

# NATIONAL MEDICAL COMMISSION

## STANDARD ASSESSMENT FORM

### FORM – C

File No:

/ Assessment No.:

Name of Course : MBBS

Name of Subject : General Medicine

Name of College : Sri Guru Ram Das Institute of Medical Sciences & Research,  
Vallah, Sri Amritsar

Name of University : Sri Guru Ram Das University of Health Sciences, Sri Amritsar

Place of examination : Sri Guru Ram Das Institute of Medical Sciences & Research,  
Vallah, Sri Amritsar

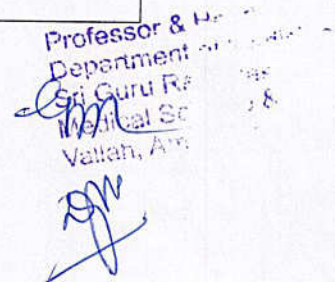
Date/s of examination : 17<sup>th</sup> to 20<sup>th</sup> March 2025

#### 1. ASSESSORS

Sl.	Name	Official address	Mobile No.	email address
1.	Dr. Gurinder Mohan	Prof. & Head, General Medicine SGRDIMSAR	9815341556	<a href="mailto:drgurinder1968@gmail.com">drgurinder1968@gmail.com</a>
2.	Dr. Manish Chandey	Professor, General Medicine SGRDIMSAR	9872071231	<a href="mailto:chandey96098@yahoo.co.in">chandey96098@yahoo.co.in</a>
3.	Dr. Dhiraj Kapoor	Prof. & Head, General Medicine Dr. Rajendra Prasad Government Medical College, Tanda	7018784841	<a href="mailto:kapoordhiraj92@gmail.com">kapoordhiraj92@gmail.com</a>
4.	Dr. Pritam Singh	Professor, GMC, Chandigarh	9646121560	<a href="mailto:tritamdoc@yahoo.com">tritamdoc@yahoo.com</a>




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Sri Guru Ram Das  
Institute of Medical Sciences  
Vallah, Amritsar



Assessment order/letter number:

U-14021/01/2024-UGMEB	Dated 06.02.2024

**2. REPORT OF PREVIOUS ASSESSMENT**

Deficiencies pointed out in the last Assessment/ if any	Remarks
NIL	NIL

**A. Scheme of Examination**

Marks allotted

Minimum passing marks

## 1. Theory:

Final examination

: 200

Internal Assessment

: 500

Candidate must obtain in 40% marks separately in theory and in practical and totally 50% for theory plus practical in university conducted examination.

Total for Theory

: 200

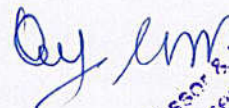
## 2. Clinical/practical

Final examination

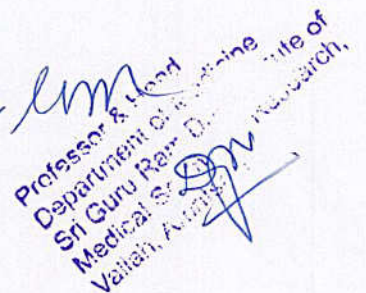
: 200

(Practical includes : practical and viva voce in order to declare pass in that subject)

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 Vellore, Andhra Pradesh



Internal assessment : 650

Total for Practical : 200

Candidate must obtain in 40% marks separately in theory and in practically and totally 50% for theory plus practical in university conducted examination.

3. Viva-voce:  
Final examination:

Internal assessment :

Out of 200 marks of clinical/practical, 20 marks are allotted for viva voce. Included in internal assessment of clinical/practical

4 Total for Viva-voce : 20

Grand Total : 400 Marks

**B. Theory (Attach 1 copy of each of the papers)**

Annexure-I

1. Theory paper:	Subject:	Time: __ Hrs.	Date of exam:
No. 1:	General Medicine – I	3 hours	21.02.2025
No. 2:	General Medicine – II	3 hours	24.02.2025

2. Place of conduct of exam. : Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Sri Amritsar

3. Invigilation arrangements : Good

4. No. of candidates appeared : 141

**C. Remarks by the Assessor/s regarding:**

a) Nature of the questions–MCQs/SAQs/Structured Essay type/Long answers:

There are Two papers, Question paper A contain 10 MCQs of 01 marks each, 02 Long notes out of which one is structured and another is case based question of 10 marks each, three reasoning questions of 5 marks each, eight short notes of 05 marks each and three applied questions of 05 marks each

Question paper B contain 10 MCQs of 01 marks each, 02 Long notes out of which one is structured and another is case based question of 10 marks each, three reasoning questions of 5 marks each, eight short notes of 05 marks each and three applied questions of 05 marks each.

b) Type of Questions – Recall based/Application based/Problem based:

Yes, question paper covers Recall based, Application based and Problem based questions.

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c) Standard of questions - level of difficulty: Easy / Moderate / Difficult:  
Question paper covers all the levels of difficulties.

d) Do they broadly cover the prescribed curriculum? : Yes

e) Standard of the answers: (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

Answer sheets are being evaluated by the examiners out of state, managed by State Health University.

f) Internal assessment marks (to be reviewed by the assessors) that have contributed to final examination :

The internal assessments were done during Regular periodic examinations throughout the course in the form of formative assessment and continuous internal assessment (theory/practical) i.e. in the form of home assignments, continuous class test, self directed learning, theory attendance, Logbook, certifiable skill based competencies AETCOM, Research work, Journal record and practical attendance.

g) Method/pattern of examination of internal examinations conducted during the course of training/study (to be clearly stated):

Internal examinations was conducted in the form of formative assessment for theory and practical i.e. three internal examination, examination at the end of each clinical posting and at the end of each phase in all profs.

h) Have the Internal assessment marks influenced the final examination?

Internal Assessment is not added in summative assessment of university examination. It is only the eligibility criteria for appearing in the final university examination. However, the internal assessment marks are reflected separate column in detailed marks card.

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**II. PRACTICAL / CLINICAL EXAMINATION:****PRACTICAL**

a) Conduct of the practical examination (provide details including OSCE).

**One Long Case, Two short Cases and Five OSCE Tables**

Station 1 : ECG  
 Station 2 : Instrument  
 Station 3 : Prescriptions  
 Station 4 : X-rays  
 Station 5 : Clinical Skill Assessment

b) Does the practical examination broadly cover the discipline? : Yes

c) Time allotted for different sections of the examination (Provide details).

One long Cases of 45 mins.

Two short case of 20 mins. each

Five OSCE stations of 02 mins. each

d) Details of examiners: (please attach brief cv of the examiners). Annexure - II

**Note: Provide this information in a sealed envelope marked confidential).**

<b>Names Qualification</b>	<b>Designation</b>	<b>Years of Experience as UG Teacher / Examiner</b>
<b><u>Internal examiners</u></b>		
1. Dr. Gurinder Mohan	Prof. & Head, General Medicine SGRDIMSAR	28 yrs. 03 mths.
2. Dr. Manish Chandey	Professor, General Medicine, SGRDIMSAR	18 yrs. 06 mths.

*Dr. Gurinder Mohan*  
*Dr. Manish Chandey*

Professor & Head  
Department of Medicine  
Sri Guru Ram Das Institute of  
Medical Science & Research,  
Allahabad, Amritsar

<b>External examiners</b>		
1. Dr. Dhiraj Kapoor	Prof. & Head, Dr. Rajendra Prasad Government Medical College, Tanda	25 yrs.
2. Dr. Pritam Singh	Professor, GMC & Hospital, Chandigarh	17 yrs.

e) Mode of practical examination : In batches or otherwise and number of students per day (Provide details)

Yes in Four Batches with 35 / 36 students per day

f) Are there other examination centers in the same University : No

- If yes, provide details.

g) Do the same examiners conduct the examination in other centers too? : Yes

- If not, what steps are taken to ensure uniformity of standards? Are meetings of the examiners being conducted and guidelines are given by the University)

h) Date of Examination in different centers

1. Dr. Dhiraj Kapoor, Dr. Rajendra Prasad Government Medical College, Tanda
  - Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, June 2024
  - Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, March 2025
2. Dr. Pritam Singh, Government Medical College & Hospital, Chandigarh
  - NC Medical College, Israne, Panipat, Dec. 2024
  - Government Medical College & Hospital, Chandigarh, March 2025
  - NC Medical College, Israne, Panipat, Feb. 2025
  - Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, March 2025

i) Date and time when the examination was inspected by the assessors

Year of examination as mentioned above

j) Are the invigilation arrangements satisfactory? : Yes

k) No. of candidates appeared. : 141

l) Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks)

(Annexure -III )

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m) The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

9

n) Minimum marks required for passing :

Candidate must obtain in 50% marks in aggregate and 40% marks separately in theory and in practical in university conducted examination. (Practical includes: practical and viva voce in order to declare pass in that subject.)

**PRACTICAL**

1. No of Long cases : 21

2. No of Short cases : 24

3. How many cases were given to each candidate – long and short cases?

01 long and 02 short cases

4. Type of cases given (attach list of long and short cases) (Annexure -IV)

5. Average time for (long cases and short cases) for each Candidate.

a. Time for examining the patient : 45 mins. for long case and 20 mins for each short case

b. Time for discussion fixed time or changed as per the answers of the candidate.

Approximately 10 mins. for each case regarding history, examination, investigations and management.

6. How was the assessment done? : Assessment done by four examiners (02 external and 02 internal) for each student separately.

7. Standard displayed by candidates in general in the clinical part of the examination. (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

8-9

8. Nature of Discussion of case by the candidate – level of difficulty of questions (On a scale of 10 where 0 = Very easy and 10 = very difficult)

8-9

7  




  
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a. Number & type of questions (a copy of the question asked by the examiners may be attached) (Annexure -V )

b. Have all the candidates been uniformly examined and grades or marks awarded as per merit of the question?

Yes

c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills?

Yes

d. Was the atmosphere friendly and allowed the candidates to express themselves freely?

Yes

e. Were supplementary questions asked by the examiners to gauge the depth of knowledge of the candidates?

Yes

9. Was the assessment done jointly by more than one Examiner?

Assessment of each candidate done by all examiners separately.

10. How may marks are allotted for clinical examination?

180 Marks (Long case : 80 marks, Two short case : 40 marks each, Five stations of 04 marks each)

11. What is the minimum percentage for passing the clinical part?

Candidate must obtain 50% marks in aggregate.

12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination?

No

13. Were any other marks from their course of training, or clinical works done in the wards added to the marks obtained in the final clinical examination?

No

14. If so, to what extent (in percentage of marks)?

Not Applicable

15. Has it influenced the result at the final examination?

No

(Method of assessment of clinical work in the wards may be clearly stated).



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**VIVA-VOICE**

1. The content of the interaction (Give extent of coverage of subject)

Covered the whole subject with specific focus on application and interpretation.

2. How was it conducted (provide details)?

Each student was assessed individually by all the examiners. Each student was uniformly given 5 min. at each station. Set standard of questionnaires were prepared for each section so as to ensure uniformity.

3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding).

8-9

4. What was the nature of assessment?

Oral assessment was done by examiners at all the stations individually.

5. Was it done jointly by more than one examiner?

Each student was assessed separately by the 04 examiners.

6. How are the marks obtained in different parts of the examination grouped?

Long case : 80 marks, Two short case : 40 marks each, Four stations of 5 marks each & 20 marks are allotted for viva voce.

7. What is the minimum for passing in each section and in the grand total?

Candidate must obtain 50% marks in aggregate.

8. Results for the last three years. :

2023 – appeared – 123 passed 103 (83.7 %)

2022 – appeared – 154 (including detained students of earlier batch) passed 128 (83 %)

2021 – appeared – 113 passed 86 (76 %)

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9. No. of students appeared? : 141

10. No. of students passed? : Theory is being evaluated by the State Health University & the result has not been compiled yet.

11. Other remarks if any.

**Conclusions :**

Was the standard sufficient for the M.B.B.S. examination as required by Regulations of the Medical Council of India/National Medical Commission?


Yes

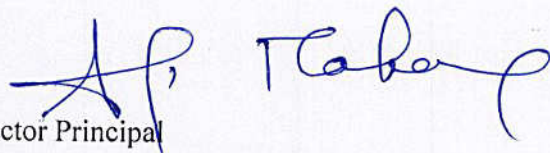
Was the examination conducted satisfactorily to the assessor? : Yes

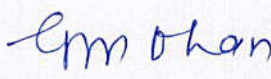
If not, the reasons to be mentioned:



Observations of the assessors are to be made in assessment report only.

The standard of theory paper is upto the mark as per the norms of National Medical Commission. Set standard of questionnaire was there for all students to make uniformity. All students were thoroughly examined by four examiners (2 externals and 2 internals). Internal assessment was not added to the passing score.

  
Signature of Assessor  
**Dr. DHIRAJ KAPOOR**  
Prof. & Head, Dr. Rajendra Prasad  
Government Medical College, Tanda  
(The senior most External Examiner)

  
Director Principal  
**DR. ANUPMA MAHAJAN**  
Director Principal  
Sri Guru Ram Das Institute of  
Medical Sciences & Research  
Sri Amritsar

  
**Professor & Head**  
Department of Medicine  
Sri Guru Ram Das Institute of  
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**SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR**

Maximum Marks: 100

**MBBS 3<sup>rd</sup> Professional Part-II Examination  
(Session Feb/March 2025)**

Time: 3 Hours

**Subject- Medicine-Paper A (New Scheme)**

- Notes:**
1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
  2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
  3. Question No. II-VI are to be attempted on the main answer book. No supplementary sheet shall be provided.
  4. Students must write QP code in the space provided on OMR sheet as well as on the title page of the main answer book.

**QP Code: MBN401A**

**I. Multiple Choice Questions (MCQs):**

[10X1=10]

- 1. Which of the following is a cause of intravascular hemolysis?**
  - a. Sickle cell disease
  - b. G6PD deficiency
  - c. Hereditary spherocytosis
  - d. Thalassemia
- 2. Exudative pleural effusion is characterized by:**
  - a. Pleural fluid to serum LDH ratio >0.6
  - b. LDH > 1/3<sup>rd</sup> of serum LDH
  - c. Pleural to serum protein ratio > 1
  - d. Pleural to serum glucose ratio > 1
- 3. Pronator drift indicates:**
  - a. LMN lesion
  - b. Muscle wasting
  - c. UMN lesion
  - d. Neuropathy
- 4. Patient has cyanosis of the fingers of the hand but not of the tongue. This can occur due to:**
  - a. High altitude
  - b. Methemoglobinemia
  - c. Cold exposure
  - d. Pain on imagination
- 5. Allodynia refers to:**
  - a. Fear of pain
  - b. Painful response to non-painful stimuli
  - c. Non-painful response to painful stimuli
  - d. Pain on imagination
- 6. Rapid progression of dementia with motor rigidity and myoclonus suggest:**
  - a. Alzheimer's disease
  - b. Frontotemporal dementia
  - c. Cortical basal degeneration
  - d. Creutzfeldt-Jakob disease
- 7. Following condition indicates non- amenability to weaning:**
  - a. Lung injury is stable or resolving
  - b. Patient is capable of initiating spontaneous breaths
  - c. Low PEEP/FiO<sub>2</sub>
  - d. Patient receiving vasopressors
- 8. Cold antibody hemolytic anemia is seen in:**
  - a. SLE
  - b. Lymphoproliferative disease
  - c. Solid tumors
  - d. Mycoplasma pneumonia

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 Jalandhar, Amritsar

9. Which of the following is seen in psoriatic arthritis?

- a. Mees' lines
- b. Clubbing
- c. Nail pitting
- d. Splinter haemorrhage

10. BISAP score for acute pancreatitis does NOT include:

- a. Blood pressure
- b. Impaired mental status
- c. SIRS
- d. Pleural effusion

II. A 58 years old female presented with sudden onset of weakness of right lower limb and right upper limb for past 1.5 hours while attending a meeting in her office. She had past history of hypertension and diabetes for last 13 years. Her BP on admission was 160/100 mm Hg. and Random Blood Sugar was 142 mg per dL. [1+3+3+3=10]

- a. What is the probable diagnosis?
- b. Investigation plan for her.
- c. Treatment plan for her.
- d. Likely complications.

III. Discuss the etiopathogenesis and clinical features of acute infective endocarditis. How will you manage the patient of infective endocarditis? [10]

IV. Give Reason: [3X5=15]

- a. For ascites in cirrhosis of liver
- b. For Cullen's and Grey Turner's sign in acute pancreatitis
- c. For thrombocytopenia in disseminated intravascular coagulation

V. Write short notes on: [8X5=40]

- a. Sickle cell anaemia
- b. Coombs test
- c. Bell's palsy
- d. Extra articular manifestations of rheumatoid arthritis
- e. Raynaud's phenomenon
- f. Spontaneous bacterial peritonitis
- g. Pulmonary embolism
- h. Autoimmune hepatitis

VI. Write short notes on: [3X5=15]

- a. Landry-Guillain-Barré syndrome
- b. Febrile encephalopathy
- c. Medical management of upper GI bleed



**MBBS 3<sup>rd</sup> Professional Part-II Examination**

**(Session Feb/March 2025)**

Maximum Marks: 100

Time: 3 Hours

**Subject- Medicine**

**Paper B (New Scheme)**

- Notes:**
1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
  2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
  3. Question No. II-VI are to be attempted on the main answer book. No supplementary sheet shall be provided.
  4. Students must write QP code in the space provided on OMR sheet as well as on the title page of the main answer book.

**QP Code: MBN402A**

**I. Multiple Choice Questions (MCQs):**

[10X1=10]

- 1. Contraindication for non-invasive ventilation includes:**
  - a. Stress induced lower gastrointestinal bleed
  - b. Heart rate >100 bpm
  - c. Hemodynamic instability
  - d. Previous intracranial bleed
- 2. Feature that best characterizes Pneumocystis carinii pneumonia (PCP):**
  - a. Organism is readily isolated and cultured from sputum
  - b. It usually causes lobar pneumonia
  - c. Its incidence has declined with widespread use of HAART
  - d. All HIV patients with CD4 > 400 should receive PCP prophylaxis
- 3. Hypoxemia is sensed by the:**
  - a. Central chemoreceptors in ventral medulla
  - b. Carotid bodies
  - c. Muscle spindles in chest wall
  - d. Posterior pituitary
- 4. 28-year-old woman is diagnosed with sputum positive tuberculosis. She also tests positive for HIV with a CD4 count of 180 cells/mm<sup>3</sup>. What is the best approach for her treatment?**
  - a. Initiate ART first and delay antitubercular therapy by 1 month
  - b. Initiate anti-tuberculosis therapy 1st and start ART after 2 weeks
  - c. Start anti-tuberculosis therapy immediately and delay antiretroviral therapy (ART) until tuberculosis is treated
  - d. Start both anti-tuberculosis therapy and ART simultaneously
- 5. Cherry coloured flushed skin is seen in:**
  - a. Polycythemia vera
  - b. Maple syrup disease
  - c. Carbon monoxide poisoning
  - d. Methanol toxicity
- 6. ALL of the following endocrine disorders can be due to autoimmunity EXCEPT:**
  - a. Grave's disease
  - b. Hashimoto thyroiditis
  - c. Addison's disease
  - d. Cushing's disease
- 7. Which of the following is a marker of insulin resistance?**
  - a. Vitiligo
  - b. Acanthosis nigricans
  - c. Pyoderma gangrenosum
  - d. Lipomatrophy

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Vallabh, Amritsar

8. Which of the following is a cause of pulmonary renal syndrome?

- Fanconi syndrome
- Alport's syndrome
- Nail patella syndrome
- Goodpasture syndrome

9. Which of the following causes cholestatic jaundice?

- Chlorpromazine
- Vinyl chloride
- Isoniazid
- Paracetamol

10. Which of the following is long acting insulin?

- Lispro
- Detemir
- Aspart
- Glulisine

II. Differentiate Type 1 and Type 2 diabetes mellitus. List the classes of oral hypoglycemic agents and discuss their mode of action. Describe the treatment of an obese 50-year-old female who is recently diagnosed to have diabetes mellitus. [10]

III. Discuss the aetiopathogenesis, clinical features, investigations and complications of bronchiectasis [10]

IV. Give Reasons: [3X5=15]

- Metabolic alkalosis and hypokalemia occur in vomiting.
- Why immune reconstitution syndrome occurs in HIV patients.
- Ketoacidosis occurs in type 1 diabetes and does not occur in type 2 diabetes.

V. Write short notes on: [8X5=40]

- Somatoform disorders
- Role of point of care ultrasound (POCUS) in emergency
- Treatment of mood disorders
- Scabies
- Type II respiratory failure
- Management of hyperkalemia
- Management of dog bite
- Steven Johnson syndrome

VI. Write short notes on: [3X5=15]

- Management of a patient with myxedema coma.
- Post exposure prophylaxis for meningococcus.
- X-ray findings in interstitial lung disease.

**Brief Summary of External Examiner**

Name of External Examiner	Dr. Dhiraj Kapoor
Educational Qualification	MBBS, MD
Designation	Professor & Head
College Name	Dr. Rajendra Prasad Government Medical College, Tanda
Current Address	Dhauladhar Colony, Lower Barol, Dharamshala, Kangra- Himachal Pradesh
Teaching Experience	25 years
Additional Qualification	MD (Medicine)
Publications	49
Email ID	<a href="mailto:Kapoordhiraj92@gmail.com">Kapoordhiraj92@gmail.com</a>
Mobile Number	7018784841

Signature:-



## Brief Summary of External Examiner

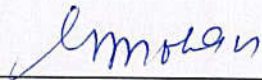
Name of External Examiner	Dr. Pritam Singh
Educational Qualification	MBBS, MD (General Medicine)
Designation	Professor
College Name	Government Medical College & Hospital, Chandigarh
Current Address	H.No.1158-B, Type V, GMCH, Sector 32-B, Chandigarh-160030
Teaching Experience	17 years
Additional Qualification	MD (General Medicine)
Publications	12
Email ID	pritamdoc@yahoo.com
Mobile Number	9646121560

Signature:- \_\_\_\_\_



## Brief Summary of Internal Examiner

Name of External Examiner	Dr. Gurinder Mohan
Educational Qualification	MBBS, MD
Designation	Professor & Head
College Name	Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Amritsar
Current Address	# 81, Tilak Nagar, Amritsar
Teaching Experience	28 ½ years
Additional Qualification	MD (Medicine)
Publications	More than 50 National & International
Email ID	drgurinder1968@gmail.com
Mobile Number	9815341556

Signature:- 

### Brief Summary of Internal Examiner

Name of External Examiner	Dr. Manish Chandey
Educational Qualification	MBBS, MD
Designation	Professor
College Name	Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Amritsar
Current Address	Mangal Das, 260 A, Medical Enclave, Circular Road, Amritsar
Teaching Experience	18 ½ years
Additional Qualification	MD (Medicine)
Publications	More than 20 National & International
Email ID	Chandey96098@yahoo.co.in
Mobile Number	9872071231

Signature:-



Sr. No	Type of case:- Long System:- Respiratory Case:- Hydropneumothorax Question	Level of difficulty
1.	Differential lung expansion.	4
2.	Hyper resonant note in percussion.	3
3.	Trail sign & Importance	2
4.	Causes of stony dullness	3
5.	What is coin test.	4




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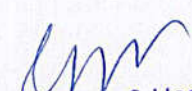

Sr. No	Type of case:- Long	Level of difficulty
	System:- CNS	
	Case:- Aphasia	
	Question	
1.	Define aphasia	3
2.	Types of dysastria	3
3.	Mutism	4
4.	How to check repetition	3
5.	Signs of dominant hemisphere lesion	5
6.	Sign of non dominant hemisphere lesion	8




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Sr. No	Type of case:- Long	Level of difficulty
	System:- CNS	
	Case:- CVA	
	Question	
1.	What are causes of Hemiplegia	5
2.	How to differentiate between UMN and LMN.	4
3.	What is babinski sign and causes of extensor planter.	8
4.	What methods to elicit planter reflex.	7
5.	Elicit ankle clonus.	3
6.	How to differentiate thrombotic/ embolic/ heamorrogic stroke clinically	6
7.	What is bell's palsy	4
8.	What is pseudo bulbar palsy	7
9.	Elicit Jaw Jerk	3
10	Elicit gag reflex	3
11	Elicit signs of facial palsy	2

  
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Sr. No	Type of case:- Long	Level of difficulty
	System:- CVS	
	Case:- Heart Failure	
	Question	
1.	What are the points in favour of your diagnosis	5
2.	What is stage of HF in your case	3
3.	Grades of Parasternal heave	2
4.	X-ray finding of pulmonary edema	4
5.	Framingham criteria for HF	7

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Abdomen	
	Case:- Cirrhosis	
	Question	
1.	Quadrants of abdomen	3
2.	Differentials of right lumbar mass	3
3.	Causes of malaena	4
4.	Elicit flapping tremors	3
5.	Hepatorenal syndrome	5
6.	Tender Hepatomegaly causes	2
7.	Causes of massive splenomegaly	4

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CVS	
	Case:- Heart Failure	
	Question	
1.	What is slow and fast edema.	5
2.	Most specific sign of heart failure..	3
3.	What are causes of S <sub>3</sub> ?	4
4.	What are kerly B lines	3
5.	How to examine heave and its various grades?	4

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CVS	
	Case:- RHD with MS	
	Question	
1.	Causes of MDM (Mid Diastolic Murmur)	5
2.	Clinical auscultation signs of MS	3
3.	Causes of haemoptysis in MS	4
4.	What is Juvenile MS	3
5.	Critical MS	4
6.	Elicit parasternal heave	3
7.	Cause of loud P <sub>2</sub>	5
8.	Cause of loud S <sub>1</sub>	3
9.	Gallop Rhythm	4

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Respiratory	
	Case:- Hydropeumothorax	
	Question	
1.	Succussion splash	6
2.	Elicit shifting dullness	3
3.	Light's criteria	4
4.	Causes of Hydropreumothorax	3
5.	Coin Test	5

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Sr. No	Type of case:- Long	Level of difficulty
	System:-CNS	
	Case:- Aphasia	
	Question	
1.	What is aphasia	3
2.	Types of dysarthria	3
3.	Mutism	4
4.	How to check repetition	3
5.	Signs of dominant hemisphere lesion	5
6.	Sign of non dominant hemisphere lesion	8

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CNS	
	Case:- CVA (Hemiplegia)	
	Question	
1.	What are the points in favour of your diagnosis	4
2.	How to differentiate between embolic / thrombotic stroke	5
3.	What happens to plantar & superficial reflexes in stroke	3
4.	What is crossed hemiplegia	6
5.	Elicit tone in all four limbs	2
6.	Indications for thrombolysis in acute stroke	7

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CVS	
	Case:- VSD	
	Question	
1.	Causes of pansystolic murmur	4
2.	Components tetralogy of fallot	4
3.	Grades of murmur	8
4.	Dynnmatic auscultation	6
5.	Grades of parasternal heave	6

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Respiratory	
	Case:- Pneumonia	
	Question	
1.	Chronic bronchitis vs emphysema	4
2.	Fine crepitations vs coarse crepitations	6
3.	Silent chest in asthma	5
4.	Types of bronchial breathing	7
5.	Stages of pneumonia.	3

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CVS	
	Case:- Heart Failure	
	Question	
1.	What are finding in the patient to favour diagnosis of CHF	5
2.	Causes of B/L pleural effusion	6
3.	What are types of apex beat?	3
4.	What are types of heart failure	4
5.	How would you treat?	7
6.	Quadruple therapy in HF	5
7.	What is gallop rhythm	3
8.	What are various methods to perform in HOCM	8

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Abdomen	
	Case:- Cirrhosis	
	Question	
1.	Precipitating factors of hepatic encephalopathy.	4
2.	Causes of portal hypertension	3
3.	Complication of cirrhosis	3
4.	Methods of percussion of spleen.	8
5.	What is gynaecomastia	4
6.	Treatment of hepatic encephalopathy	6
7.	Treatment of varietal bleed	7

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Respiratory	
	Case:- Pleural Effusion	
	Question	
1.	Light's criteria	4
2.	What is Synpneumonic effusion	6
3.	Ellis curve in Pleural effusion	6
4.	Causes of bilateral pleural effusion	8
5.	Right sided pleural effusion causes	6





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Sr. No	Type of case:- Long	Level of difficulty
	System:- CNS	
	Case:- Paraplegia	
	Question	
1.	Causes of acute flaccid paralysis	5
2.	Spinal shock	4
3.	Paraplegia in flexion vs paraplegia in extension	6
4.	Differences of compressive and non compressive myelopathy	8
5.	Elicit abdominal reflexes, what is beevor sign	4

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Bathinda

*Dr*

Sr. No	Type of case:- Long	Level of difficulty
	System:- Abdomen	
	Case:- Cirrhosis	
	Question	
1.	Causes of massive Splenomegaly	7
2.	At how much fluid level puddle sign is elicitable	4
3.	SAAG ratio	6
4.	Spontaneous bacterial peritonitis	8
5.	Elicit Flow of blood in superficial distended vein	5

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Abdomen	
	Case:- Cirrhosis	
	Question	
1.	Causes of enlarged liver in cirrhosis.	5
2.	Causes of micronodular cirrhosis.	3
3.	Causes of macronodular cirrhosis.	3
4.	Boundaries of traube's space.	3
5.	Causes of anemia in CLD.	3
6.	Puddle sign and volume of fluid required to elicit	2
7.	How to perform shifting dullness.	3



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Sr. No	Type of case:- Long	Level of difficulty
	System:- Respiratory system	
	Case:- Pleural effusion	
	Question	
1.	What is tidal percussion.	5
2.	Causes of unilateral pleural effusion.	3
3.	Difference between transudative and exudative pleural effusion.	8
4.	How to investigate the case of pleural effusion.	8
5.	What are complications of pleural effusion.	5
6.	Elicit shifting dullness	4
7.	Causes of bronchial breathing	2
8.	Types of bronchial breathing	2

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Sr. No	Type of case:- Long	Level of difficulty
	System:- Respiratory system	
	Case:- COPD	
	Question	
1.	Difference between polyphonic VS monophonic wheeze	5
2.	Vesicular VS bronchial breathing	2
3.	Various areas of percussion of chest.	3
4.	Structure to be checked in neck.	3
5.	Blue bloater vs pink puffers.	3
6.	How to differentiate consolidation from pleural effusion in clinical examination.	4

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Sr. No	Type of case:- Long	Level of difficulty
	System:- CNS	
	Case:- Compressive Myelopathy	
	Question	
1.	Points in favour of your diagnosis	5
2.	What is root pain	6
3.	What is dissociative anaesthesia	8
4.	Difference between root pain and segmental pain	5
5.	Elicit cremasteric reflex	2





  
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Sl. No	Type of case:- Short System:- CNS Case:- Higher Mental Function Question	Level of difficulty
1.	Level of consciousness	5
2.	Types of apraxia	9
3.	Akinetic autism	8
4.	Types of dysarthria	7



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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Motor Examination	
	Question	
1.	Difference between spasticity and rigidity	4
2.	Various methods in examination of tone ( Tone assessment methods)	7
3.	Types of gait with examples	4
4.	Primitive reflexes	5





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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Higher Mental Function	
	Question	
1.	Difference between speech and language	4
2.	Agnosia	4
3.	Memory and types	5
4.	Coma vigil	6

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Sl. No	Type of case:- Short	Level of difficulty
	Case:- General Physical Examination	
	Question	
1.	Slow and fast edema	5
2.	Define pulse	3
3.	Abnormalities in breathing types	4
4.	Levels of lymph nodes	4
5.	Apex pulse deficit	6

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*EM*

Sr. No	Type of case:- Short	Level of difficulty
	Case:- General Physical Examination	
	Question	
1.	Levels of lymph nodes	5
2.	Grades of pitting edema	6
3.	Differences between carotid pulse and JVP	5
4.	Abnormal patterns of breathing	4

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Sr. No	Type of case:- Short	Level of difficulty
	Case:- General Physical Examination	
	Question	
1.	Grades of clubbing	4
2.	Types of pulse character	5
3.	Hepatojugular reflex	4
4.	Patterns of fever	3
5.	Non cardiac, Non respiratory causes of cyanosis	7

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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Cerebellar	
	Question	
1.	Pendular knee jerk	3
2.	Causes of cerebellar lesions	5
3.	Nuclei of cerebellum	3
4.	Clinical manifestations of cerebellar dysfunction	4

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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Sensory examination	
	Question	
1.	Cortical sensations	5
2.	Meralgia Paraesthetica	3
3.	Dejerine roussy syndrome	6
4.	Exteroceptive sensations	4



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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Cranial nerves	
	Question	
1.	Causes of bilateral facial palsy	4
2.	Muscles of facial expression	5
3.	Tests of vestibular function	6
4.	Difference between bulbar and pseudo bulbar palsy	5

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Sr. No	Type of case:- Short	Level of difficulty
	System:- CNS	
	Case:- Higher Mental Function	
	Question	
1.	MMSE	3
2.	Types of aphasia	6
3.	Functions of non dominant parietal lobe	4
4.	A kinetic mutism	5
5.	Apraxia and its types	6



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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Goitre	
	Question	
1.	Methods of palpation of thyroid	3
2.	What is pemberten sign	3
3.	Peripheral signs of thyrotoxicosis	4
4.	Signs of thyroid ophthalmopathy	4
5.	NO SPECS grading	4

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Sr. No	Type of case:- Short	Level of difficulty
	<b>Case:- Hepatomegaly in case of cirrhosis</b>	
	<b>Question</b>	
1.	How to measure liver span?	3
2.	What is tidal percussion?	4
3.	Name the condition in which fluid thrill present but shifting dullness absent?	4
4.	What is normal flow of veins in abdomen and what happens in cirrhosis?	3


  
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Sr. No	Type of case:- Short	Level of difficulty
	Case:- General physical examination in COPD	
	Question	
1.	Causes of pallor?	2
2.	Grades of Clubbing?	3
3.	Sites to look for pallor?	2
4.	What are causes of knuckle pigmentation?	3
5.	Differences between peripheral & central cyanosis	4

  
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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Lymphadenopathy in case of lymphoma	
	Question	
1.	Levels of cervical lymphadenopathy	3
2.	Significant lymphadenopathy	3
3.	Causes of tender lymphadenopathy	4
4.	How to palpate axillary lymphadenopathy	4
5.	Causes of hepato splenomegaly & lymphadenopathy	4



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Sr. No	Type of case:- Short Case:- General physical examination in case of severe anaemia Question	Level of difficulty
1.	Where will you look for central cyanosis	3
2.	Structures to be looked in neck examination	4
3.	Nail changes in anaemia	3
4.	Role of anthropometry in clinical examination	4
5.	Causes of knuckle hyperpigmentation	4



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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Sensory examination in case of poliomyelitis	
	Question	
1.	What are various sensations of posterior column	4
2.	Elicit proprioception	3
3.	What is difference between crude and soft touch	2
4.	Name tracts which carry superficial sensation	3
5.	Which order of neurons involved in poliomyelitis	4




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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Motor System in case of myelopathy	
	Question	
1.	Elicit cremasteric reflex	3
2.	Grades of reflexes?	2
3.	Elicit power in lower limb?	3
4.	Different grade of power?	3
5.	What is root value of tricep reflex?	3

  
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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Chronic myeloid leukemia	
	Question	
1.	What are causes of massive splenomegaly?	3
2.	Boundaries of traube's space?	2
3.	Methods of percussion of spleen?	6
4.	How will you grade spleomegaly	7
5.	Drug of choice in chronic myeloid leukemia	8

  
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Sr. No	Type of case:- Short	Level of difficulty
	<b>Case:- Cerebellar tests in case of posterior circulation stroke</b>	
	<b>Question</b>	
1.	How will you differentiate between sensory ataxia and Cerebellar ataxia?	3
2.	How to perform tandem walk?	4
3.	Perform finger nose test on both limbs	2
4.	Perform pendular knee jerk	2



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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Head and neck examination in pulmonary kochs patient	
	Question	
1.	What are the signs suggestive of your diagnosis?	2
2.	Group of cervical lymph nodes	2
3.	Site of carotid pulsations	3
4.	how will you differentiate carotid pulsations from jvp	4
5.	What is a cold abscess?	3

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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Cerebellar examination	
	Question	
1.	What are different cerebellar function test.	3
2.	Elicit Dysdiadochokinesia	2
3.	What are intentional tremors?	4
4.	What type of gait is seen in patients of cerebellar lesion?	3
5.	What is scanning speech?	4



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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Cranial nerves	
	Question	
1.	Causes of ptosis	3
2.	What is sensory supply of CN V and how to test?	4
3.	Difference between UMN and LMN facial nerve palsy?	3
4.	Cause of u/l LMN facial nerve palsy?	3
5.	Elicit CN 11 function?	2



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Sr.No	Type of case:- Short	Level of difficulty
	Case:- Motor examination	
	Question	
1.	What are the Grades of power	3
2.	Elicit ankle Clonus	3
3.	Components of plantar	4
4.	Define tone	2
5.	root value of supinator	3



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Sr. No	Type of case:- Short	Level of difficulty
	Case:- Motor	
	Question	
1.	Different method to elicit planter reflex	4
2.	How to check muscle mass in lower limb?	3
3.	Root value of supinator reflex.	2
4.	what is inverse tricep reflex	2

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*mm*  
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*Jr*

*Dr*

**MBBS Final Prof Part – II**  
**Practical Examination 17<sup>th</sup> to 20<sup>th</sup> March 2025**  
**List of Long Case**

Sr. No	Case
1.	congestive heart failure
2.	cirrhosis of liver
3.	pleural effusion
4.	hemiplegia
5.	motor aphasia
6.	MCA Territory infarct
7.	hydropneumothorax
8.	Lumbar spondyloathrosis
9.	CVA (Hemiplegia)
10.	VSD
11.	cirrhosis of liver with ascited
12.	Paraplegia
13.	COPD
14.	congestive heart failure
15.	cirrhosis of liver
16.	Heart Failure
17.	Cirrhosis
18.	Pleural Effusion
19.	RHD with MS
20.	congestive heart failure
21.	Community acquired pneumonia

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**MBBS Final Prof Part – II**  
**Practical Examination 17<sup>th</sup> to 20<sup>th</sup> March 2025**  
**List of Short Case**

Sr. No	Case
1.	Cranial nerves
2.	Goitre
3.	Motor examination
4.	Atrial fibrillation- GPE
5.	Chronic kidney disease - GPE
6.	Congestive heart failure - GPE
7.	cerebellar infarct- cerebellar function test
8.	stroke - sensory examination
9.	Bells palsy - cranial nerve examination
10.	Pca stroke - HMF
11.	MCA infarct - HMF
12.	Hepatomegaly in case of cirrhosis
13.	General physical examination in COPD
14.	Lymphadenopathy in case of lymphoma
15.	Cerebellar tests in case of posterior circulation stroke
16.	General physical examination in case of severe anaemia
17.	Motor System in case of myelopathy
18.	Sensory examination in case of poliomyelitis
19.	ACA Infarct - HMF
20.	Hemiplegia- Motor examination
21.	Head and neck examination in pulmonary kochs patient
22.	Cerebellar examination
23.	Cranial nerves
24.	Chronic myeloid leukaemia



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**Abdomen**

Sr. No	Question.	Level of difficulty
1	Precipitation factor of hepatic encephalopathy.	9
2	Causes of portal hypertension	7
3	Complication of cirrhosis	3
4	Methods of percussion of spleen.	3
5	What is gynaecomastia	8

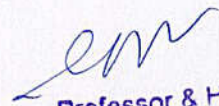


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## Abdomen

Sr. No	Question
1	Quadrants of abdomen
2	Differential mass in right lumbar mass
3	Causes of melena
4	Causes of flapping tremors
5	Hepatorenal syndrome
6	Tender Hepatomegaly



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## CNS

Sr. No	Question	Level of difficulty
1	What are causes of Hemiplegia	5
2	How to differentiate between UMN and LMN.	4
3	What is babinski sign and causes of extensor planter.	8
4	What methods to elicit planter reflex.	7
5	Elicit ankle clonus.	3



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## Respiratory

Sr. No	Question	Level of difficulty
1.	What is tidal percussion.	5
2.	Causes of unilateral pleural effusion.	3
3.	Difference between transudative and exudative pleural effusion.	8
4.	How to investigate the case of pleural effusion.	8
5.	What are complications of pleural effusion.	5



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## Abdomen

Sr. No	Question	Level of difficulty
1.	Causes of enlarged liver cirrhosis.	5
2.	Causes of micronoduls cirrhosis.	3
3.	Causes of macronoduls cirrhosis.	3
4.	Boundaries of traube's space.	3
5.	Causes of anemia in CLD.	3
6.	Puddle sign.	2
7.	How to perform shifting dullness.	3



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## Abdomen

- | Sr. No | Question  |
|--------|---|
| 1.     | Causes of massive Splenomegaly                    |
| 2.     | At how much fluid level puddle sign is elicitable |
| 3.     | SAAG ratio  |
| 4.     | Spontaneous bacterial peritonitis                 |
| 5.     | Flow of blood in superficial blood vein           |



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## Respiratory

Sr. No	Question	Level of difficulty
1.	Differential lung expansion.	4
2.	Hyper resonant note in percussion.	3
3.	Trail sign.	2
4.	Causes of pull percussion.	3
5.	What is coin test.	4

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*Dr.*

*Dr.*

# Respiratory

Sr. No	Question
1.	Chronic bronchitis vs emphysema
2.	Fine crepitations vs coarse crepitations
3.	Silent chest in asthma
4.	Types of bronchial breathing
5.	Stages of pneumonia.



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# CVS

Sr. No	Question	Level of difficulty
1.	Differences of RHF vs congestive heart failure.	4
2.	Cardinal sequences of heart failure.	3
3.	Differential diagnosis of pansystolic murmur.	4
4.	Cause of s4, can s4 be pathological.	3
5.	Waves of jvp.	5

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# CVS

Sr. No	Question
1.	What are the points in favour of your diagnosis
2.	What is stage of HF in your case
3.	Grades of Parasternal heave
4.	X-ray finding of pulmonary edema
5.	How will you grade heart failure



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## CNS

Sr. No	Question	Level of difficulty
1.	Difference between polyphonic VS monophonic crepts.	5
2.	Vesicular VS bronchial breaths	2
3.	Various areas of percussion of chest.	3
4.	Structure to be checked in neck.	3
5.	Blue bloater's vs pink puffers.	3
6.	How to differentiate consolidation from pleural effusion in clinical examination.	4

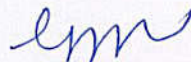


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# Respiratory

- | Sr. No | Question                                   |
|--------|--|
| 1.     | Causes of shifting dullness in respiration |
| 2.     | Causes of hemoptysis                       |
| 3.     | Most common lobe involved in               |
| 4.     | Aspiration pneumonia                       |
| 5.     | Titeg syndrome                             |



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## CVS

Sr. No	Question	Level of difficulty
1.	What is slow and fast edema.	5
2.	Most specific sign of heart failure.	3
3.	What are causes of S <sub>3</sub> ?	4
4.	What are kerly B line.	3
5.	How to examine heave and its various grades?	4



  
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## CNS

- | Sr. No | Question  |
|--------|---|
| 1.     | What are different component of speech                    |
| 2.     | Which areas of brain affected in broca's apposica         |
| 3.     | What is specific sign favoring anterior cerebellar artery |
| 4.     | Elicit HMF  |
| 5.     | What are extra pyramidal disorder?                        |

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# CNS

Sr. No	Question	Level of difficulty
1.	What are the points favoring your diagnosis.	6
2.	What are various types of myopathy and their differences.	8
3.	Elicit posterior column sensation.	5
4.	What are root value of cremastic reflex?	2

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# CVS

- | Sr. No | Question   |
|--------|--|
| 1.     | What are finding in the patient to favour diagnosis of CHF |
| 2.     | Causes of B/L pleural effusion                             |
| 3.     | What are types of apex beat?                               |
| 4.     | What are types of heart failure                            |
| 5.     | How would you treat?                                       |

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