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

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

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

Dr. Preeti Bajaj

Department of Pathology

Dr. VPMCH & RC, Nashik



Dr. Vasantrao 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	Yos	Yes (01 students)	Yes (01 students)
2019-20	Yes	Yes	Yes (1 students)	•

Dept of Pathology





M. V. P. Samaj's Dr. Vasantrao 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 Tuborculosis
- 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. Deline 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 an 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- Ftiopathogenesis 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

- 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
- 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
- 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. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 3 Department of Pathology

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- The students were counseled by the Mentor/Guide.
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- Discussion by the Mentor/Guide on paper writing exercise individually with each student. Improvements were suggested.

M. V. P. Samaj's

Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 3

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

Paper – I

Į	Date - 08/06/2020	Time - 11:00am to 1:00pr
1	Instructions: -	
	 All questions are compulsory Select appropriate option in the fo Draw relevant diagrams. 	llowing multiple choice questions
:	Section – A (MCQ)	[Marks: 8
	Heart failure cells in lung alveoli are a) Acute pulmonary edema b)	e seen in-) Acute pulmonary embolism
	ഭ) Ghrania passiva yangus congettion of (CPVC) lung
	d) Nonbacterial thrombotic Endocarditis	
	 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	1. Platelet function defects are seen in	1-
	α) ITP	b) Dangue fever
	c) Aplastic anemia	d) Bernard southern

5.	in senile cardiac amyloidosis the	biochemical form of amyloid is-
	α) AL	b) AA
	c) ATTR (Transthyretin)	d) AB ₂ m (Microglobulin)
6.	Medial calcific sclerosis is a type	of-
	a) Dystrophic Calcification	b) Metastatic & Calcification
	c) Both metastatic & Dystrophi	c Calcification
	d) Neither Metastatic & Dystrop	hic Calcification
7.	In Iron Deficiency anemia TIBC is-	
	a) Low	b) Normal
	c) High	d) Borderline
8.	The most common exogenous pig	ment is-
	a) Lipofuscin	b) melanin
	c) Hemosiderin	d) carbon
9.	All are causes of splenomegaly ex	cept-
	a) Aplastic anemia	b) Kala Azar
	c) Hemolytic anemia	d) Malaria
10.	AIDS is characterized by the deple	tion of-
	a) CD4 cells	b) CD8 cells
	b) Monocytes	d) Neutrophils
11.	Epithelioid cell in granulomas is mo	odified
	a) Tlymphocyte	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 a	
	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 far 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. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 3

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

Paper – II

<u>Date - 09/06/2020</u>	Time _ 11:00 - 1 - 1 - 0
Instructions: -	<u>Time – 11:00am to 1:00pm</u>
 All questions are compulsory Select appropriate option in the folk Draw relevant diagrams. 	owing multiple choice questions
Section A (MCQ)	
1. Crushmann's spirals in sputum are po	[Marks: 8]
a) Emphyserna	b) Chronic bronchitis
c) Bronchial asthma	d) Bronchiectasis
2. The Histopathological hallmark of ma	llgnant hypertension is
a) Proliferative endarteritis	b) Focal glomerulonephritis
c) Fibrinoid necrosis of small arteries	
d) Reduplication of internal elastic	
3. Primary tumors are rare in which of th	
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	c) Secondary amyloidosis

6.	Which of the following is <u>not</u> 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) Marjolins ulcer
9.	'Kayser fleischer ring' is pathognomoni	c of
	a) Cystinosis	b) Hemochromatosis
	c) Hypercalcemia	d) Wilson's disease
10.	'Ground glass nuclei' in the thyroid ca	rcinoma 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 cand	er is
	a) Human papilloma virus b) Her	pes virus 2
15 (51)	c) Epstein Barr virus d) Hun	nan Immunodeficiency Virus

1.	4. Tul	perculosis of gastro – intesti	inal tract commonly involves
i i) Stomach	b) Oesophagus
	c)	Colon	d) lleo – caecal region
15	. 'So	ap bubble' appearance or	1 X-ray is diagnostic of –
39		Ewing's sarcoma	b) Chondrosarcoma
4	c)	Osteosarcoma	
16.	Cry	płococcal meningitis is dia	d) Giant cell tumor
		Pandy's test	b) India ink test
	c)	ZN stain	d) Prussian Blue stain
B)	Short	Answer Questions: (Any fiv	e out of six) [Marks: 20]
	1)	Post necrotic liver cirrhos	sis.
	2)	Causative factors for bre	east carcinoma.
	3)	Malignant melanoma.	
	4)	Advantages and disadva	antages of FNAC
	5)	Teratoma.	
	6)	Leiomyoma.	
C)	Long	Answer Questions : (Any tv	vo out of three)
	-1)		el Disease Give differences L
	2)		Pathology and complications of
	3)	Discuss the Etiopathogene chronic pyelonephritis.	esis. Gross and microscopic features of

PRACTICAL EXAMINATION UG

DEPARTMENT OF PATHOLOGY

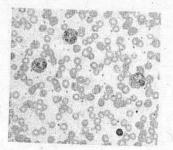
INDEX

Question No	Exercise	Marks
1	Spots (10 Spots)	Service Service Service
2	PBS slide	10
3	Urine examination	03
4	Histopathology slide (03 slides)	05
5	Haemoglobin estimation/TLC/DLC/Blood grouping	03
5	Table viva (4 questions)	05
7	Grand viva (2 questions)	07
	a sad tr drestions)	07
770 27	Total	40

1. SPOTS (10 marks)

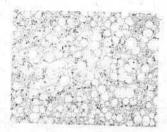
Spot 1

- Identify
- Enumerate 2 conditions causing it.



Spot 2

- Identify
- Name 2 special stains used



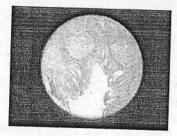
Spot 3

- Identify
- Enumerate 2 types of pattern seen



Spot 4

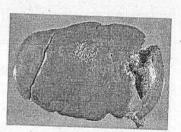
- Identify
- Enumerate 2 clinical features of the disease



• Identify

· Enumerate 2 causes





Spot 6

Identify

· Identify

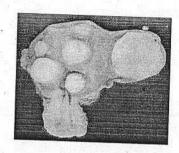
· Enumerate the stages

Give 1 etiological factor

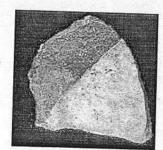


- Identify
- Enumerate 2 types

Spot 7



Spot 8



- Identify
- Mention its use

Spot 9



Spot 10 - Clinical Case

Clinical Examination

Laboratory Investigations CSF Examination revealed Physical Exam

Chemical Lyan

Low grade fever since 10 days Headache since 2 days Vomiting since 2 days Altered Consciousness

Slightly Turbid appearance Coloveb Present Proteins 120440 mg/dl/(Normal 15 +45 mg/dl) Chicace - 35.00 mg/dl (Normal 40 -60 mg/dl) Total meleated wells : 280 / eurum 100% Tymphocytes (Normal 0-5 Tymphocytes/cumm) Negative

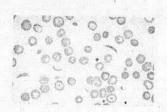
Negative Acid Fast Bucilli Present

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

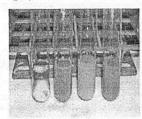
- · Identify the type of anemia
- Define anemia
- · What is the proforma for reporting PBS?
- Describe the criteria for an ideal Peripheral blood smear.
- · What are the PBS findings for this case?
- · What is the confirmatory test for the diagnosis of the given slide?



3. Urine Examination (05 marks)

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

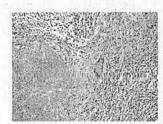
- Identify and interpret the results of the test
- · What are the crystals normally found in urine?
- What is glycosuria? Enumerate the causes of glycosuria.
- What are the tests for diagnosing proteins in urine? Enumerate the causes of proteinuria.
- · Name the parasites found in urine.



4. Histopathology slide (03 marks – 03 slides)

Slide 1

- Identify
- Give 2 microscopic features



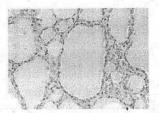
Slide 2

- Identify
- Mention common sites



Slide 3

- Identify
- · Give 2 microscopic features



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

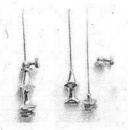
Answer the following questions

- · 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 gouping?

6. Table Viva (07 marks)

Question 1

- Identify
- Mention 2indications.



Question 2

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



Question 3

- Identify
- Mention its use



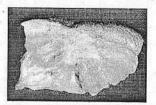
Question 4

- Identify and enumerate the reagent present.
- Mention uses



Question 1

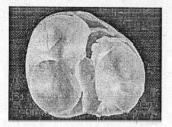
- Identify
- Enumerate the etiological factors
- Discuss the laboratory diagnosis in brief.
- What are the various IHC markers associated with this disease?



Question 2

7. Grand Viva (07 marks)

- 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 Tctal Marks: 30.

Date:-25/06/2020

- 210 1 				Date:-25/06/2020		
Roll No.	Name	Paper I	Paper II	Practical	Total	Signature
1	Aditya Anand Pawar	26.5	31.5	34	92	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Hambarde Eishikesh Khobraji	-34	32	25	91	
3	Kochure Atherva 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	(5/4)
6, ,	Rajput Sumeet Mahendra	35.5	24.5	24	84	
7	Rathod Chelan Kashinath	33	- 26	31	90	N ,, 3
8	Shivsharan Budhabhushan Jagannath	31	32	27	90	
9	Wakode Nikita Gulabrao	31	33.5	31	95.5	
10	Madkar Kirar Ramakant	32.5	31.5	28.5	92.5	34
11	Vašave Vikram Navsa	Absent	* Absen:	Absent	- 1	

Dr. Preeti Bajaj

Professor & HOD

Department of Pathology



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

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Dr. Preeti Baja

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Dept of Pathology

M. V. P. Samaj's

Dr. Vasantrao 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

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) Coagulaton 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

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

a. IgG

d. Meloctes

17) The correct sequence of cell cycle is

a. G0-G1-S-G2-Mb. G1-G1-G2-S-Mc. G0-M-G2-S-G1d. G0-G1-S-M-G2

M. V. P. Samaj's r. Vasantrao Pawar Medical Co

Dr. Vasantrao 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	
2	52	Khade Mahesh R	34
3	118 Shivasharan Budhabhushan		36
4	126	Rathod Chetan Kashinath	32

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



M. v. P. Samaj's

Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 3

Department of Pathology

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

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Dr. Vasantrao 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

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Dr. Vasantrao 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		JADHAV VISHNU SHAHADEO	30
2.	2. 84 RAUNDAL MOHANISH SAHEBRAO		28
3.	 90 SALAHUDDIN MINHAJ SIRAJ UL HAC 4. 112 THOMBARE SUSHANT SUNIL 		34
4.			30
5.	118	118 VASAVE VIKRAM NAVSA	
6.	6. 119 GADKARI ABHIJAY HITENDRA		28
7. 122 MANIKKULE VIVEK RAMESHRAO		30	
8.	8. 123 RAJPUT SHRUSHTI VIJAYSING		24

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Dr. Vasantrao 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

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Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/	H/Patho/	VMPCH/	VPS/Dr.	ef: I	R
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Date: 18/10/2017.

Q1	Kaposi	Sarcoma	is	senn	with	?
----	--------	---------	----	------	------	---

HHV 8

HHV₂

HHV 4

HHV₁

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 alte 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



M. V. P. Samaj's

Dr. Vasantrao 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

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

Q12 All are features of hemolyt	ic anemia except
A Hemoglobinuria	B Jaundice
C Increased haptoglobin	D Hemosiderin
Q13 Epitheloid granuloma mayl	be seen in all of the following condition except
A Sarcoidosis	B Tuberculosis
C Pneumocystic carini	D Hodgkin's lymphoma
Q14 All are antigen presenting of	ells except
A Langerhan's cells	B Dendritic cells
C T- cells	D B-cells
Q15 Reversible loss of polarity v	vith abnormality in size and shape of dells is known as
A Metaplasia	B Dysplasia
C Hyperplasia	D Anaplasia
Q16 Virchow's triad for thrombo	osis include all except
A Stasis	B Endothelial injury
C Hypercoagulability	D Platelet Thrombin
Q17 Surface epithelia stromal tui	mor of kidney is
A Brenner tumor	

B Granulosa cell tumor

C Yolk sac tumor

D Teratoma

Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 3

Department of Pathology

Ref: MVPS/Dr. VMPCH/Patho/

Date: 29 10 16

Q1 Onion skin thickening of arteriolar wall is seen in?

A Atherosclerosis

B Malignant Hypertension

C Benign Hypertension

D None of the above

Q2 Blue Bloaters are Patlents of

A Chronic bronchitis

B Bronchial Asthma

C Emphysema

D Bronchiectasis

Q3 All are true about post streptococcal glomerulonephritis except

A Crescent Formation

B Deposits of IgA

C Granulation deposits of IgG

D Subepithelial deposits

Q4 Linnitus Plastica is

A Plastic like lining of stomach

B Diffuse Carcinoma of stomach

C Benign ulcer

D GIST

Q5 Characteristics of Wilson's disease are all except

A Increased hepatic copper

B Increased urinary excretion of copper

C Presence of KF rings

D Increased serum ceruloplasmin

Dr. Vasantrao 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 Gauray	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



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

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Dr. Preet Bajaj

Department of Pathology

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Dr. Vasantrao 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	le 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. Schwanomma
- 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 Artiben 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

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

Department of Pathology

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Department of Pathology
Dr. VPMCH & RC, Nashik

Dr. Vasantrao 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. Speen
- c. Kidney
- d. Lung

14) Platelet functions can be assesed 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

Dr. Vasantrao 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	3 %	
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	32
		CHANDRAKANT	
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
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VASANTE	RAO PAW	AR MED	MCO.	LEGE,	HOSPI	TAL &	RESEARCH CENTRE, NACTOR
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D							QUESTION BOOKLET VERSION:
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С							
D							OANDIDATE NVIGILATOR'S SIGNATURE SIGNATURE Date 29 10 1 6
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ANSWER :↓ A							POINT PEN ONLY
В							INSTRUCTIONS
C							1. FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY.
D							2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. Wrong Correct
OTAL MAR	KS:-						
			32-40)		3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARK ON THE ANSWER SHEET. 4. ROUGH WORK MUST NOT BE DON

THIS ANSWER SHEET.

5. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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

MCQ ANS	SWER SHEET
Name of Candidate: Name of Examination: IVCACAME IMP Class: IIND MISISS Semester: Subject: Pathology Paper: I a Date: 29/10/16	
ANSWER: ↓ A □ □ □ □ □ □	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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QUESTION: → 11 12 13 44 15 16 17 ANSWER: ↓	
A	This is to certify that the entries of Roll No., Question Booklet Version, Overtice Booklet Sr. No. & Subject ed.
	CANDIDATE INVIGILATOR'S SIGNATURE
QUESTION:→ 21 22 23 24 25 26 27	28 29 30 Date: 29/10/16
ANSWER:	USE BLUE BALL POINT PEN ONLY
	INSTRUCTIONS
D D D D D D	1. FILL THE BLOCKS ☐ USING BLUE BALLPOINT PEN ONLY. 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.
OTAL MARKS :-	Wrong Correct

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

4. ROUGH WORK MUST NOT BE DONE

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 : Name of Examination : 1000000 se mp onen Class: Ind MB135 Semester: 2 0 0 Subject: Pathology Paper: IfI Date: _29/10/16 ×23 4 5 6 OUESTION :-> ANSWER : 4 8 🗆 🗆 🗆 🗆 ROLL NO. (In Words) Four one QUESTION BOOKLET VERSION: OUESTION: > 1 42 13 14 45 16 17 18 19-20 ANSWER : 4 This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject D INVIGILATOR'S SIGNATURE SIGNATURE OUESTION :→ 23 24 25 26 27 Date 29/10/16 28 29 30 ANSWER:↓ USE BLUE BALL POINT PEN ONLY.... INSTRUCTIONS FILL THE BLOCKS ☐ USING BLUE BALLPOINT PEN ONLY. 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. TOTAL MARKS :-Wrong Correct 3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET. 4. ROUGH WORK MUST NOT BE DONE THIS ANSWER SHEET.

5. USE FREE SPACE IN THE QUESTION

BOOKLET PROVIDED.

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK. MCQ ANSWER SHEET ROLL NO Name of Candidate : Name of Examination Class: Ind MBBS Semester :__ Paper: THE Subject: Pathology Date: _ 29/10/16 8 8 19 10 × 23 × 56 QUESTION :-> 000000 ANSWER : 4 90000 A ROLL NO. (In Words) Foundy Three QUESTION BOOKLET VERSION: QUESTION:> 41 42 200 17 18 19 15 16 14 ANSWER:↓ This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject rave been verified. INVIGILATOR'S CANDIDATE D SIGNATURE **SIGNATURE** Date 29/10/16 22 23 24 25 26 27 28 29 30 QUESTION :> ANSWER:↓ 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 TOTAL MARKS :-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.

BOOKLET PROVIDED.

5. USE FREE SPACE IN THE QUESTION

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK. MCQ ANSWER SHEET Name of Candidate : Name of Examination : Midcourse imp excus Class : IInd MRBJ Semester : Subject: The Hology Paper: TCI Date: _29/10/16 OUESTION :-> x 23 45 ANSWER : 4 800000 B ROLL NO. (In Words) tours form **QUESTION BOOKLET VERSION:** QUESTION: > 11 42 13 14 17 18 19 20 ANSWER:↓ This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified. INVIGILATOR'S SIGNATURE SIGNATURE Date: 29/10/16 21 22 QUESTION :→ 23 24 25 26 27 28 29 30 ANSWER :↓ USE BLUE BALL POINT PEN ONLY.... 4 B INSTRUCTIONS 1. FILL THE BLOCKS USING BLUE BALLPOINT PEN ONLY. 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. TOTAL MARKS :-Wrong Correct 3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS

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4. ROUGH WORK MUST NOT BE DONE O

5. USE FREE SPACE IN THE QUESTION

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL	
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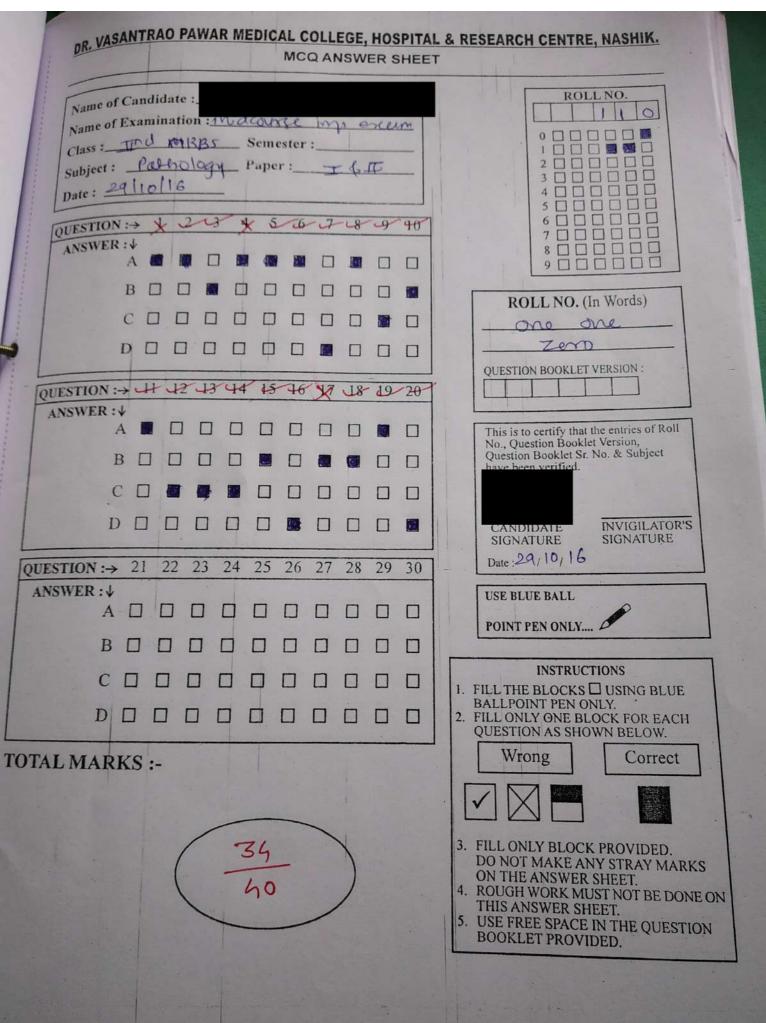
DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RE	SEARCH CENTRE, NASHIK.
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DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITA MCQ ANSWER SHEE	ET
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DR. VASANTRAO PAWAR MEDICAL COLLE	EGE, HOSPITAL & RESEARCH CENTRE, NASHIK.	
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DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK. MCQ ANSWER SHEET Name of Candidate : ROLL NO. 2 Name of Examination: Maleounte impercen Semester : no mans 100000 Paper: IAIT Prothology Subject: 29/10/16 Date : __ 600000 QUESTION :> 1 56 7 18 0 10 700000 ANSWER : 4 900000 A ROLL NO. (In Words) are Two Two QUESTION BOOKLET VERSION: 14 15 16 17 18 19 20 W42 13 QUESTION :> ANSWER: 4 This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified. B C INVIGILATOR'S CANDIDATE D SIGNATURE SIGNATURE Date :29/10/16 29 30 27 28 24 25 26 23 22 21 OUESTION :> USE BLUE BALL ANSWER :↓ POINT PEN ONLY.... INSTRUCTIONS FILL THE BLOCKS ☐ USING BLUE BALLPOINT PEN ONLY. 2. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. D Correct Wrong TOTAL MARKS :-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.

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OR VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITA MCQ ANSWER SHEE	T RESEARCH CENTRE, NASHINI
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5. USE FREE SPACE IN THE QUESTION

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

Name of Candidate :

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

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

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DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK. MCQ ANSWER SHEET Name of Candidate : Name of Examination: Md courte imp oner Class: Ind mBBI Semester: Subject: Ruthology Paper: Date: 25/10/19 5 6 0 0 0 0 0 8 10 OUESTION :> 2 3 6 ANSWER : 4 8 🗆 🗆 🗆 🗆 🐷 900000 B ROLL NO. (In Words) one one fire D QUESTION BOOKLET VERSION: 12 13 14 15 16 17 20 QUESTION:→ ANSWER:↓ This is to certify that the entries of Roll No., Question Booklet Version, Ouestion Booklet Sr. No. & Subject have been verified. CANDIDATE INVIGILATOR'S D SIGNATURE SIGNATURE Date: 25, 10, 19 22 23 24 25 26 27 28 29 30 OUESTION :> ANSWER:↓ USE BLUE BALL A POINT PEN ONLY.... B INSTRUCTIONS FILL THE BLOCKS ☐ USING BLUE BALLPOINT PEN ONLY. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. Correct Wrong **TOTAL MARKS:-**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. USE FREE SPACE IN THE QUESTION

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DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, NASHIK. MCQ ANSWER SHEET ROLL NO. Name of Candidate :_ Name of Examination: Med course impende Class: TING MBD Semester: Subject: Palnoly Paper: TIT Date: 25 10 10 6 0 0 0 0 0 10 8 9 4 5 3 OUESTION :> ANSWER: \ 9 0 0 0 0 0 0 B ROLL NO. (In Words) one Tues MY QUESTION BOOKLET VERSION: 18 14 15 16 OUESTION :> ANSWER:↓ This is to certify that the entries of Roll No., Question Booklet Version, Question Booklet Sr. No. & Subject have been verified. C INVIGILATOR'S CANDIDATE D SIGNATURE SIGNATURE Date: 25 / 10/19 30 27 28 29 26 22 23 24 25 21 OUESTION :→ USE BLUE BALL ANSWER:↓ POINT PEN ONLY.... B INSTRUCTIONS FILL THE BLOCKS ☐ USING BLUE BALLPOINT PEN ONLY. FILL ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW. Wrong Correct TOTAL MARKS :-3. FILL ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET. ROUGH WORK MUST NOT BE DONE ON

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