

**NATIONAL MEDICAL COMMISSION****STANDARD ASSESSMENT FORM****FORM – C**

File No:

/ Assessment No.:

Name of Course : MBBS

Name of Subject : Paediatrics

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 : 18<sup>th</sup> March to 21<sup>st</sup> March 2025

**1. ASSESSORS**

Sl.	Name	Official address	Mobile No.	email address
1.	Dr. Mandeep Singh Khurana	Professor, Paediatrics, SGRDIMSAR	9915559797	<a href="mailto:drgmkhurana@gmail.com">drgmkhurana@gmail.com</a>
2.	Dr. Preeti Malhotra	Professor, Paediatrics, SGRDIMSAR	9876083138	<a href="mailto:drpreetimalhotra@yahoo.com">drpreetimalhotra@yahoo.com</a>
3.	Dr. Virender Kumar	Prof. & Head, Paediatrics, GMC, Kathua	9622065036, 9419126170	<a href="mailto:vchoudhary165@gmail.com">vchoudhary165@gmail.com</a>
4.	Dr. Pancham Kumar	Professor, Dr. Radhakrishan Government Medical College, Hamirpur (HP)	7018810289, 9418452827	<a href="mailto:panchamdr@gmail.com">panchamdr@gmail.com</a>




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Preeti

  
Professor  
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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 : 100

Internal assessment : 375

Total for Theory : 100

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

## 2. Clinical/practical :

Final examination : 100

Internal assessment : 500

Total for Practical : 100


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

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





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## 3. Viva-voce:

Final examination	:	Out of 100 marks of clinical/practical, 20 marks are allotted for viva voce.
Internal assessment	:	Included in internal assessment of clinical/Practical
Total for Viva-voce	:	20

**Grand Total :** 200 Marks

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

Annexure - I

1. Theory paper:	Subject:	Time: __ Hrs.	Date of exam:
No.	Paediatrics	3 hours	13.03.2025

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 : 141

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

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

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

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- 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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S.G.R.D.I.M.S & R, Anantapur.

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

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

**Two Long Cases, One Newborn Case and FOUR OSCE Stations**

**Station 1** : X-rays / ECG / ABG / Instrument

**Station 2** : Clinical spotters/photographs with tasks or questions related to diagnosis, management or prevention

**Station 3** : Observed OSCE for neonatal Resuscitation with check list

**Station 4** : Drug/vaccine

Does the practical examination broadly cover the discipline? : Yes

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

Two long Cases of 40 mins. each

One short case new born of 20 mins. each

Four OSCE stations of 03 mins. each

c) 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. Mandeep Singh Khurana	Professor, Paediatrics, SGRDIMSAR	21 yrs.
2. Dr. Preeti Malhotra	Professor, Paediatrics, SGRDIMSAR	19 yrs.

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Preeti

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Professor  
Deptt. of Pediatrics  
SGRDIMS&R, Amritsar.

<u>External examiners</u>		
1. Dr. Virender Kumar	Prof. & Head, Government Medical College, Kathua	22 yrs
2. Dr. Pancham Kumar	Dr. Radhakrishan Government Medical College, Hamirpur (HP)	13 yr

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. Virender Kumar, Prof. & Head, Dept of pediatrics, Government Medical College, Kathua**


- Government Medical College, Rajouri, Jammu & Kashmir, March 2024
- Sri Guru Ram Das Institution of Medical Sciences & Research, Sri Amritsar, Dec.-2024
- Sri Guru Ram Das Institution of Medical Sciences & Research, Sri Amritsar, March 2025

2. **DR. Pancham Kumar, Dr. RK GMC, Hamirpur**

- PGIMS, Rohtak Feb. 2025
- IGMC, Shimla Feb. 2025
- Sri Guru Ram Das Institution of Medical Sciences & Research, Sri Amritsar, March 2025





  
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- 3. Date and time when the examination was inspected by the assessors  
Year of Examination as mentioned above
- 4. Are the invigilation arrangements satisfactory? : Yes
- 5. No. of candidates appeared. : 141
- 6. Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks) (Annexure -III)
- 7. The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

8

- 8. Minimum marks required for passing :

Candidate must obtain 50% marks in aggregate and 60:40 minimum or 40:60 (minimum) in university conducted examination separately in theory and in practical (Practical includes: practical/clinical and viva voce) in order to declare pass in that subject.

9. **PRACTICAL**

- 1. No of Long cases : 22
- 2. No of Short cases : 18
- 3. How many cases were given to each candidate – long and short cases?  
02 long cases and 01 short case
- 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 : 40 mins.
  - 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.

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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

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?

80 Marks (Two Long cases : 22 marks each, One newborn case : 16 marks, Four stations of 5 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



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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).

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 04 examiners.

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

Two Long cases : 22 marks each , One newborn case : 16 marks, 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 – 119 passed 98 (82%)  
2022 – appeared – 163 (including detained students of earlier batch passed 136 (83 %)  
2021 – appeared – 121 passed 77 (63 %)

9. No. of students appeared? : 141



  
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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

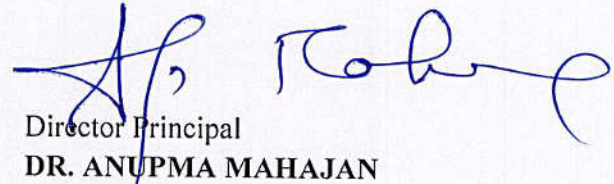
If not, the reasons to be mentioned:

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

Six examiners—three external and three internal—examined each student in-depth to assess their knowledge and abilities, paying particular attention to the applicants' capacity to take histories, exhibit physical symptoms, write case reports, and manage patients. Since the question paper includes every aspect of knowledge-based, case-based, reasoning-based, and application-based questions in accordance with the National Medical Commission's guidelines to ensure uniformity, the standard of the theory paper is up to par. The passing score did not include internal assessment.



Signature of Assessor  
**DR. VIRENDER KUMAR**  
Professor & Head, Government Medical  
College, Kathua  
*(The senior most External Examiner)*



Director Principal  
**DR. ANUPMA MAHAJAN**





**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- Paediatrics (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: MBN407A**

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

[10X1=10]

1. Which of the following is not a therapy for jaundice in newborn?
  - a. High-dose intravenous immunoglobulin
  - b. Phototherapy
  - c. Corticosteroid
  - d. Phenobarbitone
2. Which of the following is not a feature of tetanus?
  - a. Risus Sardonius
  - b. Trismus
  - c. Opisthotonus
  - d. Ascending paralysis
3. Koplik's spot in measles appear on:
  - a. 1<sup>st</sup> day
  - b. 2-3 days
  - c. 4-5 day
  - d. 8<sup>th</sup> day
4. Commonest cause of gastrointestinal bleeding in Indian children:
  - a. Portal hypertension
  - b. Acid peptic disease
  - c. Erosive gastritis
  - d. Wilsons disease
5. Neonatal seizure disorder is associated with poor prognosis in all of the following EXCEPT:
  - a. Hypoglycemia
  - b. Intraventricular hemorrhage
  - c. Hypocalcemia
  - d. Meningitis
6. Toxic shock syndrome is due to:
  - a. BCG Vaccine
  - b. DPT Vaccine
  - c. Measles Vaccine
  - d. Hepatitis B Vaccine
7. A child gains full neck control by:
  - a. 12 weeks
  - b. 16 weeks
  - c. 20 weeks
  - d. 24 weeks

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8. The anti-infective factor in human milk is due to:

- a. Epidermal growth factor
- b. Taurine
- c. Cystine
- d. Lactoferrin

9. The Kanawati index in severe malnutrition is less than:

- a. 0.30
- b. 0.20
- c. 0.25
- d. 0.15

10. Neurological manifestation of vitamin B<sub>12</sub> deficiency is:

- a. Infantile tremor syndrome
- b. Seizures
- c. Mental Retardation
- d. Cerebral palsy

II. A 9-year-old girl was brought to emergency with history of fever for 10 days, associated with multiple episodes of abnormal movements and vomiting. The child on evaluation was found to be in altered sensorium with neck rigidity. Kernig's and Brudzinski's signs were positive. [5x2=10]

- a. How will you proceed in this case?
- b. List down the investigations.
- c. Probable diagnosis of the above case.
- d. What is the treatment plan?
- e. Follow up of the patient after discharge.

III. Define neonatal hypoglycemia, discuss in detail its causes and management. [10]

IV. Reasoning questions/Discuss the following: [3X5=15]

- a. Fluid management in diabetic ketoacidosis.
- b. Role of dexamethasone in preterm delivery.
- c. Role of mannitol in acute bacterial meningitis.

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

- a. What are the signs of vitamin A deficiency in children?
- b. Describe the live vaccines to be given to a child as per national immunization schedule.
- c. Write a brief note on exclusive breastfeeding and its benefits.
- d. Enumerate the clinical features of iron deficiency anemia in children.
- e. Describe the management of hydrocephalus.
- f. Discuss the management of congestive cardiac failure in a child.
- g. Describe classification of congenital heart disease and Nada's criteria.
- h. Management of acute exacerbation of bronchial asthma.

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

- a. Genetic testing in pediatric age group.
- b. Describe the clinical features and management of atopic dermatitis.
- c. How would you manage a case of paracetamol poisoning in emergency?



Professor  
Deptt. of Pediatrics  
SCARDIMSAR, AMRITSAR.

**BRIEF SUMMARY OF EXTERNAL EXAMINER**

NAME	DR VIRENDER KUMAR
EDUCATIONAL QUALIFICATION	MBBS, MD
DESIGNATION	PROFESSOR & HEAD
COLLEGE NAME	GOVERNMENT MEDICAL COLLEGE (GMC), KATHUA
CUREENT ADDRESS	GOVERNMENT MEDICAL COLLEGE (GMC), KATHUA
TEACHING EXPERIENCE	22 YRS
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PUBLICATION	9
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[DR VIRENDER KUMAR]

## BRIEF SUMMARY OF EXTERNAL EXAMINER

NAME	DR PANCHAM KUMAR
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DESIGNATION	PROFESSOR
COLLEGE NAME	DR. RADHAKRISHNAN GOVERNMENT MEDICAL COLLEGE, HAMIRPUR [HP]
CUREENT ADDRESS	DEPARTMENT OF PEDIATRICS, DR. RADHAKRISHNAN GOVERNMENT MEDICAL COLLEGE, HAMIRPUR [HP]
TEACHING EXPERIENCE	13 YRS
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PUBLICATION	34
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[DR PANCHAM KUMAR]

## BRIEF SUMMARY OF INTERNAL EXAMINER

NAME	DR MANDEEP SINGH KHURANA
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DESIGNATION	PROFESSOR
COLLEGE NAME	SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, VALLAH, SRI AMRITSAR
CUREENT ADDRESS	PROFESSOR, DEPARTMENT OF PEDIATRICS, SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, VALLAH, SRI AMRITSAR
TEACHING EXPERIENCE	21 YRS
ADDITIONAL QUALIFICATION	MD, PEDIATRIC
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[DR MANDEEP SINGH KHURANA]

## BRIEF SUMMARY OF INTERNAL EXAMINER

NAME	DR PREETI MALHOTRA
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COLLEGE NAME	SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, VALLAH, SRI AMRITSAR
CUREENT ADDRESS	PROFESSOR, DEPARTMENT OF PEDIATRICS, SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, VALLAH, SRI AMRITSAR
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PUBLICATION	20
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*Preeti*

[DR PREETI MALHOTRA]

SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, SRI AMRITSAR  
DEPARTMENT OF PEDIATRICS  
PRACTICAL EXAM FOR MBBS FINAL PROF PART -II BATCH-2020  
OSCE LIST

Day-1

(Max marks-5)

Q. You have been called in labour room to attend normal vaginal delivery. Baby born is term and has a good cry. Demonstrate steps of routine care of this baby.

	Marks	Checklist
Places baby directly on mother's abdomen in skin-to-skin contact/ radiant warmer	1/2	
Position the baby and wipe the baby's mouth and nose	1	
Dry the baby	1	
Covers the baby with warm cloth and suction if needed	1/2	
Clamp and [cut] the cord	1	
Help the mother to initiate breastfeeding	1	

(Maximum marks 5)

1. Identify the vaccine.
2. Site and route of administration.
3. Type of vaccine and age of administration as per national immunization program.
4. Contraindications and adverse effects of this vaccine.

(Maximum marks 5)

1. Identify the item and in what procedure it is used.
2. Anatomical Site of performing the procedure in 1 year old child.
3. Contraindications of this procedure

(Maximum marks 5)

This is the x-ray of 10 hours old newborn presented with complains of difficulty in feeding and copious amount of secretions from mouth and respiratory distress.

1. What is the likely diagnosis?
2. Mention its types and most common associations/anomalies.
3. Write its management.

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 Professor  
 Deptt. of Pediatrics  
 SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH, AMRITSAR.

Day-2

(Max marks 5)

Q. YOU are called in delivery room. Term baby has been born and provided with initial steps of resuscitation but baby is Gasping with heart rate less than 100 bpm. Demonstrate next *STEP* of management

	Marks	Checklist
Check heart rate	1	
Attach pulse oximeter	1	
Apply mask correctly	1	
Begin ppv	1	
Check chest rise	1	

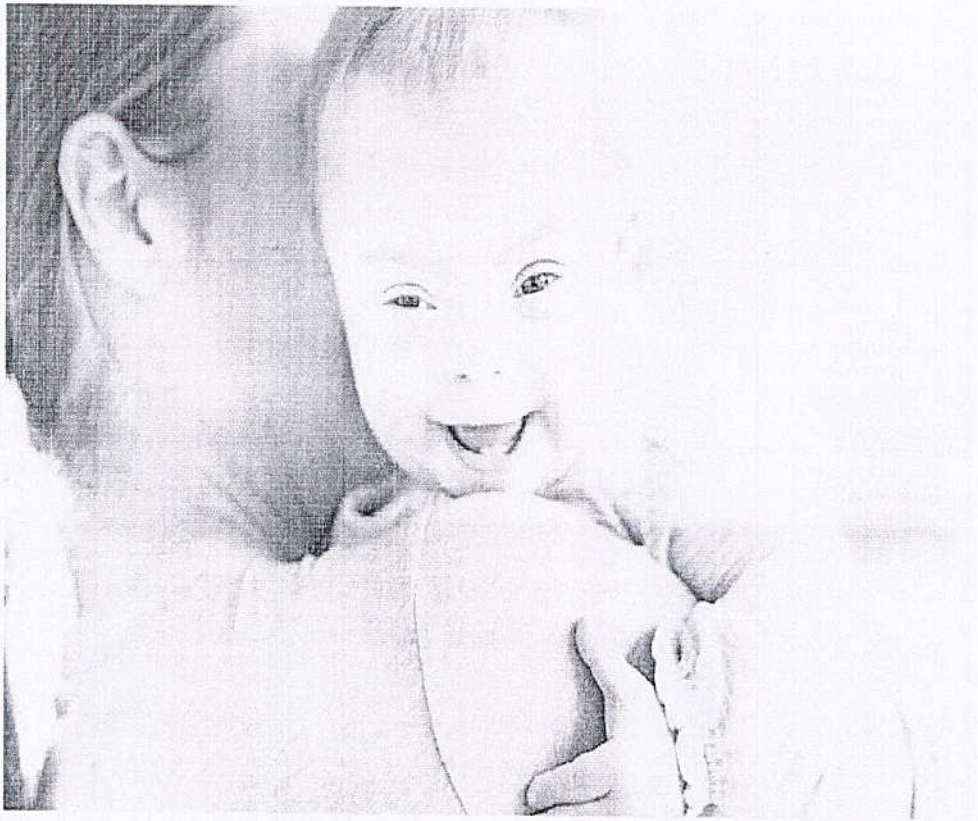
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(Maximum marks 5)

A male child born to a 40 yrs old Primi mother.

Q) Identify the condition in baby?

Q) Mention the chromosomal abnormality associated with above condition

Q) Comorbidities associated with this condition

(Maximum marks 5)

Q) Mention its constituents and osmolarity

Amount of water used for dissolving this packet?

(Maximum marks 5)

1. Identify the x-ray and describe the radiological findings?
2. Looking at the x-ray comment on the age of the child?
3. Treatment of this condition

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Professor  
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Q. You have been called to attend a term normal vaginal delivery. **Arrange supplies** and equipment for neonatal resuscitation as per TABC steps of management.

	Marks	Checklist
<b>TEMPERATURE</b> Dry linen	1	
<b>AIRWAY</b> Shoulder roll Suction cath and meconium aspirator Gauge piece	1	
<b>BREATHING</b> Neonatal resuscitation bag Face mask Oxygen tubing Intubation equipment Laryngoscope Endotracheal tube	1	
<b>Miscellaneous equipment</b> (each 1/4 <sup>th</sup> ) Cord clamp Vitamin k Feeding tube  Sterile gloves Stethoscope	2	

(Maximum marks 5)

- Q. Identify the vaccine
- Q. Route of Administration
- Q. Can this vaccine be given with OPV?
- Q. Scheduled of this vaccine age as per national immunization program.

(Maximum marks 5)

- Q. Identify the item
- Q. Mention its uses
- Q. How many drops in 1 ml of this instrument?

(Maximum marks 5)

3-month-old child is brought to paediatric emergency with complains of fever, cough, and increase rates of respiration for 3 days but after a sudden bout of cough child had worsening respiratory distress with cyanosis. On auscultation breath sounds are absent on right side.

1. Enumerate the radiological findings of the x-ray
2. What is the likely diagnosis?
3. What life saving emergency procedure will you perform to save this child?

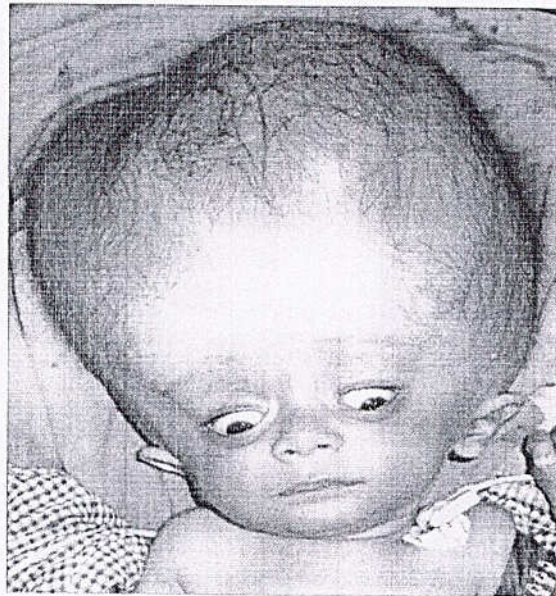
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**Professor**  
**Deptt. of Pediatrics**  
**SGRDIMS&R, Amritsar.**

Day-4

- Q. You have been called to assist neonatal resuscitation in labour room. Child has been born by NVD. NRP is already going on and after 30 sec of PPV with bag and mask child is still not improving. Demonstrate the ventilation corrective steps.

(Maximum marks 5)

	Marks	Checklist
CHECK HEART RATE	1	
ATTACH PULSE OXIMETER	1	
APPLY MASK CORRECTLY	1	
BEGIN PPV	1	
CHECK CHEST RISE	1	



(Maximum marks 5)

9 months old baby is brought with progressive increase of head size since birth

1. Identify the condition
2. Enumerate five causes of this above condition.
3. Name one important procedure to treat this condition.

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Professor  
Deptt. of Pediatrics  
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(Maximum marks 5)

7-year-old child is brought in paediatric emergency with high grade fever, cough and with Respiratory rate of 45/minute and recessions present. On auscultation crepts are present.

1. Enlist the x-ray findings.
2. Micro-organisms responsible for this disease at this age group
3. As per the ARI control program how would you like to manage this child?

(Maximum marks 5)

Identify the drug

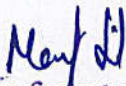
1. Mention the route by which it is given to newborn at the time of birth
2. Why it is given to all newborn at the birth?



[DR VIRENDER KUMAR]



[DR PANCHAM KUMAR]



[DR PANCHDEEP S KHURANA]  
Dentt. of Pediatrics  
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[DR PREETI MALHOTRA]



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DEPARTMENT OF PEDIATRICS  
PRACTICAL EXAM FOR MBBS FINAL PROF PART -II BATCH-2020  
**LIST OF QUESTIONS**

QUESTIONS

**BRONCHOPNEUMONIA:-**

1. TYPES OF COUGH.
2. COMMON ORGANISM CAUSING PNEUMONIA IN THIS AGE GROUP
3. APPROPRIATE MANAGEMENT OF THIS CASE AS PER ARI PROGRAM
4. HOW WOULD YOU CLINICALLY DIFFERENTIATE BETWEEN A CASE OF BRONCHIOLITIS AND BRONCHOPNEUMONIA?

**NEPHROTIC SYNDROME:-**

1. DIFFERENTIAL THAT COME TO YOUR MIND IF A CHILD COMES WITH COMPLAINT OF GENERALISED EDEMA?
2. DEFINITION OF PROTEINURIA
3. HOW WOULD YOU MANAGE A CASE OF NEPHROTIC SYNDROME?

**VSD:-**

1. WHAT IS SUCK REST CYCLE
2. HOW WOULD YOU DEMONSTRATE CLUBBING
3. WHERE DO YOU LOOK FOR CYANOSIS
4. WHAT ARE THE POINTERS OF CYANOTIC HEART DISEASE?
5. WHAT GRADE OF MURMUR IS HEARD IN THIS CASE
6. WHAT IS THE DIFFERENCE BETWEEN PAN SYSTOLIC AND HOLOSYSTOLIC MURMURS
7. CAN YOU SHOW ME APEX BEAT OF THIS CHILD
8. WHAT ARE THE SIGNS OF CCF
9. IF THIS CHILD PRESENTED WITH RECURRENT EPISODES OF URI/ COUGH AND NOT GAINING WEIGHT. WHAT DIFFERENTIALS COME TO YOUR MIND

**BRONCHIAL ASTHMA:-**

1. WHY DO YOU LABEL THIS CHILD AS BRONCHIAL ASTHMA.
2. ACCORDING TO GINA GUIDELINES WHAT ARE TYPES OF ASTHMA
3. WHAT IS THE IMPORTANCE OF SOCIO-ECONOMIC HISTORY AND FAMILY HISTORY IN CASE OF ASTHMA?
4. WHAT ARE YOUR CLINICAL FINDINGS WHICH SUGGESTIVE THAT THIS BRONCHIAL ASTHMA
5. DIFFERENTIAL DIAGNOSIS OF BRONCHIAL ASTHMA
6. WHAT ARE THE DIFFERENT ADVENTITIOUS SOUNDS YOU KNOW
7. WHAT ARE THE AUSCULTATORY FINDINGS IN THIS CASE

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**SAM:-**

1. WHAT ARE THE CLINICAL INDICATORS IN THIS CHILD TO LABEL AS SEVERE ACUTE MALNUTRITION?
2. SHOW ME HOW WILL YOU MEASURE THE MID ARM CIRCUMFERENCE OF THIS CHILD
3. SHOW ME THE SIGNS OF VITAMIN B IN THIS CHILD
4. SHOW ME HOW YOU WILL CHECK FOR OEDEMA IN THIS CASE.
5. HOW WOULD YOU COUNSEL THIS MOTHER FOR NUTRITIONAL REHABILITATION
6. INTERPRET YOUR GROWTH CHART OF THIS CHILD
7. WHAT ARE THE ADVANTAGES OF BREAST FEEDING

**HEPATITIS:-**

1. WHERE ALL YOU CAN SEE ICTERUS?
2. IF THIS HISTORY IS PROLONGED WHAT ARE POSSIBLE CAUSES?
3. PHASES OF HEPATITIS
4. WHAT ARE THE FEATURES OF CHRONIC HEPATITIS?
5. DEMONSTRATE HEPATO SPLEENOMEGALY AND ASCITES
6. WHAT KIND OF MARGINS OF LIVER DO YOU FEEL IN THIS CASE?

**TUBERCULOSIS:-**

1. WHAT IS TB CONTACT
2. HOW WOULD YOU APPROACH A CASE OF SUSPECTED CASE OF TUBERCULOSIS
3. TREATMENT OF THIS CASE AS PER RNTCP GUIDELINES
4. SIDE EFFECTS OF ANTI TUBERCULOSIS DRUGS

**BRONCHIOLITIS:-**

1. AGE GROUP IN WHICH YOU WOULD FIND CASES OF BRONCHIOLITIS
2. HOW WOULD YOU DIFFERENTIATE BETWEEN A CASE OF BRONCHIOLITIS AND BRONCHOPNEUMONIA?
3. MANAGEMENT OF A CASE OF BRONCHIOLITIS

**THALASSEMIA:-**

1. WHAT ARE CHIPMUNK FACIES
2. PALPATE LIVER/SPLEEN
3. WHAT ARE THE ENDOCRINE CHANGES OR COMPLICATION OF THALASSEMIA
4. WHAT ARE THE COMPLICATIONS OF BLOOD TRANSFUSIONS?

**GLOBAL DEVELOPMENTAL DELAY:-**

1. DEMONSTRATE MEASUREMENT OF OFC
2. WHAT IS THE DEVELOPMENTAL QUOTIENT OF THIS CHILD?
3. HOW IT IS CALCULATED?
4. WHAT IS CEREBRAL PALSY?
5. IS CEREBRAL PALSY PROGRESSIVE OR NON PROGRESSIVE DISORDER?

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**ACUTE GASTROENTERITIS WITH MODERATE DEHYDRATION:-**

1. WHAT ARE THE PROBABLE CAUSES OF ACUTE GASTROENTERITIS IN THIS CASE?
2. IMPORTANCE OF ASKING MUCUS AND BLOOD IN HISTORY
3. DEMONSTRATE CLINICAL FEATURES OF DEHYDRATION
4. WHAT IS THE STATUS ANTERIOR FONTANALLE IN THIS CASE
5. WHAT RELEVANT IMMUNOLOGICAL HISTORY YOU WILL TAKE IN THIS CASE?
6. WHAT WILL YOU ASK IN DIETRY HISTORY IN THIS CASE?

**SPASTIC CEREBRAL PALSY:-**

1. WHAT IS DEFINITION OF CEREBRAL PALSY?
2. TYPES OF CEREBRAL PALSY?
3. MOST COMMON CAUSE OF SPASTIC CEREBRAL PALSY?
4. WHAT ARE CHARACTERISTICS OF SPASTIC CEREBRAL PALSY?
5. HOW WILL YOU MANAGE THIS CASE?

**STROKE WITH HEMIPLEGIA:-**

1. WHAT ARE TYPES OF STROKES?
2. MOST COMMON CAUSES OF STROKE IN CHILDREN?
3. INVESTIGATIONS FOR PATIENT WITH STROKE AND HEMIPLEGIA?

**ACUTE DYSENTRY:-**

1. WHAT ARE INFECTIOUS CAUSES OF ACUTE DYSENTRY?
2. ANTIBIOTIC OF CHOICE IN ACUTE DYSENTRY

**FAILURE TO THRIVE:-**

1. ORGANIC AND INORGANIC CAUSES OF FAILURE TO THRIVE?
2. HOW WILL YOU INVESTIGATE THIS CHILD?
3. DIETARY MODIFICATIONS IN PATIENTS WITH FAILURE TO THRIVE

**INFANTILE TREMOR SYNDROME:-**

1. MOST COMMON CAUSES OF ITS?
2. CHARACTERISTIC FEATURES OF ITS?
3. HOW WILL YOU INVESTIGATE THIS CHILD?
4. WHAT IS THE TREATMENT OF ITS?

**MENINGOENCEPHALITIS:-**

1. DEMONSTRATE THE MENINGEAL SIGN



  
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2. WHAT ARE THE CSF FINDINGS OF PYOGENIC MENINGITIS?
3. WHAT ARE THE CSF FINDINGS OF TUBERCULAR MENINGITIS?
4. WHAT IS GLASGOW COMA SCALE

**SEIZURE DISORDER:-**

1. WHAT IS DIFFERENCE BETWEEN SEIZURES AND EPILEPSY?
2. WHAT ARE METABOLIC CAUSES OF SEIZURES?
3. WHAT ARE INVESTIGATIONS NEEDED IN CASE OF SEIZURE DISORDER?

**UTI WITH COMPLICATIONS:-**

1. WHAT IS THE MOST COMMON AGE GROUP OF UTI?
2. COMMON ORGANISM CAUSING UTI IN PEDIATRICS AGE GROUP.
3. PROPHYLAXIS OF UTI IN CHILDREN
4. HOW WILL YOU INVESTIGATE 4 YEAR OLD CHILD WITH RECURRENT UTI?

**ENTERIC FEVER WITH COMPLICATIONS:-**

1. CAUSATIVE ORGANISM OF ENTERIC FEVER AND ITS ROUTE OF INFECTION.
2. WHAT IS THE GOLD STANDARD METHOD OF DIAGNOSIS?
3. MENTION THE COMPLICATIONS OF ENTERIC FEVER.
4. DRUG OF CHOICE FOR ENTERIC FEVER.

**HYDATID CYST OF RIGHT LUNG:-**

1. MOST COMMON CYSTIC DISEASE OF LUNG?
2. WHAT ARE CHARACTERSTIC FEATURES OF CYSTIC LUNG DISEASE?
3. WHAT IS THE DRUG OF CHOICE FOR HYDATID CYST OF LUNG

**FEVER WITH RASH:-**

1. INFECTIOUS AND NON INFECTIOUS CAUSES OF FEVER WITH RASH?
2. CHARACTERSTIC FEATURES OF KAWASAKI DISEASE.
3. DRESS SYNDROME.
4. DIFFERENCE IN SJS AND TEN.

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DR PANCHAM KUMAR

INTERNAL EXAMINER -

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## LIST OF SYSTEMIC PEDIATRICS CASES


S. No	Cases
1	DIARRHOEA-AGE WITH MODERATE DEHYDRATION
2	BRONCHOPNEUMONIA
3	BRONCHIOLITIS
4	THALASSEMIA
5	VSD
6	SPASTIC CEREBRAL PALSY
7	STROKE WITH HEMIPLEGIA
8	ACUTE DYSENTRY
9	NEPHROTIC SYNDROME WITH COMPLICATION
10	FAILURE TO THRIVE
11	INFANTILE TREMOR SYNDROME
12	MENINGO ENCEPHALITIS
13	SEIZURE DISORDER
14	VIRAL HEPATITIS
15	UTI WITH COMPLICATIONS
16	ENTERIC FEVER WITH COMPLICATIONS
17	ASTHMA
18	SAM WITH ANEMIA
19	HYDATID CYST OF RIGHT LUNG
20	GLOBAL DEVELOPMENTAL DELAY
21	PULMONARY TUBERCULOSIS
22	FEVER WITH RASH

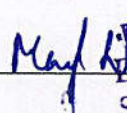
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EXTERNAL EXAMINER - DR PANCHAM KUMAR

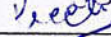
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List of General Pediatrics case

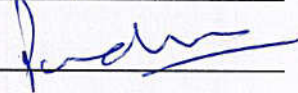
S. NO	CASES
1	SHORT STATURE
2	DEVELOPMENTAL DELAY
3	MALNUTRITION WITH VIT A DEFICIENCY
4	HYPOTHYROIDISM
5	FAILURE TO THRIVE
6	NOCTURNAL ENURESIS
7	BREATH HOLDING SPELLS
8	ANEMIA WITH PICA
9	RICKETS
10	SEVERE ACUTE MALNUTRITION
11	ADHD
12	PRECOCIOUS PUBERTY
13	MACROCEPHALY
14	PEM [PROTEIN ENERGY MALNUTRITION]
15	OBESITY
16	MAM WITH VITAMIN DEFICIENCIES
17	MICROCEPHALY
18	DOWN'S SYNDROME
19	5 YEAR OLD MALE CHILD WITH INCOMPLETE IMMUNIZATION
20	4 YEAR OLD FEMALE CHILD WITH LANGUAGE DELAY
21	2 YEAR OLD WITH CONGENITAL DEAFNESS
22	1 YEAR OLD CHILD WITH MOTOR DELAY

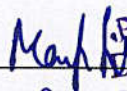
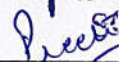
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List of Short case- Neonate

S. No	Short case- Neonate
1	LATE ONSET NEONATAL SEPSIS [2 cases]
2	NEONATAL JAUNDICE IN TERM [2 cases]
3	EARLY ONSET NEONATAL SEPSIS
4	PREMATURITY WITH RESPIRATORY DISTRESS SYNDROME [2 cases]
5	TRANSIENT TACHYPNEA OF NEWBORN
6	PREMATURE NEONATE [2 cases]
7	PRETERM BABY WITH JAUNDICE
8	TERM BABY WITH MECONIUM ASPIRATION SYNDROME
9	TERM BABY WITH RESPIRATORY DISTRESS
10	TERM BABY WITH GDM MOTHER
11	NEWBORN WITH CEPHALHEMATOMA
12	NEWBORN WITH ABDOMINAL DISTENSION
13	NEWBORN WITH MENINGOMYELOCOELE
14	TWIN BABIES
15	NEWBORN WITH HYDROCEPHALUS

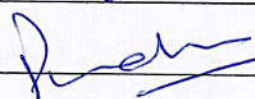
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

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List of X-Rays


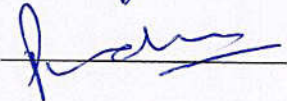
S. No	X-Rays
1	Rickets
2	Diaphragmatic hernia
3	Pulmonary tuberculosis
4	Tracheoesophageal fistula
5	Multiple Air fluid levels
6	Pneumoperitonium (Gas under diaphragm)
7	Necrotizing enterocolitis
8	Upper lobe collapse consolidation
9	Collapse with consolidation
10	Cardiomegaly
11	Fracture limb
12	Miliary tuberculosis
13	Pneumothorax
14	Foreign body
15	Hirschsprung's disease

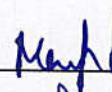

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List of Vaccines

S. No	Vaccines
1	ROTAVAC
2	TETANUS TOXOID
3	DPT
4	PENTAVAC
5	RABIES VACCINE
6	HEPATITIS A
7	HEPATITIS B
8	MEASLES
9	MMR
10	OPV
11	IPV
12	BCG
13	VARICELLA
14	TYPHOID
15	PNEUMOCOCCAL

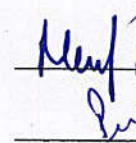
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List of Instruments

S. No	Instruments
1	AMBU BAG
2	MASK
3	SPACER
4	NEBULIZER
5	LARYNGOSCOPE
6	RESERVOIR
7	PEDIATRIC I/V SET
8	O <sub>2</sub> CONNECTER
9	E T TUBE
10	INSULIN SYRINGE
11	BCG SYRINGE
12	3 WAY CONNECTER
13	I/V CANNULA
14	FOLEY'S CATHETER
15	PALADAI
16	LP NEEDLE
17	BONE MARROW NEEDLE
18	O <sub>2</sub> MASK
19	NASAL PRONGS
20	INFANT FEEDING TUBE

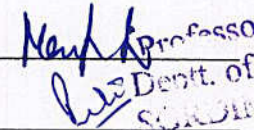
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**List of Nutrition**

S. No	Nutrition
1	MILK
2	OIL
3	BREAD
4	EGG
5	GREEN GRAM
6	BLACK GRAM
7	WHITE GRAM (CHICK PEAS)
8	RICE GRAINS
9	WHEAT GRAINS
10	BANANA

EXTERNAL EXAMINER -

DR VIRENDER KUMAR

EXTERNAL EXAMINER -

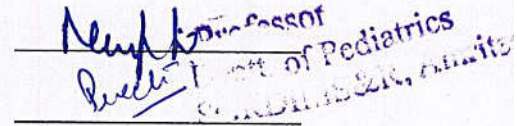
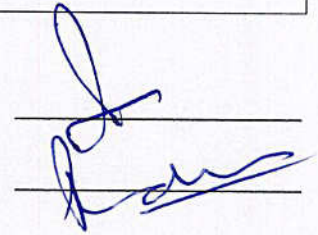
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LIST OF NEWBORN CASES

QUESTIONS

**LATE ONSET SEPSIS**

1. HOW WILL YOU DEFINE LATE ONSET NEONATAL SEPSIS?
2. WHAT ARE THE CLINICAL FEATURES OF PROBABLE SEPSIS?
3. WHAT ARE THE COMPONENTS OF SEPTIC SCREEN?
4. APPROACH TO A CASE OF NEONATAL SEPSIS
5. EMPIRICAL ANTIBIOTICS FOR NEONATAL SEPSIS
6. WHAT ARE THE NORMAL CSF EXAMINATION FINDINGS?
7. NEWER SCREENING AND DIAGNOSTIC TESTS FOR NEONATAL SEPSIS
8. HOW WILL YOU DEFINE EARLY NEONATAL SEPSIS AND DIFFERENTIATE IT FROM LATE NEONATAL SEPSIS?

**NEONATAL JAUNDICE IN TERM BABY**

1. HOW WOULD YOU CLINICAL ASSES SEVERITY OF NEONATAL JAUNDICE
2. WHAT ARE THE CRITERIA OF PATHOLOGICAL JAUNDICE
3. WHAT IS PROLONGED JAUNDICE?
4. APPROACH TO AN INFANT WITH JAUNDICE
5. WHAT IS BREAST MILK JAUNDICE?
6. WHAT IS BREAST FEEDING JAUNDICE?

**EARLY ONSET SEPSIS**

1. HOW WILL YOU DEFINE EARLY NEONATAL SEPSIS AND DIFFERENTIATE IT FROM LATE NEONATAL SEPSIS?
2. WHAT ARE THE CLINICAL FEATURES OF PROBABLE SEPSIS?
3. WHAT ARE THE COMPONENTS OF SEPTIC SCREEN?
4. APPROACH TO A CASE OF EARLY NEONATAL SEPSIS
5. EMPIRICAL ANTIBIOTICS FOR EARLY NEONATAL SEPSIS
6. WHAT ARE THE NORMAL CSF EXAMINATION FINDINGS?
7. NEWER SCREENING AND DIAGNOSTIC TESTS FOR EARLY NEONATAL SEPSIS

**PREMATURITY WITH RESPIRATORY DISTRESS SYNDROME**

1. HOW WILL YOU DEFINE RESPIRATORY DISTRESS IN A NEONATE?
2. HOW WILL YOU APPROACH A CASE OF PRETERM NEONATE WITH RESPIRATORY DISTRESS?
3. WHAT IS DOWNE'S SCORE?
4. APPROACH TO A NEWBORN WITH CYANOSIS



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### TRANSIENT TACHYPNEA OF NEWBORN

1. WHAT IS TTN?
2. WHAT ARE THE NON -PULMONARY CAUSES OF RAPID BREATHING?
3. MANAGEMENT OF RESPIRATORY DISTRESS SYNDROME IN A PRETERM?

### TERM BABY WITH RESPIRATORY DISTRESS

1. HOW WILL YOU DEFINE RESPIRATORY DISTRESS IN A NEONATE?
2. HOW WILL YOU APPROACH A CASE OF PRETERM NEONATE WITH RESPIRATORY DISTRESS?
3. WHAT IS DOWNE'S SCORE?
4. APPROACH TO A NEWBORN WITH CYANOSIS

### PRETERM BABY

1. HOW WOULD YOU DIFFERENTIATE A TERM BABY FROM A PRETERM BABY ON EXAMINATION?
2. WHAT IS BALLARD SCORING SYSTEM?
3. CAUSES OF RESPIRATORY DISTRESS IN PRETERM
4. HOW WOULD YOU MANAGE FEEDING ISSUES IN THIS CASE?

### MECONIUM ASPIRATION SYNDROME

1. CAUSES OF MECONIUM STAINED LIQUOR
2. HOW WOULD YOU MANAGE A CASE OF MECONIUM ASPIRATION SYNDROME
3. COMPLICATION OF MECONIUM ASPIRATION

### PRETERM BABY WITH NEONATAL JAUNDICE?

1. CAUSES OF JAUNDICE IN PRETERM BABIES.
2. HOW WILL YOU MANAGE THIS CASE?
3. WHAT ARE THE CRITERIA OF PATHOLOGICAL JAUNDICE
4. WHAT IS PROLONGED JAUNDICE?
5. APPROACH TO AN INFANT WITH JAUNDICE

### TERM BABY WITH GDM MOTHER:-

1. CHARACTERISTIC FEATURES OF BABY BORN TO GDM MOTHER.
2. CAUSES OF RESPIRATORY DISTRESS IN THESE BABIES.
3. WHAT MONITORING IS REQUIRED IN THESE BABIES



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**NEWBORN WITH CEPHALHEMATOMA:-**

1. CAUSES OF CEPHALHEMATOMA.
2. HOW TO DIFFERENTIATE IT FROM CAPUT
3. HOW WILL YOU MANAGE THIS CASE.

**NEWBORN WITH ABDOMINAL DISTENSION.**

1. MENTION YOUR FINDING OF ABDOMINAL EXAMINATION IN THIS CASE?
2. CAUSES OF INTESTINAL OBSTRUCTION IN NEONATES
3. WHAT IS BELL'S STAGING?
4. HOW WOULD YOU MANAGE THIS CASE

**TWIN BABIES:-**

1. TYPES OF TWINS
2. MOST COMMON TYPE OF TWINS.
3. COMPLICATIONS OF TWIN BABIES
4. TWIN TO TWIN TRANSFUSION SYNDROME.

**NEWBORN WITH MENINGOMYELOCOELE.**

1. DIFFERENT TYPES OF NEURAL TUBE DEFECTS.
2. MOST COMMON CAUSE OF NTD
3. WHICH VITAMIN SUPPLEMENT CAN PREVENT IT AND ITS DOSE
4. HOW WILL YOU MANAGE THIS CASE?

**NEWBORN WITH HYDROCEPHALUS:-**




1. WHAT IS HYDROCEPHALUS?
2. CAUSES OF HYDROCEPHALUS IN NEWBORNS
3. HOW WILL YOU MONITOR HEAD CIRCUMFERENCE OF THIS BABY?
4. HOW WILL YOU MANAGE THIS CASE?

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