

Government of Jammu and Kashmir Government Medical College, Srinagar



Notification No. 14 -EC of 2025 Dated: 14-05-2025

Today on <u>14th May, 2025</u>, the Government Medical College, Srinagar conducted a written examination of the candidates for selection/engagement as <u>Junior Residents</u> from <u>11.30 AM to 12.30 PM.</u>

The solved Question Paper of the said examination as per the Answer Key framed by the paper-setter has been uploaded on the official website of GMC, Srinagar www.gmcs.ac.in for information of all concerned candidates.

If any candidate feels that the key to any question(s) is/are wrong, he/she can submit objection/representation on the prescribed format annexed as per **annexure-A** alongwith sufficient documentary proof/evidence and fee of Rs. 300/= per question (refundable in case of genuine/ correct representation) in the Academic Section, Govt. Medical College, Srinagar within two days from the date of issuance of this notification.

Challenges made by the candidates will be verified by the subject Experts. If the challenge of any candidate is found correct, the respective Answer Key will be revised and applied in the response of all the candidates accordingly. The key finalized by the Experts after the challenge will be final and the result will be prepared on the basis of the revised Final Answer Key.

No objection/representation shall be entertained after expiry of the stipulated time frame i.e. after 16.05.2025 (04:00 PM)

Principal/Dean
Govt. Medical College,
Srinagan

Dated:- 14-05-2025

No:- GMCS/EC/WT/JR/PK/202-06 Copy for information and n.a to the:-

Secretary to Government, Health & Medical Education Department, J&K Civil
 Secretariat, Srinagar.

Administrator, Associated Hospitals, Govt. Medical College, Srinagar.
 Joint Director Information with the request that the notification may kindly be got published in the prominent local dailies preferably in Greater Kashmir, Aftab and

Chief Accounts Officer, Govt. Medical College, Srinagar for information notification on the official website of the Institution.

(Annexure- A)

Representation regarding objections(s) to any Question/Answer pertaining to the written test held on 14-05-2025 for selection of Junior Resident

| ======================================= | | | |
|---|----|----------|--|
| Name of the candidate | : | | |
| Roll No. | : | | |
| Discipline | : | | |
| Address | : | | |
| Payment details | : | | |
| Candidate's 16 digit A/C | No | | |
| | | Resource | |

| Question No. | Details of objection | Resource Material (copy to be enclosed) |
|-----------------|----------------------|--|
| | | |
| * | | |

Solved Question paper of Jr. Residents (House Surgeons)

| Q1. The blood supply to the internal capsule is primarily from the: | |
|---|-------------|
| A. Anterior cerebral artery | |
| B. Middle cerebral artery | C |
| C. Anterior choroidal artery | |
| D. Posterior communicating artery | |
| Q2. Which of the following nuclei is NOT part of the basal ganglia? | |
| A. Caudate nucleus | _ |
| B. Subthalamic nucleus | D |
| C. Substantia nigra | |
| D. Red nucleus | |
| Q3. Lesion of the right optic tract results in: | 1 |
| A. Right homonymous hemianopia | В |
| B. Left homonymous hemianopia | В |
| C. Bitemporal hemianopia | |
| D. Left monocular blindness | |
| Q4. Which of the following statements regarding the baroreceptor reflex is TRU | IE? |
| A. Baroreceptors are only active during hypotension | ם |
| B. Carotid sinus baroreceptors send afferents via the vagus nerve | |
| C. Baroreceptor firing increases sympathetic outflow | |
| D. Afferent signals from aortic arch baroreceptors are carried by the vagus nerv | re |
| Q5. Which of the following factors increases the glomerular filtration rate (GFF | R)? |
| A. Constriction of the afferent arteriole | |
| B. Decrease in glomerular capillary hydrostatic pressure | D |
| C. Increase in Bowman's capsule hydrostatic pressure | |
| D. Dilation of the afferent arteriole | |
| Q6. Which of the following changes would you expect in a patient with chronic acidosis? | respiratory |
| A. Decreased plasma HCO ₃ ⁻ | 0000 |
| B. Decreased ventilation | C |
| C. Increased renal reabsorption of bicarbonate | ****** |
| D. Decreased PCO ₂ | |
| - | |
| Q7 . Pugilistic attitude is caused by: | |
| A. Rigor mortis | |
| B. Decomposition | |
| C. Heat coagulation of muscles D. Postmortem hypostasis | |
| D. I Ostmortelli hypostasis | |
| Signature of the candidate | |

| Q8 The most reliable method of identifying a person is: A. Fingerprint analysis B. Dental record comparison C. DNA profiling D. Anthropometry | С | |
|--|---------|--|
| Q9 Gettler test is used to determine: A. Cause of death in burns B. Death due to hanging C. Drowning in fresh water vs salt water D. Poisoning by cyanide | С | |
| Q10. A 55-year-old man with a long history of smoking presents with hematuria. A biops of the bladder reveals malignant cells with keratin pearls. Which of the following is the | | |
| most likely diagnosis? A. Transitional cell carcinoma B. Adenocarcinoma C. Squamous cell carcinoma D. Small cell carcinoma | С | |
| Q11. A bone marrow biopsy shows sheets of plasma cells with eccentric nuclei a abundant basophilic cytoplasm. Which of the following findings is also expected i patient? | | |
| A. Bence Jones proteins in urine B. Philadelphia chromosome C. JAK2 mutation D. Reed-Sternberg cells | Α | |
| Q12. A 23-year-old male presents with mediastinal mass and elevated β-hCG. History shows syncytiotrophoblastic cells. What is the most likely diagnosis? | | |
| A. Yolk sac tumor B. Embryonal carcinoma C. Choriocarcinoma D. Teratoma | С | |
| Q13. Which diagnostic test is most specific for Mycobacterium tuberculosis infection BCG-vaccinated individuals? | tion in | |
| A. Tuberculin skin test (TST) B. Acid-fast stain C. Interferon gamma release assay (IGRA) D. Sputum culture on Löwenstein-Jensen medium | С | |

| immunocompromised patients is: A. Amphotericin B + Flucytosine B. Fluconazole C. Ketoconazole | 4 |
|---|-----|
| D. Caspofungin | |
| Q15. The antigenic shift in influenza virus is a result of: A. Point mutations in RNA B. Gene reassortment between different strains C. Changes in glycosylation of hemagglutinin D. Deletion of viral segments | 3 |
| Q16 Which antihypertensive drug class is contraindicated in bilateral renal artery stenos due to risk of acute renal failure? | sis |
| A. Beta-blockers B. ACE inhibitors C. Calcium channel blockers D. Alpha-1 aantagonists | 3 |
| Q17. A selective beta-1 blocker with intrinsic sympathomimetic activity would have what therapeutic advantage? | t |
| A. Increased bradycardia risk B. Less bronchoconstriction C. Lower lipid solubility | כ |
| D. Reduced resting bradycardia O18. Which of the following entiresymbotics has the highest risk of agreesylesy toois? | |
| Q18 . Which of the following antipsychotics has the highest risk of agranulocytosis? A. Risperidone | |
| B. Haloperidol C. Clozapine D. Olanzapine | 2 |
| Q19. Which of the following conditions will shift the oxygen dissociation curve of hemoglobin to the right? | |
| A. Decreased temperature B. Decreased 2,3-BPG C. Decreased pH D. Carbon monoxide | C |

| Q20. A deficiency in the enzyme homogentisate oxidase results in which metabolic disorder? | |
|---|--------|
| A. Alkaptonuria B. Phenylketonuria C. Maple syrup urine disease | Α |
| D. Tyrosinemia Type | |
| Q21. A patient on clozapine develops fever and sore throat. The next immediate investigation should be: A) Serum clozapine level B) Absolute neutrophil count (ANC) C) Chest X-ray D) Blood culture | В |
| Q22. A 25-year-old male presents with episodes of intense fear that peak within min accompanied by chest pain and fear of dying. The most likely diagnosis is: | nutes, |
| A) Generalized Anxiety Disorder B) Panic Disorder C) Agoraphobia | В |
| D) Specific Phobia Q23. In obsessive-compulsive disorder (OCD), the first-line treatment includes: | |
| A) Antipsychotics B) SSRIs and CBT C) Benzodiazepines D) MAO inhibitors | В |
| Q24) In an anterior dislocation of shoulder which nerve is most likely to be injured? | |
| A) Axillary. B) Suprascapular. C) Upper or lower subscapular. D) Musculocutaneous. | Α |
| Q 25) Which of the following is not a common complication of neck of femur fracture | es. |
| A) Avascular necrosis B) Malunion C) Non-union D) Osteoarthritis | В |
| | |

| Q26) A 25 year male with fracture proximal tibia managed in cast presents after 12 hour with severe pain, paraethesias and positive passive stretch, but the pulses are present. Despite removing the plaster and elevating the limb there is no improvement after 2 hours The appropriate management at this stage is A) Continue the elevation and review after 2 hours B) Closed reduction and nailing C) Open reduction of the fracture with nailing. D) Decompress the compartment and keep wound open. | • |
|--|------|
| Q27 A 60-year-old diabetic patient presents with floaters and reduced vision. Fundus eshows neovascularization and vitreous hemorrhage. What is the best immediate management? | exam |
| A. Anti-VEGF injection B. Panretinal photocoagulation C. Vitrectomy D. Observation | A |
| Q28) Which of the following drugs is contraindicated in a patient with narrow-angle glaucoma? A. Timolol B. Atropine C. Brimonidine D. Pilocarpine | В |
| Q29) The Argyll Robertson pupil is characteristically seen in: A. Multiple sclerosis B. Tabes dorsalis C. Horner's syndrome D. Diabetic retinopathy | В |
| Q30) 5. A 35-year-old woman presents with fatigue, heat intolerance, and weight loss. FTSH is undetectable, and free T4 is elevated. Radioiodine uptake is diffusely increased. What is the diagnosis? | |
| A. Toxic multinodular goiter B. Thyroiditis C. Graves' disease | С |
| Q31) Which of the following is NOT a feature of nephrotic syndrome? | |
| A. Hyperlipidemia B. Hypoalbuminemia C. Hematuria with RBC casts D. Proteinuria >3.5 g/day | С |

| Q32) A 32 year old man has recurrent DVT's. His lab workshows normal PT and APTT and elevated homocysteine levels. What is the most likely diagnosis? A) Factor V Leiden mutation. B) Protein C deficiency. C) Hyperhomocystenemia. D) Antiphospholipid syndrome. | С |
|--|---------|
| Q33) Which of the following is most suggestive of tension pneumothorax? A. Hyperresonance on percussion B. Tracheal deviation to the same side C. Bradycardia and hypotension D. Flattened diaphragm on chest X-ray | Α |
| Q34) A 55 Yr old man with cirrhosis develops confusion. His serum ammonia is elevented that is the first-line treatment? A) Rifaximine B) Neomycin C) Lactulose D) Metronidazole | ated. |
| Q35) Which of the following ECG changes is most characteristic of hyperkalemia? A. ST depression B. Prolonged QT interval C. Peaked T waves D. U waves | С |
| Q36 A 32-year-old primigravida at 38 weeks presents acute abdominal pain, hypoter (80/50 mmHg), and fetal bradycardia (80 bpm)Ultrasound reveals free fluid in the abdomen. The most likely diagnosis is: A) Placental abruption B) Uterine rupture C)Ovarian torsion D) HELLP syndrome | nsion B |
| Q37 BRCA1 mutation carrier undergoes risk-reducing salpingo-oophorectomy. Histopathology reveals a 2-mm focus of serous carcinoma in the fimbriae. What is the best step? A) Adjuvant chemotherapy B) Completion hysterectomy + staging C)Observation only D) Radiation therapy | ne next |

| Q38. A diabetic woman (Type 1 DM) at 30 weekshas a fetal ultrasound showing at circumference >95th percentile, polyhydramnios, and macrosomia Which complimost likely to occur? | |
|---|------|
| A. Shoulder dystocia B. Placenta previa C. Chorioamnionitis D. Intrauterine growth restriction (IUGR) | Α |
| Q39) A 35-year-old woman with infertility has elevated FSH (18 mIU/mL), low AMH (0 ng/mL), and irregular cycles Which treatment is contraindicated? |).2 |
| A) Clomiphene citrate B) Letrozole C) IVF with donor eggs D)Gonadotropin | D |
| Q 40) A postmenopausal woman with stage pelvic organ prolapse desires surgical management but wants to preserve her uterus. The best procedure is: | |
| A) Vaginal hysterectomy + sacrospinous fixation B) Manchester repair C) Abdominal sacrocolpopexy D LeFort colpocleisis | В |
| Q41) A new diabetes screening test has high sensitivity but low specificity. What is the | ne . |
| most likely consequence? A) Many false negatives B) Many false positives C) Low positive predictive value | В |
| D) High negative predictive value Q42. The last stage of polio eradication (as per WHO) focuses on. | |
| A) Routine immunization with OPV B) Switch from tOPV to bOPV C) Containment of wild poliovirus in labs D) Surveillance for acute flaccid paralysis (AFP) | С |
| Q43) The WHO Best Buys for NCD control include all except: A) Taxing tobacco and alcohol | |
| B) Reducing salt intake C) HPV vaccination D) Trans-fat elimination | С |

| Q 44) Under Ayushman Bharat what is the annual health cover per family for secondary/tertiary care? A) ₹50,000 B) ₹1,00,000 C) ₹5,00,000 D) ₹10,00,000 | С |
|--|-----|
| Q45) Redundant skin over the posterior part of the neck is common in the following syndromes except A. Ehler-Danlos B. Turner C. Noonan D. Down | Α |
| Q46) A 25 day old neonate presented with bright red protuberant, compressible, an sharply demarcated lesion on right cheek, most likely diagnosis in this patient is A. Strawberry hemangioma B. cavernous hemangioma C. Superficial infantile hemangioma D. Tufted angioma | C C |
| Q47) Slow, writing, continuous, and involuntary movements are called A. Sterotypies B. Tics C. Chorea D. Athetosis | D |
| 48) In FPHL, what is the characteristic pattern of hair thinning, often described as a "Christmas tree pattern" or "diffuse thinning"? A) Central parting of hair B) Hair loss along the frontal hairline C) Hair loss in a linear pattern D) Patchy hair loss | В |
| Q49) Clinically, pale, scaling macules developed insidiously over the back and ches young adult male. There is history of increased sweating and oil application on scal MOST LIKELY diagnosis is | |
| A) Vitiligo B) Pityriasis versicolor C) Seborrheic dermatitis D) Leprosy | В |

| Q50) A 55-year-old male presents with painless jaundice and weight loss. On exam he has a palpable gallbladder. What is the most likely diagnosis? | ination, |
|---|----------|
| A. Chronic cholecystitis B. Gallbladder carcinoma C. Cholangiocarcinoma | D |
| D. Carcinoma head of pancreas Q51) In trauma patients, which of the following is the first line imaging modality for | |
| detecting intra-abdominal bleeding in an unstable patient? A. CT abdomen with contrast B. Diagnostic peritoneal lavage C. Focused assessment with sonography for trauma (FAST) D. X-ray abdomen | С |
| Q52) Which of the following is not a component of Whipple's procedure A. Cholecystectomy B. Distal gastrectomy C. Splenectomy D. Pancreatic head resection | С |
| Q53) A patient undergoing thyroidectomy suddenly develops hoarseness of voice p operatively. Which nerve is most likely injured? | |
| A. Hypoglossal nerve B. Spinal accessory nerve C. Recurrent laryngeal nerve | С |
| D. External branch of superior laryngeal. | |
| 54). A 70-year-old man with atrial fibrillation presents with sudden onset abdomina out of proportion to examination findings. What is the most likely diagnosis? | l pain |
| A. Acute pancreatitis B. Small bowel obstruction C. Acute mesenteric ischemia D. Perforated duodenal ulcer | С |
| Q55) Which cranial nerve is most commonly involved in jugular foramen syndrome | |
| (Vernet's syndrome)? A. VII B. IX C. V D. XII | В |

| | Q56) The "Tuning fork test" finding in a patient with unilateral conductive hearing los show which result? | ss will |
|--|--|---------|
| | A. Rinne's test positive bilaterally B. Weber lateralizes to the normal ear C. Weber lateralizes to the affected ear | С |
| | D. Rinne's test negative on the normal side | |
| | Q57) Which imaging modality is most sensitive for early detection of scaphoid fract A. X-ray | ures? |
| | B. CT scan C. Bone scan D. MRI | D |
| Q58) The 'halo sign' on chest CT is most commonly associated with which patholog | | y? |
| | A. Sarcoidosis B. Pulmonary embolism C. Invasive aspergillosis D. Tuberculosis | С |
| | Q59) Which of the following is the dose-limiting organ for whole-body radiation? A. Skin | |
| | B. Lung C. Bone marrow D. Gl tract | O |
| | Q60). The most reliable sign of endobronchial intubation is: | |
| | A. Increased airway pressure B. Unilateral chest movement C. Desaturation | D |
| | D. Unilateral breath sounds | |