REDACTED]
 Name of Examination : midcourse imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/19

ROLL NO.

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

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 :-

$$\frac{30}{40}$$

ROLL NO. (In Words)
One hundred
Twelve
 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: 09/10/19

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam.
 Class : ITU MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/18

ROLL NO.

0

1

2

3

4

5

6

7

8

9

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 :-

26
40

ROLL NO. (In Words)

One one
Eight

QUESTION BOOKLET VERSION :


--	--	--	--	--	--

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

[REDACTED]
 CANDIDATE SIGNATURE

[REDACTED]
 INVIGILATOR'S SIGNATURE

Date : 09/10/18

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse MIP exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/18

ROLL NO.

			1	1	9

0	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>

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

ANSWER : ↓

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

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

ANSWER : ↓

A	<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 type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" 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 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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 :-


28
40

ROLL NO. (In Words)
One One nine

QUESTION BOOKLET VERSION :

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

[REDACTED] [REDACTED]
 CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE
 Date: 09/10/18

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

MCQ ANSWER SHEET

Name of Candidate : [REDACTED]
 Name of Examination : Midcourse imp exam
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 09/10/18

ROLL NO.

			1	2	3
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


ROLL NO. (In Words)
One Two
Three
 QUESTION BOOKLET VERSION :

--	--	--	--	--

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE _____ INVIGILATOR'S SIGNATURE _____
 Date : 09/10/18

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

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 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 THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

TOTAL MARKS :-

24
60

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

Name of Candidate : XXXXXXXXXXXXXXXXXXXX
 Name of Examination : mid course imp exam
 Class : IInd MBBS Semester : _____
 Subject : pathology Paper : I & II
 Date : 25/10/19

ROLL NO.

									31

0	<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"/>
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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)
Three One

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: 25/10/19

USE BLUE BALL POINT PEN ONLY....

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 checked="" 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 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"/>

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

34
40

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.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

MCQ ANSWER SHEET

Name of Candidate : [REDACTED]
 Name of Examination : mid course imp men
 Class : IInd MBBS Semester : _____
 Subject : Pathology Paper : I & II
 Date : 25/10/19

ROLL NO.

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


$$\frac{36}{40}$$

ROLL NO. (In Words)
One One Six
 QUESTION BOOKLET VERSION :

--	--	--	--	--

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

[REDACTED] CANDIDATE SIGNATURE
[REDACTED] INVIGILATOR'S SIGNATURE
 Date : 25/10/19

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 THIS ANSWER SHEET.
 - USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

MCQ ANSWER SHEET

Name of Candidate : [REDACTED]
 Name of Examination : med course imp exam
 Class : IIIrd MBBS Semester : _____
 Subject : Pathology Paper : T&II
 Date : 25/10/19

ROLL NO.

			1	2	6
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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


ROLL NO. (In Words)
one Two
 QUESTION BOOKLET VERSION :

--	--	--	--	--

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

This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified.
[REDACTED]
 CANDIDATE SIGNATURE INVIGILATOR'S SIGNATURE
 Date: 25/10/19

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

USE BLUE BALL
 POINT PEN ONLY... 

TOTAL MARKS :-

$$\frac{32}{40}$$

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 THIS ANSWER SHEET.
- USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Date :- 08/06/2020

Repeater

Roll No :- 116

MBBS Year :- 4th MBBS.

Name of Subject :- Pathology

Theory

Paper I.

No. of Pages :- 18.

Signature :- ~~Shreelax~~

Section A

Total

Section B.

Question	1)	2)	3)	4)	5)	6)	Total
Marks	3.5	4	3.5	NA	3	3	17

Section C

Q.	1)	2)	3)	Total
Marks	5	5	NA	10

1
2

Date

June 08 2020 Monday

Name of the student:

[Redacted]

MUHS Batch no:

24

Fresher or Repeater:

Repeater

Roll no:

124

MBBS year of examination subject:

IInd

Name of subject:

Pathology

Theory or Practical:

Theory

Paper I or Paper II:

Paper I

Total no. of pages given sheet: 20

Signature of student:

Rayan

Section B

Q.1	3.5	}	18
2	NA		
3	3.5		
4	4		
5	2.5		
6	3.5		

Section C

Q.3		}	10
1	5		
2	5		
3	NA		

[Handwritten mark]

Akhilesh C. Pawar

1) Date - 8-6-2020

2) [REDACTED]

3) Mubs Batch No - 34th

4) Fresher or Repeater - Repeater

5) Roll No - 117

6) MBBS Year of examination Subject -

- 2nd MBBS

7) Name of Subject - Pathology

8) Theory or Practical - Theory

9) Paper I or Paper II - Paper - I

10) Total No of pages of Answer Sheet - 48

11) Signature of the Student - Akhilesh

Section A

Total

Section B

1) 2) 3) 4) 5) 6)

3.5 NA 3.5 4 3 3 = 17.

Section C

1) 2) 3)

NA 5 5 = 10

Akhilesh

- 1) [Redacted]
- 2) MUHS Batch no. :- 34 (Repeater)
- 3) Roll no. :- 119
- 4) MBBS year of examination :- II year (Preliminary exam)
- 5) Name of subject :- Pathology
- 6) Paper :- I
- 7) Theory / Practical :- Theory
- 8) Total no. of pages of answer sheet :-
- 9) Signature of student :- Pirniketh

Q.No.	1)	2)	3)	4)	5)	6)	Total
Section B marks.	4	3.5	3	3.5	NA	3	17

Section C Q.	1)	2)	3)	Total
marks	5	4.5	NA	9.5

[Handwritten signature]

IInd MBBS

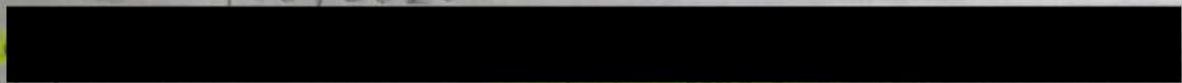
Section B. 1) 2) 3) 4) 5) 6) Dr. Vasant Rao Pawar
3 NA 4 85 3 3.5 17 medical college,
Nashik.
Section C. 1) 2) 3) 4) 5) 4.5 4.5 = 9
NA 4.5 4.5 = 9 8/6/2020

Section A

- 1) Acute pulmonary edema
- 2) Trisomy 21
- 3) Sickle Cell anemia
- 4) Bernard Soulier Syndrome
- 5) AL
- 6) Dystrophic Calcification
- 7) High
- 8) Carbon
- 9) Kala Azar
- 10) CD4 cells
- 11) Macrophages
- 12) Putrefaction
- 13) Unpaired electrons

Date - 8/06/2020

Name



MUHS batch no. - MUHS 34

feesheet (or) Repeats - Repeats

Roll No - 122

MBBS year of Examination subject - second year

Name of subject - Pathology

Theory or practical - Theory

Paper - I

Total no. of pages of answer sheet - 21 pages.

Signature of the student -

Section A

Section	1)	2)	3)	4)	5)	6)	Total
Section B	3.5	3.5	NA	3.5	NA	3.5	14
Section C	4.5	5	NA				9.5

Internal Assessment Examination - 2020

Date: - 08/06/2020

MUHS Batch: - MUHS-34

Roll No: - 120

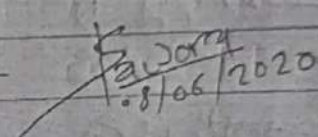
Year of Exam - 2020

Subject: pathology

Theory Examination

Paper: Paper - II

Total no of pages: -

Signature of the student: -  08/06/2020

Section B. 1) 2) 3) 4) 5) 6) = 18

3.5 1.5 4 3.5 Page No - 1

Section C 1) 2) 3) = 9.5

5 4.5 section - A (1/2)

1 ⇒ A (Acute pulmonary edema)

2 ⇒ D (Trisomy 21)

3 ⇒ A (Sickle cell anaemia)

4 ⇒ D (Bernard Soulier)

5 ⇒ C (ATTR)

6 ⇒ A (Dystrophic calcification)

7 ⇒ C (Diigo)

Date - 8/6/2020

Name of the student - [REDACTED]

MVHS Batch Number - 2017

Feesheet / Repeated - Repeated

Roll Number - 126

MBS Year of examination subject

Name of subject - Pathology

Theory or Practical - Theory

Paper I or II - Paper I

Total Number of pages of answer sheet -

Signature of the student - Chitran

Total

Section A

Section B	1)	2)	3)	4)	5)	6)	
	3.5	3	4	2	NA	3	15.5
Section C	1)	2)	3)				
	5.5	4.5	NA				10

Chitran

Pathology Paper I.

Date :- 8 jun 2020

MUHS Batch No. :- 2014-15

Fresh or Repeater :- Repeater

Roll No. :- 118

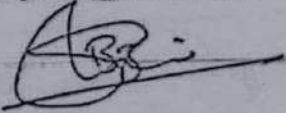
MBBS Year of Examination Subject :- 2nd year

Subject :- Pathology

Theory or Practical :- Theory

Paper I or II :- I

Total No. of Pages of Answer Sheet :- 21

Signature of Student :- 

Date - 8 Jun 2020

Name of Student - [REDACTED]

MUHS BATCH NO -

Fresher or repeater - repeater

MBBS Year of examination subject - 2019

NAME of Subject - Pathology

Theory or practice - Theory

Paper I or II - I

Total No of pages -

Signature of student - [Signature]

Date	June 09 2020 Tuesday
Name of student	[REDACTED]
MUHS Batch no.	31
Fresher or Repeater	Repeater
Roll no	124
MBS Year of Examination	2 nd
Name of subject	Pathology
Theory or Practical	Theory
Paper I or Paper II	II
Total no. of pages of answer sheet	18
Signature of the student	[Signature]

Akhillesh .c. Pawar

PAGE NO. 1
DATE 9/6/2020

- 1) Date - 9-6-2020
- 2) Name of the Student - [REDACTED]
- 3) Mubs Batch No - 34th
- 4) Fresher or Repeater - Repeater
- 5) Roll No - 117
- 6) MBBS Year of Examination Subject - IInd MBBS
- 7) Name of Subject - Pathology
- 8) Theory or Practical - Theory
- 9) Paper I or Paper II - Paper - II
- 10) Total No of Pages of Answer Sheet - 48
- 11) Signature of the Student - Akhillesh

28
40

Rehearsal
Dr Rajendra
Chandekar

Date :- 09/06/2020

Name of student :- [REDACTED]

MUHS Batch :- 34

Fresher/Repeater :- Repeater

Roll No :- 116

MBBS Year of Examination Subject :- 4th MBBS

Name of Subject :- Pathology

Theory or Practical :- theory

Paper I or Paper II :- Paper II

Total No. of Pages :-

Signature :- Abachure.

Date :- 9 June 2020

Name of Student :- [REDACTED]

MUHS Batch :- 2014-15

Fresher or Repeater :- Repeater

Roll No :- 118

MIBBS Year of Examinatⁿ Subject :- Pathology

Theory or Practical :- Theory

Paper I or II - II

Total No. of Pages of Answer Sheet :- 16 pages

Signature of student :- [Signature]

32
/ 40

Dr. Rajendra
Chatterjee

date - 09/06/2020

Name of student :- [REDACTED]

MDHS Batch no :- 34

Fresher / Repeater :- Repeater

Roll no. :- 119

MBBS year of examination :- II year

Name of subject :- Pathology

Paper :- II

Theory / Practical :- Theory

Total no. of pages of Answer sheet :-

Signature of student :- Rishitell

31.5
110
Reference
Dr. Vasant
Dr. Vasant

IInd MBBS

Dr. Vasant Rao Pawar

Medical college,

Nashik.

9/6/2020

SECTION A

1) Bronchial asthma

2) Fibrinoid necrosis of small arteries
and arterioles.

3) Oesophagus

4) HBV

5) ~~Primary~~ Secondary amyloidosis

6) Leydig cell tumor

7) SLE

8) Basal cell carcinoma

9) Wilson's disease.

10) Papillary carcinoma

11) Ghon focus

12) Rheumatic heart disease

13) Human papilloma virus

Date - 09/06/2020

Name - [REDACTED]

MUHS Batch no. - MUHS 34

Feeshee @ Repeater - Feeshee

Roll. No - 122

MBBS year of Examination subject - 2nd year.

Name of subject - Pathology

Theory / practical - Theory

Paper - II

Total no. of pages of answer sheet - 23

Signature of student - [Signature]

33.5
40.

Rehwashe
Dr. Rajendra
Chametham

32/110
20/06/2020
Internal Assessment examination - 2020

Date :- 09/06/2020

Name :- [Redacted]

6.5
8

MUHS Batch :- MUHS-34

Repeater

Roll No :- 120

Year of examination : 2020 IInd MBBS

Subject :- pathology

Theory

paper - paper - II

Total No of pages :-

Signature of the student :- *[Signature]*
09/06/2020

Section - A (MCQ)

- Q1 ⇒ C (Bronchial asthma)
- Q2 ⇒ C (fibrinoid necrosis of small arteries of arterioles)
- Q3 ⇒ C (oesophagus)
- Q4 ⇒ B (HBV)
- Q5 ⇒ C (primary Amyloidosis)
- Q6 ⇒ A (Leydig cell tumour)
- Q7 ⇒ A (urothelial carcinoma)

date - 9/6/2020

Name of the student - [REDACTED]

MUHS Batch Number - 34

fresher or repeater - repeater

Roll Number - 126

MBS Year of examination subject - IInd Year

Name of subject - Pathology

Theory or practical - Theory

Paper I or II - II

Total Number of pages of answer sheet -

Signature of the student - Chitanshu

33
40

Rehman
Dr. Rajendra
Chauhan

1] Date	: - 9 June 2020
2] Name	: - [REDACTED]
3] MUHS Batch no	: - 34
4] Fresher or Repeater	: - Repeater
5] Roll no	: - 125
6] MBBS year of Examination Subject	: - II year (Preliminary)
7] Name of subject	: - Pathology
8] Theory or practice	: - Theory
9] Paper I or II	: - II
10] Total No of pages	: - 16
11] Signature	: - <i>[Signature]</i>

24.5
240

[Signature]
Dr. Rajendra
Chandrasekar

1st
Topic

~~34.0~~

34.0 @dy
40
CLASSMATE

Date _____
Page _____

27092 . I

Date June 16 2020 Tuesday

Name [Redacted]

MVHS batch no. 34

Fresher or repeater Repeater

Roll no. 124

MBBS year of examination subject 2nd year

Name of the subject Pathology

Theory or Practical Practical

Paper I or Paper II

Total no. of pages of answer sheet 16

Signature of the student [Signature]

Handwritten notes at the bottom of the form section.

SPOTS 10

PBS - 2.5

Urine - 4.0

HP slid - 3.0

Hb/Tc/Bld Cmp - 5.0

Micro - 5.0

NVA - 2 - 5.5

34.0 @dy

Akhilesh. C. Pawar

16/6/2020

- 1) Date - 16-6-2020
- 2) NAME of the Student - [REDACTED]
- 3) Mubs Batch No - 34th
- 4) Fresher or Repeater - Repeater
- 5) Roll No - 117
- 6) ~~At~~ MIBBS year of Examination Subject - 2nd year Pathology
- 7) Name of Subject - Pathology
- 8) Theory or Practical - Practical
- 9)
- 10) Total No Pages of Answer sheet - 24
- 11) Signature of the Student - Alun

SPOTS : 7.5
PBS : 2.5
Urine Examⁿ : 4.0
H/P slide : 2.0
Hb/PCV/BH/Estimⁿ : 4.0
VIVA 1 : 5.0
VIVA 2 : 5.0

30.0/40.0 dis

Date:- 16/06/2020

Name of student:- [REDACTED]

MDHS Batch No:- 34

Fresher or repeater:- Repeater

Roll No:- 116

MBBS Year of Examination Subject:- Ind MBBS

Name of subject:- Pathology

Theory or practical:- Practical

Paper/Signature:- ~~the student~~

SPOTS : 0
PBS : 2.5
Write exam : 4.0
H/P Slide : 2.5
Hb/TC/PC/Bld Gup : 4.5
VIVA : 4.0
VIVA : 3.0

29.5 @day

Date :- 16 Jun 2020

Name :- [REDACTED]

MUHS Batch no. :- 2014-15

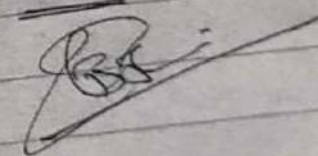
Roll No. :- 118

MBBS Year of Examination Subject :- 2nd year
Name of Subject :- Pathology

Theory or Practical :- Practical
Paper I or II :- "

Total No. of Pages of Ans. sheet :- 13

Sign. of student



- SPTS : 7.0
- PBS : 2.0
- U/R Examⁿ : 4.0
- H/p Slides : 3.0
- Hb/Tc Dc/BldCmp : 3.0
- VIVA 1 : 4.0
- VIVA 2 : 4.0

27.0/40 @dus

Date - 16/06/2020

Name of student :- [REDACTED]

MUHS Batch no :- 34

Fresher or Repeater :- Repeater

Roll no. :- 119

MBBS year of examination :- II year

Name of subject :- Pathology

Theory or practical :- Practical

Total no. of pages of Answer sheet :- 16

Signature of student :- Rishikesh

PATHOLOGY

PRACTICAL EXAMINATION

SPOTS = 5.5

PBS = 2.5

Urinary exam = 4.0

H/P Slide = 1.0

Hb/Tc/Dc/Adp = 4.0

VIVA 1 = 5.5

VIVA 2 = 6.0

28.5

IInd MBBS

Dr. Vasantrao Pawar

Medical College,

Nashik

16/6/2020

SPOTS

SPOT 1) Given slide is of Eosinophilia

Eosinophilia is caused by

- allergic reactions
- Parasitic infections

✓ (1)

SPOT 2) Given slide is of amyloidosis.

Congo red stain is used in amyloidosis

✓ (2)

Spot 3) Given slide is of leiomyoma

Benign smooth muscle cells are seen

~~Whorled~~ whorled pattern is seen

✓ (2)

Date - 16/06/2020

Name - [REDACTED]

MOHS batch no - MOHS 34

Freshers @ Repeaters - Repeaters

Roll no - 122

MBBS year of Examination subject - II year.

Name of subject - Pathology

Practical examination

Total no. of pages of answer sheet - 15 pages.

Signature of student - [Signature]

SPOTS : 8.0
PBS : 2.5
U/R Examⁿ : 4.0
H/P Slide : 2.5
Bb/TC/Dc/Bld/ur : 4.0
VIVA ① : 5.0
VIVA ② : 5.0

31.0/40 [Signature]

preliminary practical examination:-2020

Date:- 16 June 2020

Name:- [Redacted]

MUHS Batch :- MUHS-34

Repeatex

Roll No - 120

Year :- IInd MBBS

Subject :- pathology

practical paper

Total No. of pages :-

Signature of the student :- [Signature]

1 Spots

- SPOTS : 8.5
- PBS : 2.0
- 1 hr exam : 3.0
- H/P slide : 2.5
- lab/Trac/Bk/Rep : 3.5
- VIVA 1 : 5.0
- VIVA 2 : 4.5

① Spot No 1

→ ① Eosinophilia

- ② ① Allergy
- ② parasitic infection

29.0
40

② Spot No - 2

→ ① fat cells (Adipose tissue)

- ② special stain - ① oil red o
- ② sudan black

Date = 16/6/2020

Name of the student = [Redacted]

MUMS Batch Number = 34

Feesheet or repeats = Repeats

Roll Number = 126

MBS year of examination subject = IIIrd year

Name of subject = Pathology

Theory or Practical = Practical

Paper I or II = I & II

Total Number of pages of Answer sheet = 14

Signature of the student = Chetan

SPOTS :	9.0
PBS :	2.5
Urine exam :	4.0
H/P Slide :	2.5
Hb/Exam/BH :	4.0
VIVA 1 :	4.0
VIVA 2 :	5.0
	<hr/>
	31.0

Spot (10)

PBS slide

Urine examination

Histopathology slide

Haemoglobin estimation

Table viva

Grand viva

Name :-

Roll no :- 125

MUHS Batch no :- 25

SPOTS = 10.0

PBS = 2.0

U/R Exam = 4.0

H/P Slide :

rub/cr/dc/Bd/lmp :

VIVA (1) = 4.5

VIVA (2) :