



JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION

RESHAM GHAR COLONY, BAKSHI NAGAR, JAMMU - 180016

Website: <http://jkpsc.nic.in>

Subject: Written Test for the post of Medical Officer (Allopathic) in the Health and Medical Education Department - Provisional Answer Key thereof.

Notification No. PSC/Exam/S/2026/28

Dated: 14.03.2026

In pursuance of Rule 10(c) of the Jammu & Kashmir Public Service Commission (Conduct of Examination) Rules, 2022, as amended upto date, the Provisional Answer Key of Question Paper pertaining to the Written Test for the post of **Medical Officer (Allopathic) in the Health and Medical Education Department held on 14.03.2026**, is hereby notified for seeking the objections from candidates.

Provisional Answer Key

Test Booklet Question No. (Series A)	
Q1	B
Q2	D
Q3	A
Q4	C
Q5	C
Q6	B
Q7	C
Q8	D
Q9	D
Q10	C
Q11	B
Q12	B
Q13	C

Test Booklet Question No. (Series A)	
Q14	A
Q15	C
Q16	B
Q17	B
Q18	D
Q19	D
Q20	C
Q21	C
Q22	A
Q23	B
Q24	D
Q25	B
Q26	D

Test Booklet Question No. (Series A)	
Q27	C
Q28	A
Q29	B
Q30	C
Q31	B
Q32	D
Q33	B
Q34	A
Q35	A
Q36	C
Q37	D
Q38	D
Q39	B

Test Booklet Question No. (Series A)	
Q40	A
Q41	C
Q42	C
Q43	D
Q44	D
Q45	C
Q46	B
Q47	C
Q48	D
Q49	A
Q50	A
Q51	B
Q52	C
Q53	B
Q54	A
Q55	B
Q56	C
Q57	D
Q58	C
Q59	B
Q60	C

Test Booklet Question No. (Series A)	
Q61	A
Q62	B
Q63	C
Q64	D
Q65	B
Q66	B
Q67	C
Q68	D
Q69	C
Q70	A
Q71	B
Q72	C
Q73	A
Q74	D
Q75	C
Q76	D
Q77	C
Q78	C
Q79	A
Q80	D
Q81	C

Test Booklet Question No. (Series A)	
Q82	B
Q83	A
Q84	D
Q85	B
Q86	C
Q87	A
Q88	D
Q89	B
Q90	B
Q91	A
Q92	B
Q93	A
Q94	D
Q95	D
Q96	A
Q97	B
Q98	D
Q99	A
Q100	D

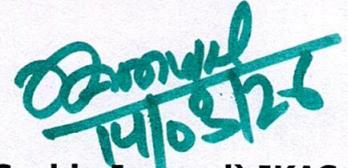
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The candidates are advised to refer to **Question Booklet (Series A)** to match the corresponding question(s) in their respective Question Booklet Series and if any candidate feels that the key to any of the question(s) is/are wrong, he/she may represent on prescribed format/proforma annexed as **Annexure-A** along with the documentary proof/evidence (**hard copies only**) and fee of Rs.500/- per question in the form of Demand Draft drawn in favour of **COE, J&K PSC** (refundable in case of genuine/correct representation) to the Controller of Examinations, Jammu & Kashmir Public Service Commission, from Monday i.e. 16.03.2026 to 20.03.2026. **The candidates are further advised to clearly mention the question(s) objected to with reference to its serial number as it appears in the Question Booklet of Series A of the provisional answer key(s).**

Any objection/application not accompanied by the requisite Demand Draft of Rs.500/- as prescribed, shall not be considered/entertained under any circumstances. Candidates are, in their own interest, advised to adhere to these instructions and not submit any objection unaccompanied by the Demand Draft as required under extant rules. The Commission shall not entertain any such representation(s) after the expiry of the stipulated period i.e. after 20.03.2026 (Friday), 05.00 pm.

Further, objection(s) submitted in any other mode will not be entertained.

The provisional answer key is also available on the website of the Commission <http://www.jkpsc.nic.in>.



(Sachin Jamwal) JKAS
Controller of Examinations
J&K Public Service Commission



No. PSC/Ex-Secy/2026/18

Dated: 14.03.2026

Copy to the: -

1. Director, Information and Public Relations, J&K for publication of the notice in all leading newspapers published from Jammu/Srinagar.
2. P.S. to Hon'ble Chairman, J&K Public Service Commission for information of the Hon'ble Chairman.
3. P.S. to Hon'ble Member, Shri _____ for information of the Hon'ble Member.
4. P. A. to Secretary, J&K Public Service Commission for information of the Secretary.
5. Main file/Stock file/Notice Board.

Annexure-A

Representation regarding objection(s) to any Question/Answer pertaining to the Written Test conducted for the post of Medical Officer (Allopathic) in the Health and Medical Education Department, held on 14.03.2026

(NOTE: USE SEPARATE FORMS FOR SEPARATE QUESTIONS)

Name of the Applicant: _____

Roll No. : _____

Correspondence Address : _____

Contact/Mobile No. : _____

Date of Application: _____ 03.2026

Demand Draft Details: No. _____ Date _____ Amount _____

Candidates Account No.(16 digit) & IFSC Code : _____

Question No. in Series A	Details of the Objection	Resource Material (copy to be enclosed)	Details of the Website (if any)
<u>Correct Answer/Option as per candidate :</u>			

Signature of the Candidate

Note : Application for each question/answer shall be made on separate page in the given format, otherwise the first question entered in the format shall only be considered.

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE TOLD TO DO SO

Booklet Serial No. **333165**

Test Booklet Series

TEST BOOKLET
MEDICAL OFFICER - ALLOPATHIC
Written Test - 2026
(33)

A

Time Allowed: Two Hours

Maximum Marks: 100

INSTRUCTIONS

1. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS TEST BOOKLET **DOES NOT** HAVE ANY UNPRINTED OR TORN OR MISSING PAGES OR ITEMS, ETC. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET.
2. Please note that it is the candidate's responsibility to encode and fill in the Roll Number and Test Booklet Series Code A, B, C or D carefully and without any omission or discrepancy at the appropriate places in the OMR Answer /Response Sheet. Any omission/discrepancy will render the Response Sheet liable for rejection.
3. You have to enter your Roll Number on the Test Booklet in the Box provided alongside.
DO NOT write anything else on the Test Booklet.
4. This Test booklet contains **100** items (questions). Each item comprises of four responses (answers). You will select the response which you want to mark on the Answer Sheet/Response Sheet. In case you feel that there is more than one correct response, mark the response which you consider the best. In any case, choose **ONLY ONE** response for each item.
5. You have to mark all your responses **ONLY** on the separate Answer /Response Sheet provided. See directions in the Response Sheet.
6. **All** items carry equal marks.
7. Before you proceed to mark in the Answer /Response Sheet, the response to various items in the Test Booklet, you have to fill in some particulars in the Answer /Response Sheet as per instructions sent to you with your Admission Certificate.
8. After you have completed filling in all your responses on the Response Sheet and the examination has concluded, you should hand over to the Invigilator **only the Answer /Response Sheet**. You are permitted to take away with you the Test Booklet and **Candidate's Copy of the Response Sheet**.
9. Sheets for rough work are appended in the Test Booklet at the end.
10. While writing Centre, Subject and Roll No. on the top of the Answer Sheet/Response Sheet in appropriate boxes use "**ONLY BALL POINT PEN**".
11. **Penalty for wrong answers:**

THERE WILL BE PENALTY FOR WRONG ANSWERS MARKED BY THE CANDIDATE IN THE WRITTEN TEST (OBJECTIVE TYPE QUESTION PAPER).

- (i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, **(0.25)** of the marks assigned to that question will be deducted as penalty.
- (ii) If a candidate gives more than one answer, it will be treated as a **wrong answer** even if one of the given answers happens to be correct and there will be same penalty as above for that question.
- (iii) If a question is left blank, i.e., no answer is given by the candidate, there will be **no penalty** for that question.

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE TOLD TO DO SO

(33)(A) /2026

[P.T.O.]

1. A 50-year-old man presents to the OPD with a history of confusion and memory loss for quite some time. His friend mentions that he has been consuming around 10 units of alcohol per day for the last 15-20 years. Which of the following strongly suggests a diagnosis of Korsakoff's psychosis:

- A) Auditory hallucinations
- B) Confabulation
- C) Delusional beliefs
- D) Peripheral neuropathy

2. Correct match of two columns is

Column - I

- i. Kronlein shot
- ii. Kennedy Phenomenon
- iii. Puppe's rule
- iv. Rayalaseema Phenomenon

Column - II

- a. Surgical alteration of a gunshot wound
- b. Sequence of impact based on fractures
- c. Misleading firearm case investigation
- d. Bursting of the skull after a contact shot

Choose the correct match:

- A) i-c, ii-a, iii-d, iv-b
- B) i-d, ii-a, iii-c, iv-b
- C) i-d, ii-c, iii-b, iv-a
- D) i-d, ii-a, iii-b, iv-c

3. Marshall's triad is often observed in the following medico-legal cases

- A) Bomb Blasts
- B) Firearm injuries
- C) Railway accidents
- D) Run over injuries

4. A postoperative patient develops bloodstream infection due to Staphylococcus aureus. The isolate is resistant to methicillin but sensitive to vancomycin. What is the molecular basis of methicillin resistance?

- A) Production of β -lactamase
- B) Loss of porin channels
- C) Altered penicillin-binding protein
- D) Efflux pump overexpression

11. The commonest location of Tuberculosis Lesion in the Spine is:
- A) Posterior Elements
 - B) Paradiscal
 - C) Facet Joints
 - D) Intra Dural
12. A 28-year-old man believes that his neighbors are plotting against him and trying to poison his food. He has been socially withdrawn for 6 months. There is no history of mood symptoms. The most likely diagnosis is:
- A) Delusional disorder
 - B) Schizophrenia
 - C) Acute psychotic disorder
 - D) Paranoid personality disorder
13. A 45-year-old woman repeatedly checks whether the gas stove is turned off, even though she knows it is unnecessary. She feels anxious if she resists the urge. This symptom represents:
- A) Delusion
 - B) Obsession
 - C) Compulsion
 - D) Phobia
14. A 25-year-old man shows a lack of empathy, repeated lying, impulsivity, and disregard for social norms since adolescence. The most likely personality disorder is:
- A) Antisocial
 - B) Narcissistic
 - C) Borderline
 - D) Schizoid
15. A patient with schizophrenia develops rigidity, high fever, altered sensorium, and autonomic instability after initiation of antipsychotic medication. The most likely diagnosis is:
- A) Serotonin syndrome
 - B) Malignant catatonia
 - C) Neuroleptic malignant syndrome
 - D) Acute dystonia
16. A patient with culture-negative endocarditis has a history of animal exposure. Blood cultures remain sterile. Which organism is most likely responsible?
- A) *Brucella melitensis*
 - B) *Coxiella burnetii*
 - C) *Bartonella henselae*
 - D) *Francisella tularensis*

22. A TB patient on isoniazid takes paracetamol frequently for fever and develops signs of liver injury. Which interaction explains this?
- A) INH induces CYP2E1, increasing toxic metabolites of acetaminophen
 - B) INH inhibits the glucuronidation of acetaminophen
 - C) INH induces CYP3A4, decreasing acetaminophen clearance
 - D) No interaction exists
23. A patient with severe falciparum malaria is admitted. The doctor plans IV quinine therapy with an initial higher dose followed by a lower maintenance dose because:
- A) It reduces the risk of hypoglycemia
 - B) It rapidly achieves therapeutic levels
 - C) It prevents anemia
 - D) It prevents relapse
24. A patient is given an antibody fragment for neutralizing a circulating toxin. The physician wishes to choose a fragment that binds the antigen but does NOT trigger NK/macrophage killing. Which of the following will be the best choice?
- A) Whole IgG
 - B) Fc-R fusion protein
 - C) Fc fragment only
 - D) Fab fragment
25. A 29-year-old man presents to the emergency department with sudden-onset palpitations. ECG confirms paroxysmal supraventricular tachycardia (PSVT). The physician administers an adenosine IV bolus, but the rhythm conversion is brief and incomplete, and the patient requires a higher-than-usual repeat dose for termination of the arrhythmia. In history, the patient reports consuming 6-7 cups of coffee daily and energy drinks frequently. What is the most appropriate explanation for the reduced response to adenosine?
- A) Caffeine increases the enzymatic degradation of adenosine in plasma, reducing drug availability
 - B) Caffeine competitively antagonizes receptors, reducing the effect of adenosine
 - C) Caffeine produces AV nodal blockade, so adenosine has no additional electrophysiological effect
 - D) Caffeine causes QT prolongation, which prevents recognition of adenosine-induced rhythm changes

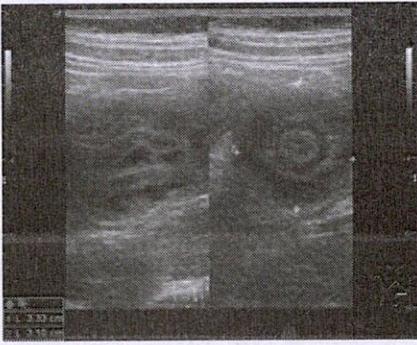
31. Early-onset colorectal cancer without polyposis is reported in members of a family across generations. Defects in DNA mismatch repair genes are observed on genetic analysis. Which mechanism best explains the increased cancer risk in this condition?
- A) Gain-of-function mutation in proto-oncogenes
 - B) Loss of DNA damage checkpoint control
 - C) Increased chromosomal translocations
 - D) Viral insertional mutagenesis.
32. Statins act by inhibiting:
- A) CETP
 - B) PCSK9
 - C) LCAT
 - D) HMG-CoA reductase
33. A 30-year-old primigravida presents at 32 weeks of gestation with complaints of itching on body. On examination, you find erythematous papules, plaques, vesicles, and bullae on the abdomen involving the umbilicus and sparing of mucous membranes, scalp, and face. Similar lesions are seen on her extremities. What is the most likely diagnosis?
- A) Intrahepatic cholestasis of pregnancy
 - B) Pemphigoid gestationis
 - C) Prurigo of pregnancy
 - D) Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP)
34. A 30-year-old P2L2 lady presents with complaints of a painless ulcer on the right labia. On examination, there are nonsuppurative enlarged lymph nodes in the groin. Which of the following is the most likely diagnosis?
- A) Syphilis
 - B) Herpes simplex
 - C) Chancroid
 - D) Condyloma acuminata
35. A 28-year-old woman presents with vaginal discharge. On examination, there is a thin, homogeneous grayish-white discharge. Microscopy reveals 25% clue cells, and the whiff test is positive. Based on these findings, the most appropriate treatment is:
- A) Metronidazole
 - B) Antifungal therapy
 - C) Azithromycin 1g
 - D) Start NACO kit 7

41. A 24-year-old primigravida presents to the labour room at 39 weeks' gestation with complaints of abdominal pain. On examination, there are mild uterine contractions with good fetal heart rate and the cervix is 3 cm dilated. She opted for epidural analgesia. After 4 hours, fetal heart rate monitoring shows periodic decelerations that begin with the onset of uterine contractions, reach their nadir at the peak of the contraction, and return to baseline as the contraction ends. The baseline fetal heart rate is 140 bpm with moderate variability. The most likely cause of these decelerations is:
- A) Uteroplacental insufficiency
 - B) Umbilical cord compression
 - C) Fetal head compression
 - D) Maternal hypotension from epidural anesthesia
42. A 22-year-old primigravida at 36 weeks' gestation develops a generalized tonic-clonic seizure. Her blood pressure is 170/110 mmHg. Following stabilization and confirmation of eclampsia, which of the following strategies best reflects the standard approach used in the management of such cases?
- A) Immediate cesarean delivery under general anesthesia
 - B) Aggressive diuretic therapy and fluid restriction to prevent cerebral edema, followed by delivery
 - C) Seizure prophylaxis, antihypertensive therapy, judicious fluid management, and delivery after maternal stabilization
 - D) Phenytoin loading dose, mannitol infusion to reduce intracranial pressure, and expectant management until 37 weeks
43. A 21-year-old primigravida at 30 weeks' gestation presents with regular uterine contractions every 5 minutes and cervical dilation of 3 cm. Fetal heart rate tracing is reassuring, and membranes are intact. Which of the following is incorrect regarding the management plan?
- A) Tocolysis
 - B) Antenatal corticosteroid cover
 - C) Magnesium sulfate
 - D) Intravenous antibiotics
44. Which of the following persons can be diagnosed of Metabolic Associated Fatty Liver Disease (MAFLD)?
- A) A 32-year-old man with hepatic steatosis and a BMI of 21
 - B) A 32-year-old man with hepatic steatosis detected by imaging
 - C) A 32-year-old man with hepatic steatosis and a waist circumference of 94 cm
 - D) A 32-year-old man with hepatic steatosis and HbA1c 7.1

51. A 32-year-old woman reports recurrent crampy abdominal pain with frequent loose stools for 8 months, worsened by stress and relieved after defecation, without weight loss, bleeding, nocturnal symptoms, or abnormal laboratory findings. Which of the following statements regarding the disease is LEAST correct?
- A) Psychological therapies may improve symptoms
 - B) Antibiotics have no role in any IBS subtype
 - C) Low-FODMAP diet may reduce symptoms
 - D) The disease does not increase colorectal cancer risk
52. A patient has spirometry showing $FEV_1/FVC = 82\%$, reduced total lung capacity, and reduced diffusion capacity (DLCO). Which pathophysiologic process is most consistent with these findings?
- A) Obstructive airway disease
 - B) Chest wall restriction
 - C) Interstitial lung disease
 - D) Neuromuscular weakness
53. A 28-year-old woman develops sudden breathlessness, generalised urticaria, and dizziness 5 minutes after receiving an injectable antibiotic. Blood pressure is 80/50 mmHg. She is conscious but anxious. What is the most appropriate immediate pharmacologic intervention?
- A) Epinephrine 0.1 mg IV bolus
 - B) Epinephrine 0.5 mg IM (1:1000) into the mid-anterolateral thigh
 - C) Hydrocortisone 200 mg IV
 - D) Chlorpheniramine 10 mg IV
54. A 50-year-old man with RA is started on methotrexate 15 mg weekly. Baseline blood counts and liver enzymes are normal. Which concomitant medication most appropriately reduces treatment-related toxicity?
- A) Folic acid 5 mg once weekly
 - B) Vitamin B12 1 mg monthly
 - C) Calcium carbonate daily
 - D) Pyridoxine 40 mg daily
55. A 36-year-old man is brought to the emergency department with continuous generalised tonic-clonic convulsions for 6 minutes. He has no IV access issues. Capillary glucose is normal. Oxygen and monitoring are in place. Which of the following is the most appropriate immediate pharmacologic intervention?
- A) Lorazepam 0.05 mg/kg IV, maximum 2 mg
 - B) Lorazepam 0.1 mg/kg IV, maximum 4 mg
 - C) Diazepam 0.2 mg/kg IV, maximum 20 mg
 - D) Midazolam 0.05 mg/kg IM, maximum 5 mg

60. Which mechanism best explains the increased risk of high-grade B-cell lymphomas in HIV-infected patients?
- Direct oncogenic integration of HIV into the B-cell genome
 - Autoimmune-mediated B-cell proliferation
 - Chronic B-cell activation with impaired immune surveillance and oncogenic viral co-infections
 - Antiretroviral Therapy (ART)-induced genomic instability
61. A 24-year-old female presents with fever and malaise. Peripheral smear confirms *Plasmodium falciparum*. Which of the following is the most appropriate treatment?
- Oral artemether-lumefantrine (20/120 mg tablets): 4 tablets twice daily for 3 days
 - Oral Quinine 10 mg/kg TDS for 7 days followed by Tab Doxycycline for 3 days
 - Oral artemether-lumefantrine (20/120 mg tablets): 4 tablets once daily for 3 days
 - Oral Quinine 10 mg/kg BD for 7 days followed by Tab Doxycycline for 3 days
62. A 32-year-old man from rural Bihar presents with a 3-month history of intermittent fever, progressive weight loss, and increasing abdominal distension. Examination reveals marked pallor and massive splenomegaly. Laboratory investigations show hemoglobin 7.8 g/dL, leukopenia, and polyclonal hypergammaglobulinemia. A rapid rK39 test is positive. Which of the following is the most appropriate first-line treatment regimen for this patient?
- Sodium stibogluconate 20 mg/kg/day IM for 30 days
 - Single-dose liposomal amphotericin B 10 mg/kg IV
 - Amphotericin B deoxycholate 1 mg/kg daily for 21 days
 - Oral miltefosine 50 mg once daily for 14 days
63. Which of the following statements regarding Milligan-Morgan hemorrhoidectomy is correct?
- It is a closed hemorrhoidectomy technique
 - It is primarily used for Grade I hemorrhoids
 - The wounds are left open to heal by secondary intention
 - It is associated with a higher recurrence than stapled hemorrhoidopexy
64. All of the following are definitive airway EXCEPT
- Surgical cricothyroidotomy
 - Oral endotracheal intubation
 - Tracheostomy
 - Laryngeal tube airway

1. The ultrasound image showing a target (doughnut) sign is diagnostic of



- A) Volvulus
B) Intussusception
C) Hirschsprung disease
D) Meckel's diverticulum
72. The LRINEC score is used to assess the risk of
- A) Acute pancreatitis
B) Sepsis
C) Necrotizing fasciitis
D) Diabetic foot infection
73. Calculate the fluid requirement in an infant with 8 kg body weight with severe dehydration in the first hour of arrival in the paediatric emergency?
- A) 240 ml
B) 400 ml
C) 560 ml
D) 800 ml
74. Stage III hepatic encephalopathy in children corresponds to?
- A) Altered sleep-wake cycle
B) Coma
C) Decerebrate posturing
D) Increased somnolence
75. Inheritance of all of the following congenital syndromes associated with bone marrow failure is Autosomal Recessive (AR) EXCEPT?
- A) Dyskeratosis congenita
B) Fanconi anaemia
C) Pure red cell aplasia
D) Thrombocytopenia with absent radii

81. A 4-year-old child presented to the Paediatric OPD with increased irritability and poor muscle tone. On examination, peripheral muscle wasting, pitting pedal oedema, and sparseness of hair are present. The most likely cause is?
- A) Acrodermatitis enteropathica
 - B) Celiac Disease
 - C) Kwashiorkor
 - D) Marasmus
82. The protein and lactose, in grams/100ml, in the starter F-75 diet containing 75 kcal/100ml of energy used in children with severe acute malnutrition, respectively, are:
- A) 0.7, 1.3
 - B) 0.9, 1.3
 - C) 1,1
 - D) 1.3, 0.9
83. A 24-week pregnant woman came to the radiology department for a routine fetal ultrasound. The resident reported that the lungs of the fetus were hypoplastic and the loops of intestine were seen in the left thoracic cavity. Which of the following is the reason for the given condition?
- A) Defect in pleuroperitoneal membrane
 - B) Malformation of the septum transversum
 - C) Abnormal development of the dorsal mesentery of the esophagus
 - D) Incomplete migration of muscle cells from the body wall
84. An old woman was diagnosed with right-sided pleural effusion. A pleural tap was planned in the anterior axillary line at the level of the 8th intercostal space. Which of the following is the ideal site for inserting the needle?
- A) Lower border of the 7th rib
 - B) Upper border of the 8th rib
 - C) Lower border of the 8th rib
 - D) Upper border of the 9th rib
85. A 25-day-old baby with a prior history of forceps delivery presented in the OPD with decreased movement of the right arm. The arm was medially rotated, and the forearm was extended and pronated. Which of the following parts of the brachial plexus has been injured?
- A) Lateral Cord
 - B) Roots of the upper cord
 - C) Roots of lower cord
 - D) Medial cord

89. During an elective surgery, a patient develops flaccid paralysis of skeletal muscles following administration of a neuromuscular blocking agent. Stimulation of the motor nerve produces no muscle contraction, but the nerve action potential remains normal. The best explanation for these changes is:
- A) Sustained depolarization of the motor end plate prevents repolarization
 - B) Failure of acetylcholine to activate postsynaptic nicotinic receptors at the motor end plate
 - C) Excess acetylcholine accumulation in the synaptic cleft
 - D) Impaired calcium release from the sarcoplasmic reticulum of muscle fibers
90. A 24-year-old woman presents with secondary amenorrhea following significant weight loss due to excessive exercise and caloric restriction. She has normal secondary sexual characteristics but low serum LH and FSH levels. MRI of the pituitary is normal. The physiological mechanism that best explains her reproductive dysfunction is:
- A) Reduced ovarian responsiveness to gonadotropins due to chronic hypoestrogenism
 - B) Suppression of pulsatile GnRH secretion secondary to altered hypothalamic energy sensing
 - C) Decreased pituitary sensitivity to hypothalamic releasing hormones
 - D) Accelerated metabolic clearance of circulating gonadotropins
91. A 52-year-old man reports excessive daytime sleepiness and poor sleep quality despite spending adequate time in bed. Polysomnography shows frequent awakenings during REM sleep with preservation of slow-wave sleep. Neurological examination and MRI of the brain are normal. The physiological mechanism that best explains the selective disruption of REM sleep in this patient is:
- A) Impaired activation of pontine cholinergic neurons responsible for REM sleep generation
 - B) Reduced activity of hypothalamic sleep-promoting nuclei leading to global sleep fragmentation
 - C) Excessive inhibitory input from monoaminergic neurons suppresses both REM and NREM sleep
 - D) Altered circadian pacemaker signaling from the suprachiasmatic nucleus affecting sleep timing
92. A 50-year-old lady presented to OPD with chief complaints of dysphagia for 4 months, which is progressive in nature. Patient is also diagnosed with Iron deficiency anemia recently. The most appropriate diagnosis is
- A) Barrett's esophagus
 - B) Post cricoid web
 - C) Nut Cracker Esophagus
 - D) Achalasia cardia

99. Which muscle is most commonly involved in 'Blow-out' fractures of the orbital floor?
- A) Inferior Rectus
 - B) Medial Rectus
 - C) Lateral Rectus
 - D) Superior Rectus
100. What is the 'classic triad' of symptoms observed in a child presenting with Congenital Glaucoma (Buphthalmos)
- A) Pain, Redness, and Vomiting
 - B) Microphthalmos, Nystagmus, and Strabismus
 - C) Proptosis, Chemosis, and Ptosis
 - D) Photophobia, Lacrimation, and Blepharospasm
-