

# NATIONAL MEDICAL COMMISSION

## STANDARD ASSESSMENT FORM

### FORM – C

File No:

/ Assessment No.:

Name of Course : MBBS

Name of Subject : General Surgery

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


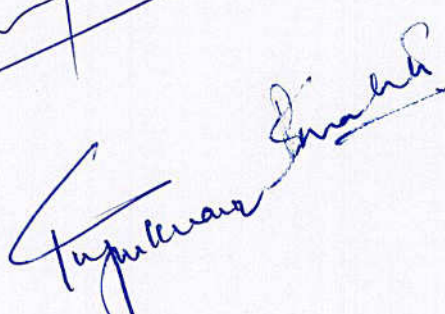
Name of University : Sri Guru Ram Das University of Health Sciences, Sri Amritsar

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

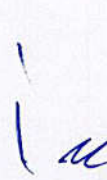

Date/s of examination : 17<sup>th</sup> March to 20<sup>th</sup> March 2025

#### 1. ASSESSORS

Sl.	Name	Official address	Mobile No.	email address
1.	Dr. Rana Ranjit Singh	Prof & Head, General Surgery, SGRDIMSAR	9876151548	gurveer1@gmail.com
2.	Dr. Manjit Singh Uppal	Professor, General Surgery, SGRDIMSAR	9815088007	upppal@gmail.com
3.	Dr. Gagan Khanna	Professor, Orthopaedics, SGRDIMSAR	9041366609	drgk75@yahoo.com
4.	Dr. Pawan Kumar Rattu	Professor, Lady Hardinge Medical College, New Delhi	8826475476	pawansurgeon2@gmail.com
5.	Dr. Puspendra Malik	Professor, BPS Govt. Medical College, Khanpur, Sonapat	9996266677	drgathwala@gmail.com
6.	Dr. Rajiv Kapila	Professor, DRPGMC, Tanda, Kangra	9418000988	drrajivkapila@yahoo.co.in



  
  
**Professor & Head  
 Department of Surgery  
 SGRDIMSAR, 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

Marks allotted

Minimum passing

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

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2. Clinical/practical :  
Final examination : 200 (Practical includes : practical and viva voce in order to declare pass in that subject)

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:

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

Internal assessment :

Total for Viva-voce : 20

**Grand Total : 400 Marks**

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

Annexure – I

1. Theory paper:	Subject:	Time: __ Hrs.	Date of exam:
No. 1:	General Surgery – I	3 hours	27.02.2025
No. 2:	General Surgery – II	3 hours	03.03.2025

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 : 146

  
  
S. K. Sharma

3


  
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Department of Surgery  
SGRDIMSAR, Amritsar**

**B. 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 has two parts, Part-I contains Questions from General Surgery i.e. 05 MCQs of 01 marks each, 01 Long note of 10 marks, three reasoning/applied questions of 5 marks each and four short notes of 05 marks each.

Part-II contains Questions from Orthopaedics i.e. 05 MCQs of 01 marks each, 01 Long note of 10 marks, three reasoning/applied questions of 5 marks each and four short notes 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.

- 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.


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- 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.

- 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.

**II. PRACTICAL / CLINICAL EXAMINATION:**

**PRACTICAL**

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

**One Long Case, Two short Cases and Five OSCE Stations for Surgery**

- Station 1 : Instrument  
Station 2 : Operative Surgery  
Station 3 : Case Scenario  
Station 4 : X-rays  
Station 5 : AETCOM

**One Long Case and Three OSCE Stations for Orthopaedics**

- Station 1 : Instrument  
Station 2 : X-rays  
Station 3 : Bones

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



Handwritten signatures and initials in blue ink, including a large signature on the left and several smaller ones below it.

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Handwritten initials in blue ink, possibly 'S/C'.

Handwritten signature in blue ink above a blue stamp that reads: **Professor & Head  
Department of Surgery  
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c) Time allotted for different sections of the examination (Provide details).

**In Surgery :**

One long Case of 30 mins.

Two short cases of 20 mins. each

Four OSCE stations of 02 mins. each

**In Orthopaedics :**

One long Case of 45 mins.

Three 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).**

Names Qualification	Designation	Years of Experience as UG Teacher / Examiner
<b><u>Internal examiners</u></b>		
1. Dr. Rana Ranjit Singh	Prof. & Head, General Surgery, SGRDIMSAR	19 yrs. 01 mths.
2. Dr. Manjit Singh Uppal	Professor, General Surgery, SGRDIMSAR	27 yrs. 08 mths.
3. Dr. Gagan Khanna	Professor, Orthopedics, SGRDIMSAR	16 yrs.
<b><u>External examiners</u></b>		
1. Dr. Pushendra Malik	Professor, BPS, Govt. Medical College, Khanpur, Sonipat	14 yrs. 05 mths.
2. Dr. Pawan Kumar Rattu	Professor, Lady Hardinge Med. College, New Delhi	20 yrs.
3. Dr. Rajiv Kapila	Professor, DRPGMC, Tanda, Kangra	14 yrs. 03 mths

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

Yes in Four Batches with 36 / 40 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. Pushendra Malik, Professor, BPS, Govt. Medical College, Khanpur, Sonipat
  - GMC, Vododara, Gujrat, Feb. 2025
  - N.C. Medical College & Hospital, Panipat, Feb. 2025
  - Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, March 2025
2. Dr. Pawan Kumar Rattu, Professor, Lady Hardinge Med. College, New Delhi
  - ESI Hospital, Faridabad, Feb. 2025
  - Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, March 2025
3. Dr. Rajiv Kapila, Professor, DRPGMC, Tanda, Kangra
  - 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. : 146

- 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 : 30

2. No of Short cases : 40

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

01 long and 02 short cases from Surgery

01 long case from Orthopaedics

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 : 30 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 six examiners (03 external and 03 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)

7-8

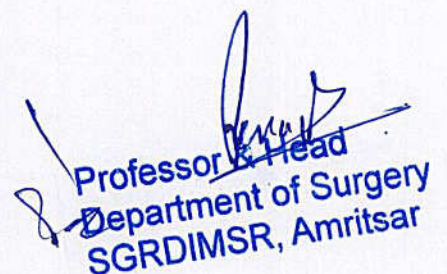
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Handwritten signatures of examiners, including names like 'S. J. Singh' and 'S. K. Singh'.



Handwritten signature of an examiner.



Signature and stamp of the Professor & Head, Department of Surgery, SGRDIMSAR, Amritsar.

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)

7-8

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 many marks are allotted for clinical examination?

200 Marks

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

Candidate must obtain in 50% marks in aggregate.

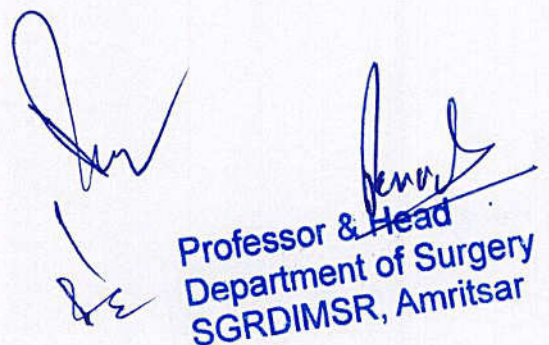
12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination?

No



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Handwritten signature and a blue stamp that reads: "Professor & Head, Department of Surgery, SGRDIMSAR, Amritsar".

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).

### 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).

7-8

4. What was the nature of assessment?

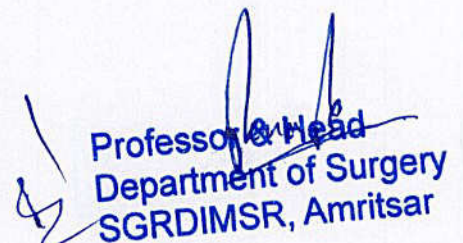
Oral assessment was done by examiners at all the stations individually.

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

Each student was assessed separately by the 06 examiners at different stations.

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

Marks obtained at four stations were grouped out of total of 20 marks.



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**SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR**

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

Maximum Marks: 100

**(Session Feb/March 2025)**

Time: 3 Hours

**Subject- Surgery-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: MBN403A**

**Part-I (Surgery)**

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

[5X1=5]

1. **Pemberton sign is seen for diagnosis of:**
  - a. Peripheral arterial disease
  - b. Thyroid enlargement
  - c. Flail Chest
  - d. Thoracic outlet obstruction
2. **Sestamibi scan is done in case of:**
  - a. Hyperthyroidism
  - b. Parathyroid Adenoma
  - c. Hypocalcaemia
  - d. Hypomagnesaemia
3. **Virchow lymph node is sometimes seen in case of:**
  - a. Cervical tuberculosis
  - b. Carcinoma tongue
  - c. Testicular tumour
  - d. Carcinoma colon
4. **Plasma sterilisation is:**
  - a. Environment friendly
  - b. Carcinogenic
  - c. Uses nascent oxygen after breakdown of hydrogen per-oxide
  - d. a & c
5. **Surgical emphysema is seen in:**
  - a. Chest injury with parietal pleura breach
  - b. Tension pneumothorax
  - c. Wet gangrene
  - d. Fracture clavicle

**II. A patient of deceleration head injury presented in emergency with extradural hematoma and GCS 8/15.**

[10]

- a. Describe the mechanism of midline shift in EDH.
- b. Describe the signs and symptoms of extradural hematoma.
- c. Which vessels bleed in extradural hematoma.
- d. Which investigations are best for extradural hematoma?
- e. Describe the treatment for EDH.

**III. Give Reason:**

[3X5=15]

- a. Tension pneumothorax in chest trauma
- b. Wet gangrene
- c. Secondaries in neck

**IV. Write short notes on:**

[4X5=20]

- a. Complications of blood transfusion
- b. Lucid interval
- c. Low molecular heparin
- d. Collar stud abscess

*Signature*  
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## Part-II (Orthopaedics)

## I. Multiple Choice Questions (MCQs):

[5X1=5]

1. **Holstein-Lewis fracture is:**
  - a. Oblique fracture of distal third of tibia and fibula
  - b. Fracture of distal third of radius
  - c. Fracture of distal third of femur
  - d. Spiral fracture of distal third of humerus
2. **Spina ventosa is:**
  - a. Tuberculosis of spine
  - b. Tuberculosis of hip joint
  - c. Tuberculosis of phalanx
  - d. Tuberculosis of ankle joint
3. **Commonest tumour seen in diaphysis is:**
  - a. Benign giant cell tumor
  - b. Osteosarcoma
  - c. Ewing sarcoma
  - d. Aneurysmal bone cyst
4. **Extra capsular fracture of neck of femur having deformity of:**
  - a. Flexion, abduction & external rotation of hip
  - b. Flexion, adduction & internal rotation
  - c. Adduction & lengthening of limb
  - d. No deformity
5. **Kienbock's disease is avascular necrosis of which bone:**
  - a. Scaphoid
  - b. Lunate
  - c. Tibial tuberosity
  - d. 2<sup>nd</sup> metatarsal of foot

- II. **A young lady presented with malunited fracture at the lower end of radius with pain over wrist and fingers with tingling and numbness over index, middle and ring fingers which was more at night.** [3+3+4=10]
- a. What is the probable clinical diagnosis?
  - b. Discuss in detail clinical tests and investigations to confirm diagnosis.
  - c. Discuss its management.

## III. Give Reason:

[3X5=15]

- a. Internal fixation is contraindicated in open fractures. Management of open grade 2 and 3 fractures.
- b. Osteoporosis is common in females above 50 years of age. Give outline of treatment for the same.
- c. Conservative treatment is not always advised in Galeazzi fractures.

## IV. Write short notes on:

[4X5=20]

- a. Compound palmar ganglion
- b. Fat embolism
- c. Non-surgical treatment of CTEV (Congenital Talipes Equinovarus)
- d. Acute osteomyelitis in children

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Page 2 of 2



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

**(Session Feb/March 2025)**

Maximum Marks: 100

Time: 3 Hours

**Subject- Surgery**

**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: MBN404A**

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

[10X1=10]

**1. Pretibial myxedema is present in:**

- a. Hypothyroid
- b. Hyperparathyroid
- c. Grave's Disease
- d. Riedel thyroiditis

**2. Peau d'orange in carcinoma breast is due to:**

- a. Nerve involvement
- b. Subdermal lymphatic obstruction
- c. DVT
- d. Fibromatosis

**3. Normal Prothrombin time is:**

- a. 12-14 seconds
- b. 30 seconds
- c. 20 seconds
- d. 7-10 seconds

**4. Splenosis is seen in case of:**

- a. Splenic trauma
- b. Splenculi
- c. Portal hypertension
- d. Splenomegaly

**5. Hydatid disease of liver in causes by:**

- a. Echinococcus multilocularis
- b. Echinococcus unilocularis
- c. Malarial parasite
- d. Viral infection

**6. Murphy sign is seen in:**

- a. Acute cholecystitis
- b. Acute pancreatitis
- c. Acute gastritis
- d. Chronic cholecystitis

**7. Grid iron incision is used in:**

- a. Cholecystectomy
- b. Nephrectomy
- c. Appendicectomy
- d. Bladder stone

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8. Sigmoid volvulus signs are:

- a. Claw sign
- b. Coffee bean sign
- c. Tyre tread pattern
- d. b+c

9. MR mammogram is indicated in:

- a. Screening of hereditary BRCA I & II positive daughter of female with carcinoma breast
- b. Postoperative case of Breast conservation surgery
- c. Fibroadenoma
- d. a+b

10. In wound dehiscence the pathognomonic sign is:

- a. Wound rupture
- b. Copious pink discharge from wound
- c. Pus discharge from wound
- d. Blackening of edges

II. Describe aetiology, clinical features & treatment of acute cholecystitis. [10]

III. A 50-year-old female patient presented with 3x3cm hard lump in right breast, upper outer quadrant with ipsilateral 1-2 lymph nodes in axilla of 1 cm size. [5x2=10]

- a. Describe the investigations to be done.
- b. What is the TNM stage of disease?
- c. What is the role of sentinel node biopsy in above case?
- d. Describe the importance of ER, PR HER receptor status.
- e. Which surgery should be done in above case describe?

IV. Give Reasons: [3X5=15]

- a. Painless hematuria
- b. Painful bleeding per rectum
- c. Strangulation in femoral hernia

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

- a. Hirschsprung disease
- b. Cholesterol stones
- c. Acute retention of urine in 70 years male
- d. Phyllodes tumour
- e. Signs of testicular carcinoma
- f. Wilms tumour
- g. Anatomy of anal canal
- h. Blood supply of stomach

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

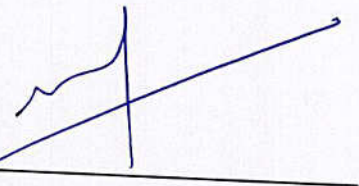
- a. Ochsner sherrren regimen
- b. Lower Urinary Tract Symptoms (LUTS)
- c. Puncture, aspiration, injection, and reaspiration (PAIR)

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**Brief Summary of Internal Examiner**

Name of External Examiner	<b>DR. MANJIT SINGH UPPAL</b>
Educational Qualification	MBBS, MS (General Surgery)
Designation	<b>Professor &amp; Vice Chancellor,</b>
College Name	Sri Guru Ram Das Institute of Medical Sciences Research, Sri Amritsar
Current Address	<b>Sri Guru Ram Das University of Health Sciences, Sri Amritsar</b> UPPAL NURSING HOME A-193, NEW PARTAP NAGAR G.T ROAD AMRITSAR
Teaching Experience	27years 08 months
Additional Qualification	----
Publications	14
Email ID	<u>upppal@gmail.com</u>
Mobile Number	9815088007

Signature:-






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## Brief Summary of Internal Examiner

Name of External Examiner	DR. RANA RANJIT SINGH
Educational Qualification	MBBS, MS (General Surgery)
Designation	Professor & Head
College Name	Sri Guru Ram Das Institute of Medical Sciences Research, Sri Amritsar
Current Address	D-18, Guru Amar Das Avenue, Airport Road, Amritsar
Teaching Experience	19years 01 month
Additional Qualification	----
Publications	15
Email ID	<a href="mailto:gurveer1@gmail.com">gurveer1@gmail.com</a>
Mobile Number	9876151548

Signature:-



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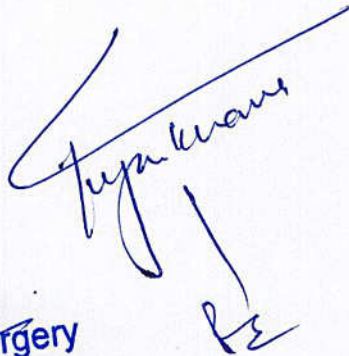
## Brief Summary of Internal Examiner

Name of External Examiner	DR. GAGAN KHANNA
Educational Qualification	MBBS, MS (Orthopaedic)
Designation	Professor
College Name	Sri Guru Ram Das Institute of Medical Sciences Research, Sri Amritsar
Current Address	5 Ground floor, H. I. G flats, A-block Ranjit Avenue, Amritsar-1
Teaching Experience	16 years
Additional Qualification	----
Publications	11
Email ID	drgk75@yahoo.com
Mobile Number	9041366609

Signature:-



Professor & Head  
Department of Surgery  
SGRDIMS, Amritsar



## Brief Summary of External Examiner

Name of External Examiner	Dr. Pawan Kumar Rattu
Educational Qualification	MBBS, MS (G. Surgery)
Designation	Professor
College Name	Lady Hardinge Medical College, DIZ Area, Connaught Place, New Delhi, Delhi 110001, Shaheed Bhagat Singh Marg
Current Address	201, Type-IV Faculty Flats LHMC, New Delhi
Teaching Experience	20years
Additional Qualification	----
Publications	Six publications
Email ID	<a href="mailto:pawansurgeon2@gmail.com">pawansurgeon2@gmail.com</a>
Mobile Number	8826475476

Signature:-



  
Professor & Head  
Department of Surgery  
SGRDIMSR, Amritsar



## Brief Summary of External Examiner

Name of External Examiner	Dr. Puspendra Malik
Educational Qualification	MBBS, MS (G. Surgery)
Designation	Professor
College Name	BPS. Govt Medical College Khanpur, Sonapat
Current Address	BPS. Govt Medical College Khanpur, Sonapat
Teaching Experience	14years +
Additional Qualification	----
Publications	35( 28 National and 07 International)
Email ID	<a href="mailto:drgathwala@gmail.com">drgathwala@gmail.com</a>
Mobile Number	9996266677

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

  
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Department of Surgery  
SGRDIMSR, Amritsar







## Brief Summary of External Examiner

Name of External Examiner	DR. RAJIV KAPILA
Educational Qualification	MBBS, MS (Orthopaedics)
Designation	Professor
College Name	DRPGMC, Tanda, Kangra
Current Address	D-4, Type-5, DRPGMC, Tanda
Teaching Experience	14years +
Additional Qualification	----
Publications	07
Email ID	<a href="mailto:drrajivkapila@yahoo.co.in">drrajivkapila@yahoo.co.in</a>
Mobile Number	9418000988

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

  
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Department of Surgery  
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I) Number of practical exercise: - 04 Exercise (Questions/Tasks Attached)

01. X-ray
02. Specimen
03. Instruments
04. Examinations (systemic) on dummy
05. Operative

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**Department of Surgery**  
**MBBS Practical Examination**  
**List of X-RAY kept in practical examination**

1. Air fluid levels.
2. Air fluid levels
3. Mammogram (Fibroadenoma)
4. Rib Fracture
5. T Tube cholangiogram
6. SAIO with RT
7. Foreign body
8. Retrograde Pyelography
9. Pyelography
10. Air under diaphragm
11. T-Tube cholangiogram
12. X Ray Abd large Bowel distension.
13. X-Ray KUB with B/L DJ Stenting
14. Barium Swallowing
15. Pneumothorax
16. Achalasia Cardia Barium Swallowing Parrot Bed
17. CXR with Chest Tube in situ, central line in situ
18. Barium Swallowing
19. Achalasia Cardia
20. CT Angiography
21. MRCP
22. IVP & left Renal Calculi



  
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**List of Specimens in Museum**

1. Uterus
2. Intestine Ca.
3. Gall Bladder(Cholelithiasis)
4. Appendix
5. Pyelonephritis
6. Thyroid (Colloid)
7. Hydatid Cyst
8. Mucocele Gall Bladder
9. B/L small kidneys with megaureters.
10. Hydatid cyst
11. Porcelain gall bladder
12. Uterus
13. Ca- rectum
14. Whipple specimen
15. Wilm;s Tumor
16. Squamous Cell Carcinoma
17. Ca. Ileocaecal
18. Ca. Breast
19. Oesophageal Growth
20. Bilateral salpingo- oophorectomy + hysterectomy
21. Bilateral Malignant Ovarian Cyst
22. Seminoma testes
23. Spleen
24. Dermoid cyst
25. Intestinal Polyp
26. RCC
27. Uterus with B/L Ovaries
28. Kidney tumour
29. Mulberry bladder stone
30. Ileocaecal Growth

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31. Breast Carcinoma Lipoma
32. Duplex Ureter
33. Urinary bladder stone
34. Gall bladder stone
35. Renal stone
36. Ileocaecal Ca.
37. Foreign body needle(trans verse colon)
38. Carcinoma colon
39. Liver, Pancreas , Spleen
40. Blood & Nerve Supply kidney
41. Seminoma testes
42. RCC
43. Colon
44. Ca. Stomach
45. Cross with trachea & Oesphagus
46. Uterus Nerve & Blood supply
47. Liver
48. Lungs
49. Blood Supply spleen
50. Intestinal Polyp
51. Kidney
52. Kidney Blood supply
53. Right Ovary with Cyst

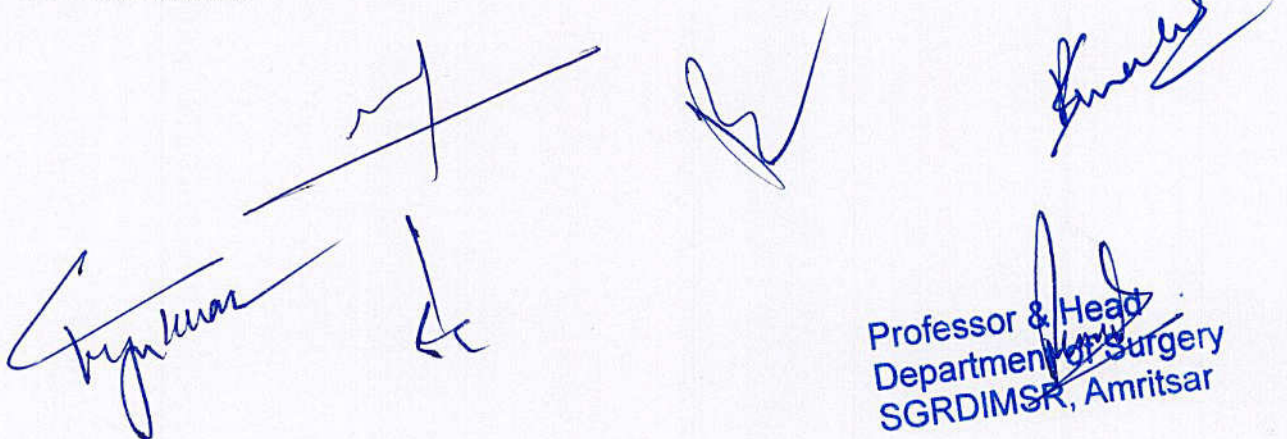


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**Department of Surgery**  
**MBBS Practical Examination**  
**List of Instruments kept in practical examination**

1. Kidney tray
2. Silk suture
3. Vicryl suture
4. Prolene suture
5. Catgut suture
6. Bowl
7. Kocher's forceps
8. Toothed forceps
9. Thread cutting scissors(Suture cutting scissors)
10. BP Handle
11. Sponge holding forceps
12. Needle holder forceps
13. Plain forceps
14. S- Shaped retractor
15. Right angle retractor
16. IV set
17. Cotton bandage
18. Sterile gloves
19. Lahey's forceps
20. Babcock's forceps
21. Mosquito forceps
22. Artery forceps
23. Allies forceps
24. Towel clips
25. Ethilon suture
26. Abdominal drain kit
27. Foleys catheter
28. Ryle tube
29. Mallecot cathetar
30. IV cannula
31. Tissue cutting scissors
32. Long forceps straight
33. Uroflowmeter



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MBBS Final Part-II, Practical Examination  
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List of Operative Procedures

1. Abdominal perineal resection
2. Splenectomy
3. Whipple's Open cholecystectomy
4. Open appendectomy
5. Radical nephrectomy
6. Open prostatectomy
7. Hydrocele surgery
8. Indirect inguinal hernia repair
9. Modified bassini repair inguinal hernia
10. Modified radical mastectomy
11. Total penectomy
12. Stripping & ligation Varicose veins
13. Gastrectomy
14. Gastrojejunostomy
15. Feeding jejunostomy
16. Hepaticojejunostomy
17. TURP
18. Superficial parotidectomy
19. Right hemicolectomy
20. procedure
21. I& d of abscess
22. Radical lymph node dissection of neck
23. Heller's myotomy
24. Breast conservation surgery
25. Venesection
26. Excision sebaceous cyst
27. Circumcision
28. Laparoscopic cholecystectomy
29. Radical cholecystectomy
30. Low Anterior resection
31. Excision lipoma
32. Spc
33. Open cholecystectomy
34. Appendectomy
35. Esophagectomy



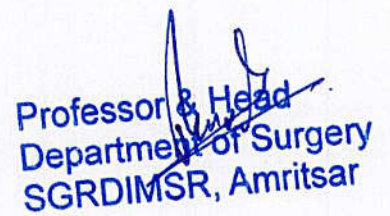
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List of Grand-viva topics

1. Goitre
2. Parotid swelling
3. Fibroadenoma
4. Acute Pancreatitis
5. Acute cholecystitis
6. Venous ulcer
7. Dysphagia
8. Inguinal hernia
9. Umbilical hernia
10. Ca. Breast
11. Acute Appendicitis
12. Neck swelling
13. Incisional hernia
14. Obstructive jaundice
15. Varicose vein
16. Acute abdomen
17. Hydrocoele
18. Bleeding per rectum
19. Mass right iliac fossa
20. Mass left iliac fossa
21. Mass epigastrium
22. Haematuria
23. Acute urinary retention
24. Benign Prostatic Hyperplasia
25. Pseudocyst Pancreas
26. Hydatid cyst Liver
27. Diabetic foot
28. Gangrene
29. Burns
30. Renal cell carcinoma
31. Peptic ulcer disease



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**Department of Orthopaedics**

**MBBS Practical Examination**

**List of X-rays**

1. Fracture neck of femur
2. Monteggia fracture
3. Tumour distal femur
4. Petalla fracture
5. Colle's fracture
6. Metatarsal fracture
7. Shoulder dislocation
8. Tumour Distal radius
9. Osteochondroma femur
10. Distal Radius Fracture
11. Pelvic Rami Fracture With femur Head Dislocation
12. Radius shaft Fracture



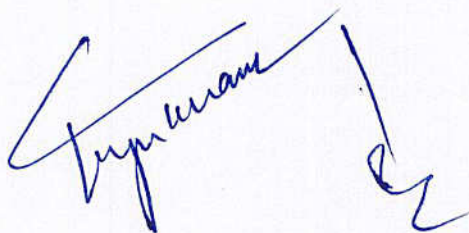
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**Department of Orthopaedics**

**MBBS Practical Examination**

**List of Bones**

1. Hip bone
2. Scapula
3. Clavicle
4. Patella
5. Ulna
6. Femur
7. Tibia
8. Fibula
9. Radius
10. Lower leg with Foot



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**Department of Orthopaedics**

**MBBS Practical Examination**

List of Instrument

1. T Handle
2. Tibia Nail
3. Osteotome
4. Steinman Pin
5. Screw driver
6. Mallet
7. Bone Nibbler
8. Philos Plate
9. K Wire
10. Bohler Stirrup
11. Narrow DCP
12. Broad DCP
13. Reduction Forceps
14. Schanz Pin
15. Malleolus Screw
16. Hohmann Retractor



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MBBS Final Prof. Part-II (Batch-2020) Practical Examination  
Dated 17.03.2025 to 20.03.2025

Department of Surgery  
**List of Long Cases**

Sr. No.	Name of Case
1.	Ventral hernia
2.	Periampullary Ca
3.	Ca GB
4.	Mass abdomen
5.	Ca colon
6.	Ca rectum
7.	Ca oesophagus
8.	HCC
9.	Ca stomach
10.	liver abscess
11.	Early breast carcinoma
12.	Locally advanced breast cancer
13.	Mesenteric cyst
14.	Haematuria
15.	Ca Anal canal
16.	Acute Appendicitis
17.	Varicose vein
18.	Thyroid cancer
19.	Splenomegaly
20.	Pancreatitis
21.	Obstructive Jaundice
22.	Hydatid cyst
23.	Ca Penis
24.	RCC
25.	Testicular swelling
26.	Incisional hernia
27.	Appendicular lump
28.	BPH
29.	Carcinoma Prostate
30.	Gastric outlet Obstruction

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Department of Surgery

**List of Short Cases**

Sr. No.	Name of Case
1.	Hydrocele
2.	Dysphagia
3.	Fissure
4.	Pilonidal sinus
5.	Ulcer
6.	Diabetic foot
7.	Varicocele
8.	Fistula in ano
9.	Haemorrhoids
10.	Breast lump
11.	Lipoma
12.	Cleft Lip palate
13.	Gynaecomastia
14.	Basal Cell Carcinoma
15.	Squamous cell carcinoma
16.	Breast abscess
17.	Galactocele
18.	Dermoid cyst
19.	Sebaceous cyst
20.	Ileostomy
21.	Umbilical hernia
22.	Inguinal hernia
23.	Epididymal cyst
24.	Phimosis
25.	Gluteal abscess
26.	Soft tissue tumour thigh
27.	Thyroid nodule
28.	Lymph node swellings neck
29.	Carcinoma penis
30.	Lymphodema arm
31.	Inguinal lymphadenopathy
32.	Drainage in situ
33.	Haemangioma
34.	Gangrene
35.	Varicose veins
36.	Colostomy
37.	Venous ulcer
38.	Bed sore
39.	Skin grafted leg wound
40.	Clip lip

  
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## Long Cases

### Set I:

- B/L foot deformity
- Swelling Shoulder

### Set II:

- Instability Knee
- Neurogenic foot

### Set III:


- GCT Distal femur
- Non union tibia with shortening

### Set IV:

- Stiff Elbow
- Neglected equinovarus




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## Long Cases

1. Girdle stone arthroplasty right hip
2. AVN Hip Right
3. 1 year old non union I/T
4. 1.5 year old Non union S/T



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## Short Cases

### Set I:

- B/L foot deformity
- Swelling Right Shoulder

### Set II:


- Instability Knee
- Neurogenic foot

### Set III:

- GCT Distal femur
- Non union tibia with shortening

### Set IV:

- Stiff Elbow
- Neglected equinovarus



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## Question for the case of Obstructive Jaundice

- 1) How will you diagnose a c/o Jaundice
- 2) Difference between Obstructive Jaundice vs Hepatic Jaundice
- 3) Common clinical presentation Of Obstructive Jaundice
- 4) Reason of clay coloured stools
- 5) Two important cause of Obstructive Jaundice
- 6) Charcots triad
- 7) Case of Jaundice in which GB is palpable
- 8) What are the main investigation you will do in Obstructive Jaundice?
- 9) What are Variations in LFT in c/o obst. jaundice?
- 10) Radiological investigation required for gall stones disease
- 11) Investigation required for GB stone
- 12) Important investigation of Ca Head of pancreas
- 13) What is endoscopic USG
- 14) Management of Case of Obstructive Jaundice
- 15) Whipples procedure



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## EXAMINATION

### A

1. How to examine Chest?
2. What investigations will you suggest?
3. Where is upper border of liver?
4. What is the landmark of putting chest tube
5. What are false ribs?
6. Mark 2<sup>nd</sup> intercostal space?

## EXAMINATION

### B

1. How to examine Breast lump?
2. What is triple test?
3. What investigations will you suggest?
4. What is trucut biopsy?
5. What are the differences between benign and malignant lump breast?
6. Mammography finding in breast cancer?

## EXAMINATION

### C

1. How do you divide abdomen into different regions?
2. How will you palpate the abdomen?
3. Different hernia site of abdomen?
4. What is Caput medusae?
5. Liver span?
6. Shifting dullness ?

## EXAMINATION

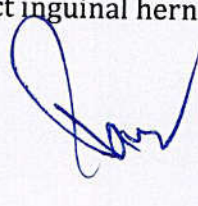
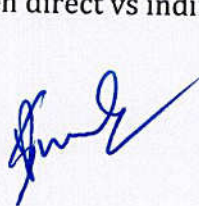
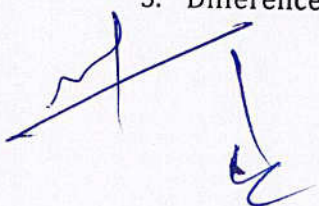
### D

1. How will you do Trendelenburg test in varicose vein leg?
2. What investigation and management will you advice in this case?
3. Surface marking of saphenous vein?
4. Site of venous/arterial ulcer?
5. Perforators of leg?

## EXAMINATION

### E

1. Landmark Of Superficial Inguinal And Deep Inguinal Ring?
2. What is mid point of inguinal ring?
3. Landmark of femoral hernia?
4. Hydrocele vs hernia differentiation?
5. Difference between direct vs indirect inguinal hernia?



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## EXAMINATION

Q1. Methods of neck examination.

Q2. Methods of neck lymph node examination.



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## OPERATIVE SURGERY

A

- 1 Describe the steps of this operative procedure?
- 2 What type of anaesthesia is used?
- 3 What postoperative care will be provided?
- 4 Is there any other technique for this operative procedure?

## OPERATIVE SURGERY

B

- 1 Describe the steps of this operative procedure?
- 2 What will be position for this procedure?
- 3 Describe clinical features on presentation?
- 4 Describe different complications?



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## OPERATIVE SURGERY

C

- 1 Describe the steps of this operative procedure?
- 2 How will you confirm your diagnosis for such patient?
- 3 What postoperative care will be provided?
- 4 What will be discharge criteria for such patient?

## OPERATIVE SURGERY

D

- 1 Describe the steps of this operative procedure?
- 2 What will be position for this procedure?
- 3 Describe different quadrants of abdomen?
- 4 What preoperative preparation will you do for this patient?



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## X-RAY

### A

1. Identify the given radiograph?
2. Identify the structures in the radiograph?
3. What will be the clinical features of this patient on presentation?
4. How will you manage this patient?
5. What are complications?
6. Define ICD?

## X-RAY

### B

1. Identify the given radiograph?
2. What is the view of the radiograph?
3. Identify the structures in the radiograph?
4. Is contrast material used in this radiograph?
5. What is T-tube ?
6. What are the interpretation of T-Tube cholangiogram?

## X-RAY

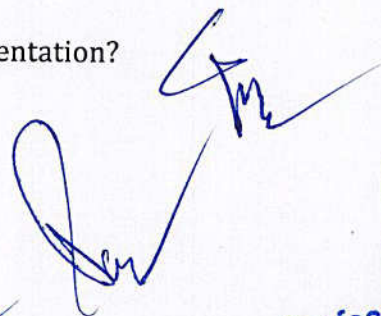
### C

1. Identify the given radiograph?
2. What is this radiograph appearance suggest?
3. How will you confirm your diagnosis?
4. What other investigation you will suggest?
5. Type of opacities visible in radiograph?
6. Define popcorn calcification

## X-RAY

### D

1. Identify the given radiograph?
2. What are the causes of such radiograph appearance?
3. What will be the clinical features of this patient on presentation?
4. How will you confirm your diagnosis?
5. What are multiple air fluid levels ?
6. What are the finding of volvulus of sigmoid colon?



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## SPECIMEN

### A

1. Identify the given specimen?
2. What will be the underlying pathology?
3. What will be clinical features of such patient on presentation?
4. How will you manage this patient?
5. What are complications of disease?
6. What are surgical management?

## SPECIMEN

### B

1. Identify the given specimen?
2. What will be etio-pathogenesis of underlying pathology?
3. How will you confirm your diagnosis?
4. What operation will you suggest?
5. Role of chemotherapy
6. Role of immunotherapy

## SPECIMEN


### C

1. Identify the given specimen?
2. What will be the underlying pathology?
3. What will be clinical features of such patient on presentation?
4. What other investigation you will suggest?
5. Is this Radical surgery or conservative surgery?
6. Define Follow -up of disease?

## SPECIMEN

### D

1. Identify the given specimen?
2. What will be etio-pathogenesis of underlying pathology?
3. How will you confirm your diagnosis?
4. How will you manage this patient?
5. Result of FNAC?
6. Describe staging of disease?



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## INSTRUMENTS

### A

1. Identify the given instrument?
2. What are the uses of given instrument?
3. Name the sterilization technique for given instrument?
4. How to hold the given instrument?
5. Is this traumatic /Non- traumatic?
6. For which retraction it is used

## INSTRUMENTS

### B

1. Identify the given instrument?
2. Name the sterilization technique for given instrument?
3. How to hold the given instrument?
4. What are different parts of an instrument?
5. Define its usage?
6. How you will handle the instrument

## INSTRUMENTS

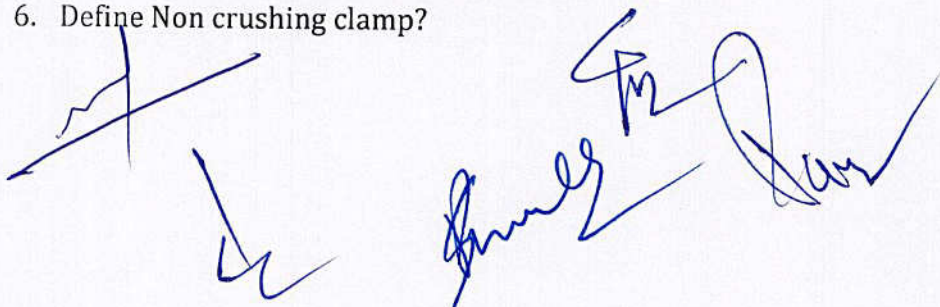
### C


1. Identify the given instrument?
2. What are the uses of given instrument?
3. What are different parts of an instrument?
4. How to hold the given instrument?
5. What is material used?
6. How to prevent rusting of instrument?

## INSTRUMENTS

### D

1. Identify the given instrument?
2. What are the uses of given instrument?
3. Name the sterilization technique for given instrument?
4. How to hold the given instrument?
5. What happens if it is used at intestine?
6. Define Non crushing clamp?



  
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