



JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION

RESHAM GHAR COLONY, BAKSHI NAGAR, JAMMU - 180016

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

Jammu: 0191-2566533

Subject: Written Examination for filling up of Gazetted Vacancies in various Govt. Medical Colleges and SKIMS in Health and Medical Education Department, 2025- Provisional Answer Key thereof.

Notification No. PSC/Exam/S/2025/39

Dated: 07.10.2025

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 Examination for posts of **Maternity & Child Welfare Officer cum Lecturer/AP/Maternity & Child Welfare Officer (Ancillary Staff)/ Antenatal Care Incharge (Ancillary Staff)/Antenatal Medical Officer Cum Lecturer in various Govt. Medical Colleges and Assistant Professor (Obsts. & Gynae) in SKIMS in Health and Medical Education Department, held on 07.10.2025 (Forenoon Session)**, is hereby notified for seeking objections from candidates.

Provisional Answer Key

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

Test Booklet Question No. (Series A)	
Q12	A
Q13	B
Q14	C
Q15	B
Q16	B
Q17	B
Q18	C
Q19	B
Q20	B
Q21	C
Q22	D

Test Booklet Question No. (Series A)	
Q23	C
Q24	B
Q25	B
Q26	B
Q27	C
Q28	A
Q29	B
Q30	C
Q31	C
Q32	C
Q33	C

Test Booklet Question No. (Series A)	
Q34	D
Q35	A
Q36	C
Q37	B
Q38	D
Q39	C
Q40	A
Q41	C
Q42	C
Q43	C
Q44	D
Q45	B
Q46	B
Q47	A
Q48	C
Q49	A
Q50	D
Q51	B
Q52	A
Q53	C
Q54	B
Q55	A
Q56	A

Test Booklet Question No. (Series A)	
Q57	B
Q58	A
Q59	A
Q60	C
Q61	C
Q62	D
Q63	A
Q64	B
Q65	A
Q66	D
Q67	B
Q68	C
Q69	A
Q70	A
Q71	C
Q72	C
Q73	B
Q74	B
Q75	B
Q76	B
Q77	B
Q78	A
Q79	C

Test Booklet Question No. (Series A)	
Q80	B
Q81	C
Q82	C
Q83	A
Q84	C
Q85	A
Q86	B
Q87	C
Q88	C
Q89	D
Q90	D
Q91	C
Q92	C
Q93	C
Q94	B
Q95	C
Q96	D
Q97	C
Q98	A
Q99	B
Q100	A

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 Wednesday i.e. 08.10.2025 to 10.10.2025. **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 10.10.2025 (Friday), 05.00 pm.

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

The provisional answer key(s) are also available on the website of the Commission <http://www.jkpssc.nic.in>.

(Sachin Jamwal) JKAS

Controller of Examinations

J&K Public Service Commission

No. PSC/Ex-Secy/2025/26

Dated: 07.10.2025

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 Examination conducted for the posts of Maternity & Child Welfare Officer cum Lecturer/AP/Maternity & Child Welfare Officer (Ancillary Staff)/ Antenatal Care Incharge (Ancillary Staff)/Antenatal Medical Officer Cum Lecturer in GMCs and Assistant Professor (Obsts. & Gynae) in SKIMS in Health and Medical Education Department held on 07.10.2025

(NOTE: USE SEPARATE FORMS FOR SEPARATE QUESTIONS)

Name of the Applicant: _____

Roll No. : _____

Correspondence Address : _____

Contact/Mobile No. : _____

Date of Application: _____ .10.2025

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)

Correct Answer/Option as per candidate :

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. **330609**

Test Booklet Series

TEST BOOKLET
HEALTH & MEDICAL EDUCATION DEPARTMENT
M & CWO CUM LECTURER/ACI/AMO/AP Obsts. & Gynae.

A

WRITTEN TEST - 2025

(22)

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 QUESTIONS PAPERS).
 - (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.

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(22)(A) /2025

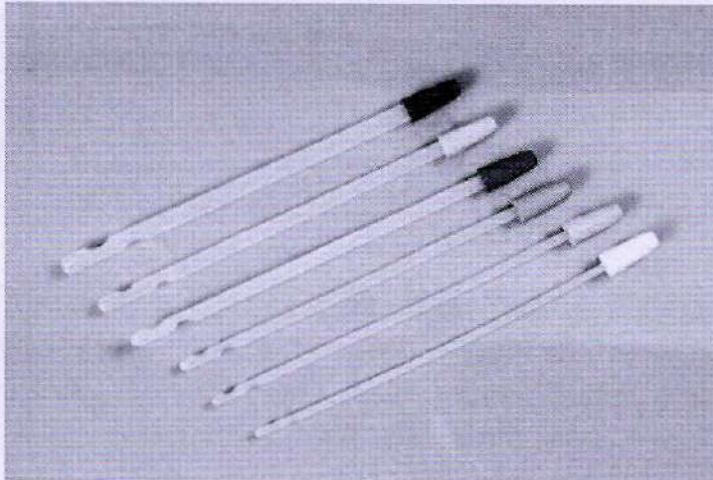
[P.T.O.]

1. 32-year-old woman with a history of gestational diabetes mellitus during her recent pregnancy presents for postpartum contraceptive counseling six weeks after delivery. Her pregnancy was managed with diet, exercise, and insulin therapy, and she had a normal vaginal delivery at term. Her postpartum glucose tolerance test was normal, and she is breastfeeding her infant. She desires a reliable and safe contraceptive method that will not affect her glycemic control or breastfeeding.
Which of the following contraceptive methods is not suitable for this woman?
 - A) Copper Intrauterine Device (IUD)
 - B) Lactation Amenorrhea Method (LAM)
 - C) Combined Oral Contraceptive (COC)
 - D) Barrier Contraceptive
2. What is the primary mechanism responsible for the increase in cardiac output observed during pregnancy?
 - A) Increased heart rate
 - B) Increased stroke volume
 - C) Increased systemic vascular resistance
 - D) Increased venous capacitance
3. A "double decidual sac sign" on early ultrasound suggests:
 - A) Ectopic pregnancy
 - B) Normal intrauterine gestation
 - C) Molar pregnancy
 - D) Blighted ovum
4. Gold standard for confirming endometriosis is:
 - A) Transvaginal ultrasound
 - B) MRI
 - C) Laparoscopic visualization with biopsy
 - D) CA-125 level
5. 42-year-old woman presents with progressive abdominal distension and vague pelvic discomfort over 6 months. On examination, she has a distended abdomen with shifting dullness. CA-125 is 135 U/mL. Pelvic ultrasound shows a 15 cm complex adnexal mass with papillary projections and low-resistance blood flow on Doppler. CT scan reveals ascites and omental caking but no definitive nodal enlargement. She undergoes exploratory laparotomy and staging. Histopathology returns a high-grade serous carcinoma confined to the right ovary with superficial capsular involvement and < 1 mm tumor on the ovarian surface; right pelvic washing is positive for malignant cells; other specimens are negative. What is her FIGO stage, and what is the recommended adjuvant therapy?
 - A) Stage IA; adjuvant observation only
 - B) Stage IC3; paclitaxel + carboplatin for 6 cycles
 - C) Stage IIIA 1(i); single-agent carboplatin for 3 cycles
 - D) Stage IIIC; intraperitoneal chemotherapy

6. Which of the following arteries branches directly from the aorta?
- A) Femoral
 - B) Pudendal
 - C) Ovarian
 - D) Uterine
7. A 30-year-old Primigravida at 28 weeks with severe FGR (EFW < 3rd percentile), oligohydramnios, and reverse end-diastolic flow in umbilical artery. Optimal timing of delivery?
- A) At 28 weeks immediately
 - B) At 30-32 weeks
 - C) At 34 weeks
 - D) Monitor until 37 weeks
8. A 26-year-old with α -thalassemia trait presents at 32 weeks with fetal hydrops on ultrasound. Middle cerebral artery PSV > 1.5 MoM. What will be the next management for the patient?
- A) Intrauterine transfusion
 - B) Early induction
 - C) Steroids only
 - D) Plasmapheresis
9. A 34-year-old, P2L2 with hereditary nonpolyposis colorectal cancer undergoes risk-reducing surgery. Which gynecologic procedure is recommended?
- A) Hysterectomy + BSO
 - B) BSO only
 - C) Endometrial biopsy annually
 - D) Ovarian cystectomy
10. A 44-year-old with abnormal Pap shows HSIL. Colposcopy inconclusive; transformation zone not fully visualized. What is the next step?
- A) Immediate LEEP excisional procedure
 - B) Repeat Pap in 6 months
 - C) Endocervical curettage only
 - D) HPV genotyping
11. A 31-year-old with infertility has bilateral cornual tubal occlusion on HSG. Normal ovarian reserve and partner semen analysis. What is the next step?
- A) IVF
 - B) DHL+ CT
 - C) Laparoscopic tubal anastomosis
 - D) Clomiphene citrate

12. A 38-year-old, P1L1 with heavy menstrual bleeding and uterine size of 14 weeks. TVUS shows a 10 cm intramural fibroid. She desires uterine preservation. What is the best management option for her?
- A) Myomectomy
 - B) Uterine artery embolization
 - C) High-intensity focused ultrasound
 - D) Endometrial ablation
13. A 32-year-old with suspected congenital adrenal hyperplasia and virilization has serum 17-OH progesterone 700 ng/dL. Next diagnostic test to diagnose her condition will be ?
- A) Serum cortisol
 - B) ACTH stimulation test
 - C) Pelvic ultrasound
 - D) Karyotype
14. A 30-year-old, G1 at 28 weeks has suspected chorioangioma on ultrasound (3 cm vascular mass). Fetal hydrops and polyhydramnios are present. Which is the most appropriate intervention?
- A) Intrauterine transfusion
 - B) Maternal indomethacin
 - C) Fetoscopic laser of feeding vessel
 - D) Expectant management
15. An 18-year-old lady presents to you with primary amenorrhoea. On examination breast development and pubic hair are Tanner stage 1. Axillary hair is absent. She had withdrawal bleeding on estrogen and progesterone combination. Her hormone profile showed FSH: 2.1 mIU/ml, LH: 2.6 mIU/ml, Estradiol: 10 pg/dl. What will be the most probable diagnosis?
- A) Turner syndrome
 - B) Kallmann syndrome
 - C) Swyer syndrome
 - D) Androgen insensitivity syndrome
16. What is the length of single rod implant?
- A) 2 cm
 - B) 4 cm
 - C) 6 cm
 - D) 8 cm

17. A 31-year-old nulliparous woman presents with abnormal uterine bleeding for the past 4 months. She has a BMI of 32 kg/m² and a history of polycystic ovarian syndrome (PCOS). Pelvic ultrasound reveals a thickened endometrium measuring 15 mm. Endometrial biopsy shows well-differentiated endometrioid adenocarcinoma confined to the endometrium. MRI pelvis reveals no myometrial invasion or adnexal pathology, and no lymphadenopathy. She expresses a strong desire to preserve fertility. She is otherwise healthy and wishes to defer pregnancy by at least 2 years due to career commitments. Which of the following is the most appropriate next step in management?
- A) Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy and sentinel lymph node mapping
 - B) High-dose oral progestin therapy and LNG-IUS insertion with endometrial sampling every 3 months
 - C) Oocyte retrieval followed by immediate hysterectomy with ovarian preservation
 - D) Refer for pelvic radiotherapy and initiate GnRH agonist for ovarian protection
18. Listed below are the steps involved in performing a Manual Vacuum Aspiration (MVA) using this device for early pregnancy termination. Place these steps in the correct chronological order.



- I. Attach the prepared vacuum aspirator to the device.
- II. Gently insert the appropriate size device through the cervix into the uterine cavity.
- III. Evacuate the uterine contents by activating the vacuum and using gentle rotation and in-and-out movements of the device.
- IV. Prepare the vacuum aspirator by creating negative pressure.
- V. Perform bimanual examination and cervical assessment to determine uterine size, position, and cervical dilation.

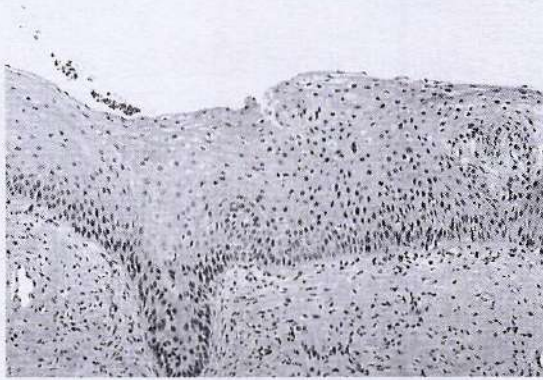
Choose the correct option:

- A) V, II, IV, I, III
- B) IV, I, II, V, III
- C) V, IV, II, I, III
- D) II, V, I, IV, III

19. In a normal ovulatory menstrual cycle all are true except:
- A) FSH levels start to rise during the luteal phase of the previous cycle
 - B) Ovulation occurs 36 hours following LH peak
 - C) Both FSH and LH levels rise prior to ovulation
 - D) LH is important for follicular development during follicular phase
20. A 29-year-old G2P1L1 at 38 weeks gestation presents with a breech presentation. She desires a vaginal delivery. The External Cephalic Version (ECV) is successful in converting the fetus to a cephalic presentation. Which of the following is the most appropriate next step in management?
- A) Immediate induction of labor
 - B) Spontaneous labor
 - C) Induction of labor at 39 weeks
 - D) Cesarean delivery at 39 weeks
21. A 32-year-old G1P0 woman at 34 weeks gestation presents with a hemoglobin level of 7.8 g/dL. She was diagnosed with iron deficiency anemia at 24 weeks gestation and has been non-compliant with oral iron supplementation due to gastrointestinal side effects. She denies any bleeding but reports worsening fatigue and shortness of breath with exertion. Which of the following is the MOST appropriate management option for this patient?
- A) Continue current management and reassess hemoglobin level at term
 - B) Initiate high-dose oral iron supplementation with a stool softener
 - C) Administer intravenous iron therapy
 - D) Transfuse packed red blood cells
22. Which amino acid transfer across the placenta is *actively* transported?
- A) Glycine
 - B) Leucine
 - C) Phenylalanine
 - D) All essential amino acids
23. First-line pharmacotherapy for PCOS-related hirsutism is:
- A) Metformin
 - B) Spironolactone
 - C) Oral contraceptives
 - D) Clomiphene citrate
24. Contraction stress test is considered negative when:
- A) Late decelerations present with each contraction
 - B) No late decelerations with three contractions in 10 minutes
 - C) Variable decelerations exceed 50% of contractions
 - D) Early decelerations increase with oxytocin

25. A 58-year-old postmenopausal woman presents with a pelvic mass. Serum CA-125 is 30 U/mL, and HE4 is elevated. Which of the following best explains the clinical utility of HE4 in this context?
- A) HE4 is more sensitive than CA-125 for detecting early-stage ovarian cancer
 - B) HE4 is unaffected by benign gynecological conditions, enhancing specificity
 - C) HE4 levels are not influenced by age or menopausal status
 - D) HE4 is primarily used to monitor treatment response in ovarian cancer
26. A 30-year-old pregnant woman with a mechanical mitral valve on warfarin therapy presents in spontaneous labor at 36 weeks. What is the most appropriate immediate management?
- A) Continue warfarin and proceed with vaginal delivery
 - B) Administer vitamin K and fresh frozen plasma, then proceed with a cesarean section
 - C) Switch to low molecular weight heparin and delay delivery
 - D) Administer protamine sulfate and proceed with vaginal delivery
27. A 45-year-old woman presents with abnormal uterine bleeding. Imaging reveals an ovarian mass. Endometrial biopsy shows hyperplasia. Which tumor marker is most likely elevated in this patient?
- A) CA-125
 - B) Alpha-fetoprotein (AFP)
 - C) Inhibin B
 - D) Human chorionic gonadotropin (hCG)
28. Which of the following medical therapies is not effective in reducing uterine fibroid volume?
- A) Combined oral contraceptives
 - B) Mifepristone
 - C) Gonadotropin-releasing hormone (GnRH) agonists
 - D) Aromatase inhibitors
29. A 28-year-old woman presents one week postpartum with dyspnea, orthopnea, and lower limb edema. Echocardiography reveals a left ventricular ejection fraction of 35%. Which of the following is the most likely diagnosis?
- A) Preeclampsia
 - B) Peripartum cardiomyopathy
 - C) Pulmonary embolism
 - D) Amniotic fluid embolism

30. Mrs X, a 32-year-old P3L3 woman presented to Gynae OPD with complaints of postcoital bleeding. Pap smear showed ASCUS and HPV DNA testing was positive. She further underwent a colposcopy and cervical biopsy histology is as shown below. What is the likely diagnosis?



- A) Normal epithelium
B) CIN 1
C) CIN 2/3
D) Invasive carcinoma
31. A 29-year-old woman, P1L1A1, presents to the gynecology clinic with complaints of persistent vaginal bleeding for 10 weeks following suction evacuation for a molar pregnancy. She also reports increasing shortness of breath and intermittent headaches. A pelvic examination reveals a moderately enlarged, soft uterus with no adnexal mass. There is no active vaginal bleeding. Investigations reveal:
- β -hCG: 150,000 mIU/mL
 - Chest X-ray: Multiple bilateral cannonball opacities
 - Brain MRI: 1.2 cm lesion in the left parietal lobe
 - Liver ultrasound: Hypoechoic lesion in segment VI
- What is the most appropriate next step in management?
- A) Single-agent chemotherapy with methotrexate
B) Total abdominal hysterectomy followed by surveillance
C) Multi-agent chemotherapy with EMA-CO regimen
D) Whole brain radiation therapy followed by single-agent actinomycin D
32. A 27-year-old woman at 18 weeks of gestation presents for routine antenatal care. She is a healthcare worker and had not received any influenza or Tdap vaccination prior to pregnancy. Her chart notes that she is seronegative for hepatitis B and rubella. She asks about the safety and timing of vaccinations during pregnancy. Which of the following is the most appropriate next step regarding vaccination in this patient?
- A) Administer rubella and hepatitis B vaccines at 28 weeks
B) Defer all vaccinations until postpartum period
C) Administer Tdap, hepatitis B, and inactivated influenza vaccine now
D) Administer MMR and varicella vaccines now due to occupational exposure

33. A 34-year-old woman with a spontaneous dichorionic twin pregnancy at 13 weeks gestation presents for counseling on aneuploidy screening. She has no significant past medical history. First-trimester combined screening was inconclusive due to poor nuchal translucency imaging. She asks about non-invasive prenatal testing (NIPT) as an option. Which of the following statements is most accurate regarding the use of NIPT in this patient?
- A) NIPT is contraindicated in twin gestation due to high false positive rate
 - B) NIPT can detect aneuploidy in each twin with equal sensitivity and specificity
 - C) NIPT is feasible in dichorionic twins, though fetal fraction is lower than in singletons
 - D) Zygosity must be known before offering NIPT in twins
34. A 32-year-old woman with PCOS underwent ovulation induction for IVF using GnRH agonist trigger. Five days after embryo transfer, she presents with abdominal distension, nausea, dyspnea, and oliguria. On examination, she has ascites, tachypnea, and tachycardia. Ultrasound reveals enlarged ovaries with multiple cysts and free fluid in the abdomen. Labs: hematocrit 49%, Na 134 mmol/L, creatinine 1.5 mg/dL. Which of the following was most likely inadequate in the prevention of this complication?
- A) Use of GnRH agonist instead of hCG for ovulation trigger
 - B) Use of cabergoline during luteal phase support
 - C) Elective embryo freezing with delayed transfer
 - D) High-dose exogenous hCG for luteal phase support
35. A 36-year-old obese woman (BMI 38 kg/m²) at 32 weeks of gestation presents with sudden-onset pleuritic chest pain and dyspnea. She has a history of thrombophilia (heterozygous Factor V Leiden mutation) and was not on any prophylactic anticoagulation during pregnancy. Vitals: HR 112/min, BP 110/70 mmHg, SpO₂ 91% on room air. D-dimer is elevated, and CT pulmonary angiogram shows segmental pulmonary embolism. Fetal monitoring is reassuring. What is the most appropriate initial management?
- A) Start therapeutic-dose low molecular weight heparin (LMWH) immediately
 - B) Initiate warfarin and bridge with unfractionated heparin
 - C) Perform thrombolysis immediately
 - D) Delay anticoagulation until postpartum due to bleeding risk
36. A 29-year-old woman, G4A3 presents at 10 weeks of gestation for antenatal care. Her obstetric history includes three prior second-trimester pregnancy losses at 18-20 weeks, all of which were painless and not preceded by contractions. She is concerned about the possibility of another pregnancy loss. What is the most appropriate next step in management?
- A) Start 17-alpha hydroxyprogesterone caproate at 16 weeks
 - B) Schedule serial transvaginal cervical length monitoring starting at 16 weeks
 - C) Offer a history-indicated cerclage placement between 12-14 weeks
 - D) Perform an infectious and genetic evaluation via amniocentesis

37. A 67-year-old woman is diagnosed with uterine carcinosarcoma based on endometrial biopsy. Imaging shows a bulky uterine mass with no evidence of extrauterine spread. She is planned for surgical staging.
Which of the following is the most appropriate surgical step in addition to total hysterectomy and bilateral salpingo-oophorectomy?
- A) No further staging if disease appears confined to the uterus
 - B) Peritoneal wash cytology and Omentectomy should be performed due to high risk of peritoneal spread
 - C) Only peritoneal washings are needed in carcinosarcoma
 - D) Sentinel lymph node biopsy is sufficient for staging carcinosarcoma
38. Which of the following are contraindications to the use of Centchroman (Chhaya)?
- A) Ovarian cysts
 - B) Liver dysfunction
 - C) History of thromboembolism
 - D) All of the above
39. A 28-year-old woman presents to the emergency department with lower abdominal pain and vaginal spotting at 6 weeks of gestation. Her last menstrual period was 6 weeks ago. On examination, she has mild tenderness in the left lower quadrant. Transvaginal ultrasound shows an empty uterine cavity and a complex adnexal mass on the left side. Her serum beta-hCG is 1,500 mIU/mL, and Liver Function Tests (LFTs) are within normal limits. She is hemodynamically stable.
What is the most appropriate next step in management?
- A) Administration of progesterone to support pregnancy
 - B) Immediate laparoscopic salpingectomy
 - C) Methotrexate therapy
 - D) Repeat ultrasound after 1 week to confirm diagnosis
40. What is the recommended frequency for monitoring serum beta-hCG levels after evacuation of a complete molar pregnancy?
- A) Weekly until three consecutive normal levels, then monthly for 6 months
 - B) Daily for one week, then monthly for 3 months
 - C) Monthly for one year without weekly checks
 - D) No monitoring needed after evacuation
41. In a patient with Complete Androgen Insensitivity Syndrome (CAIS), gonadectomy is recommended:
- A) Immediately at birth
 - B) Before onset of puberty
 - C) After completion of puberty
 - D) Only if malignancy is suspected

42. A 29-year-old woman with polycystic Ovary Syndrome (PCOS) is undergoing controlled ovarian stimulation for IVF. Her estradiol levels are rising rapidly, and transvaginal ultrasound shows ≥ 20 follicles. She is at high risk for Ovarian Hyperstimulation Syndrome (OHSS).
Which of the following is the most appropriate strategy to reduce the risk of OHSS?
- A) Use hCG trigger for final oocyte maturation
 - B) Proceed with embryo transfer immediately
 - C) Use GnRH agonist trigger and freeze-all strategy
 - D) Increase gonadotropin dose to speed up follicle maturation
43. A 32-year-old woman with Müllerian agenesis (MRKH syndrome) is unable to carry a pregnancy and is considering surrogacy. She and her husband are exploring altruistic surrogacy under current legal and ethical frameworks in India.
Which of the following statements regarding altruistic surrogacy is correct under Indian legislation?
- A) The surrogate can be financially compensated based on pregnancy outcomes
 - B) Commercial surrogacy is permitted if both parties consent
 - C) The surrogate must be a willing woman aged 25-35 years and no financial compensation is allowed beyond medical expenses and insurance
 - D) Altruistic surrogacy is only allowed for foreign nationals with medical indications
44. Which of the following are true regarding oocyte (egg) donation as per the ART (Regulation) Act, 2021 in India?
- A) The oocyte donor must be between 21-35 years of age
 - B) An oocyte donor can donate only once in her lifetime
 - C) A maximum of 7 oocytes can be retrieved and used for only one recipient couple
 - D) All of the above
45. Which of the following findings on per vaginal examination is most suggestive of a breech presentation?
- A) Presence of the malar prominences and mouth
 - B) Identification of the anus and ischial tuberosities
 - C) Palpation of orbital ridges and nostrils
 - D) Tongue and jaw felt on examination
46. A 28-year-old Rh-negative pregnant woman experiences an antepartum hemorrhage (APH) at 14 weeks gestation and receives anti-D immunoglobulin immediately. She then has a second episode of APH at 26 weeks.
According to current guidelines, when should the next dose of anti-D immunoglobulin be administered?
- A) No further dose needed as the second APH is within 12 weeks of the first dose
 - B) Administer anti-D immediately after the second APH at 26 weeks
 - C) Wait until 28 weeks for routine prophylaxis dose regardless of APH
 - D) Administer anti-D only if fetal Rh status is confirmed positive

47. A 29-year-old pregnant woman with GDM on insulin therapy reports symptoms of sweating, palpitations, and dizziness 2 hours after her morning dose. Her capillary blood glucose is 55 mg/dL.
What is the most appropriate immediate management of hypoglycemia in this patient?
- Give 15-20 grams of fast-acting carbohydrate orally and recheck blood glucose in 15 minutes
 - Immediately administer 5% dextrose infusion intravenously
 - Withhold the next insulin dose and monitor blood glucose hourly
 - Administer glucagon intramuscularly only if unconscious
48. Which of the following statements best describes the relationship between maternal HbA1c levels during early pregnancy and the risk of congenital anomalies?
- HbA1c <6.5% is associated with a congenital anomaly risk similar to the general population (~3-5%)
 - HbA1c between 6.5% and 8% doubles the risk of congenital anomalies compared to general population
 - HbA1c >10% increases the risk of congenital anomalies up to 25-30%
 - There is no significant correlation between HbA1c levels and congenital anomalies
49. A 30-year-old woman with a mechanical heart valve on warfarin therapy presents in active labour at 38 weeks gestation. She has not stopped warfarin, and her INR is elevated.
What is the best immediate management approach?
- Normalize INR with Fresh Frozen Plasma (FFP) and proceed with caesarean section
 - Proceed with vaginal delivery without correcting INR
 - Administer vitamin K only and delay caesarean for 24 hours
 - Wait for warfarin effect to wear off naturally before any intervention
50. A 30-year-old nulliparous woman presents with complaints of heavy menstrual bleeding and infertility for 1 year. Transvaginal sonography reveals a 2.8 cm submucosal fibroid that is completely within the endometrial cavity, with no myometrial extension. According to the FIGO classification, it is categorized as type 0. What is the most appropriate management option to relieve her symptoms and improve fertility while preserving the uterus?
- Medical management with tranexamic acid
 - GnRH agonist therapy for 6 months
 - Laparoscopic myomectomy
 - Hysteroscopic myomectomy
51. A 26-year-old primigravida woman at 32 weeks gestation is admitted to the labor ward with complaints of headache, visual disturbances, and elevated blood pressure of 170/110 mmHg. She is diagnosed with severe preeclampsia and started on IV labetalol and magnesium sulfate infusion for seizure prophylaxis (Pritchard regimen).
Four hours later, the nurse calls you urgently because the patient is increasingly drowsy. On examination, the patient is arousable but sluggish, her respiratory rate is 8 breaths per minute, deep tendon reflexes are absent, and urine output is 20 mL/hour. Her serum magnesium level is 9.5 mg/dL.
What is the next best step in management?
- Continue $MgSO_4$ and monitor the patient closely
 - Administer 10 mL of 10% calcium gluconate IV slowly
 - Intubate and start mechanical ventilation
 - Give IV furosemide to promote magnesium excretion

52. A 52-year-old woman presents to the gynecology clinic with complaints of frequent hot flashes, night sweats, and trouble sleeping for the past 6 months. Her last menstrual period was 14 months ago. She has no significant past medical history. Her BMI is 24 kg/m², and blood pressure is 118/76 mmHg. She has never smoked. She has an intact uterus. She is otherwise healthy and requests treatment for her menopausal symptoms. What is the most appropriate next step in management?
- A) Start combined estrogen-progestin therapy
 - B) Start estrogen-only therapy
 - C) Reassure and advise against hormone therapy due to age
 - D) Delay initiation of hormone therapy until she turns 60
53. Fezolinetant relieves menopausal hot flashes by antagonizing which receptor?
- A) Estrogen receptor
 - B) Serotonin receptor
 - C) Neurokinin 3 receptor
 - D) GABA receptor
54. Which of the following is an absolute contraindication to initiating Menopausal Hormone therapy (MHT)?
- A) Mild hypertension controlled with medication
 - B) History of venous thromboembolism (VTE)
 - C) Osteoporosis
 - D) Premature menopause
55. A 22-year-old woman with vaginal agenesis due to Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is considering vaginoplasty after unsuccessful dilation therapy. Which of the following statements regarding vaginoplasty is correct?
- A) The McIndoe procedure uses a skin graft to create the neovaginal canal
 - B) Intestinal vaginoplasty is the first-line surgical approach for all patients
 - C) Vaginal dilation therapy should be avoided before surgery
 - D) Peritoneal vaginoplasty is contraindicated in MRKH syndrome
56. Which of the following best describes the Pomeroy's technique used in female sterilization?
- A) Ligation and excision of a loop of the fallopian tube followed by ligature placement
 - B) Application of clips on the fallopian tube without excision
 - C) Burying the cut ends of the fallopian tube into the myometrium
 - D) Removal of the fimbrial end of the fallopian tube
57. Elagolix is approved for the treatment of moderate to severe pain associated with endometriosis. Which of the following statements about elagolix is correct?
- A) It is a GnRH agonist that initially causes a flare-up of symptoms
 - B) It is a GnRH antagonist that inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in anterior pituitary
 - C) It blocks FSH and LH receptors on ovary
 - D) It is administered as a monthly intramuscular injection

58. Which of the following surgical steps are most effective in preventing vault prolapse during a total abdominal hysterectomy?
- Fixation of the vaginal cuff to the uterosacral ligaments
 - Preservation of cardinal ligaments during hysterectomy
 - McCall culdoplasty (suturing the uterosacral ligaments to the vaginal cuff externally)
 - Immediate postoperative pelvic floor muscle exercises
59. A 60-year-old woman presents with sudden, intense urgency to urinate followed by involuntary leakage. She has no signs of urinary tract infection. What is the first-line management for urge urinary incontinence?
- Behavioural therapy including bladder training and pelvic floor exercises
 - Immediate initiation of anticholinergic medications
 - Surgical intervention with bladder neck suspension
 - Clean intermittent self-catheterization
60. A 25-year-old woman presents on day 4 postpartum with fever of 39°C, lower abdominal pain, foul-smelling vaginal discharge, and tachycardia. Her blood pressure is 90/60 mmHg, respiratory rate 24/min, and urine output is low. On examination, her uterus is tender and enlarged. Which of the following is the most appropriate initial management?
- Obtain blood cultures before starting antibiotics
 - Start broad-spectrum intravenous antibiotics immediately
 - Monitor urine output and vital signs frequently
 - Prescribe oral antibiotics and discharge the patient
- Choose the correct answer:**
- I and II only
 - II, III and IV only
 - I, II and III only
 - I, III and IV only
61. A 48-year-old woman is diagnosed with cervical cancer. On examination, the tumor measures 4 cm in greatest dimension, extends beyond the cervix but does not involve the pelvic wall or lower third of the vagina. There is no evidence of lymph node involvement or distant metastasis. According to the FIGO staging system, what is the most appropriate management?
- Radical hysterectomy with pelvic lymphadenectomy
 - Radical hysterectomy with pelvic lymphadenectomy followed by chemoradiation
 - Primary chemoradiation
 - External beam radiation with brachytherapy
62. During colposcopy, a lesion on the cervix is evaluated using the Swede Score. The findings are:
- Dense acetowhite lesion
 - Sharp, well-defined margins and surface
 - Coarse mosaic vessels
 - Lesion involving 3 quadrants
 - Complete loss of iodine staining (unstained area)
- What is the total Swede Score for this lesion?
- Options:**
- 4
 - 6
 - 2
 - 9

63. Mrs X, 32-year-old, primigravida at 16 weeks of gestation visits OPD as she is detected to have Marfan Syndrome. What is the likelihood of the baby to be born with Marfan Syndrome?

A) 1/2
B) 1/4
C) 2/3
D) 1/3

64. During an open myomectomy for multiple intramural fibroids in a 32-year-old woman desiring future fertility, which of the following interventions are evidence-based techniques to minimize intraoperative blood loss?

Options:

- I. Intraoperative intramyometrial vasopressin injection
- II. Use of oxytocin infusion during fibroid enucleation
- III. Application of uterine artery tourniquet during surgery
- IV. Use of carboprost

Select the correct combination:

A) I and II only
B) I and III only
C) II and III only
D) All of the above

65. A 23-year-old woman presents with progressive facial and body hair over 1.5 years, irregular cycles, and a BMI of 31 kg/m². On exam, she has terminal hair on the upper lip, chin, and abdomen. Her Ferriman-Gallwey score is 17. Lab reports show mildly elevated total testosterone. Pelvic ultrasound reveals polycystic ovarian morphology. Which of the following are first-line options in the management of her hirsutism?

Options:

- I. Lifestyle modification and weight loss
- II. Drospirenone + ethinylestradiol (Yasmin®)
- III. Spironolactone monotherapy
- IV. Metformin monotherapy

Select the correct combination:

A) I and II only
B) I, II, and III only
C) II, III, and IV only
D) All of the above

66. A 22-year-old primigravida is presented to emergency with labour pain. On examination, baby in is breech presentation, and breech is at perineum. While conducting the breech delivery, the head of the baby gets trapped behind the cervix which is 8-9 cm dilated. What will be your next action?

A) Apply forceps for head delivery
B) Mauriceau Maneuver
C) Zavanelli Maneuver
D) Incise the cervix at 2 o' and 10 o' clock position

67. A 32-year-old G2P1 woman at 38 weeks gestation presents in active labor. She was diagnosed with polyhydramnios at 36 weeks. She undergoes artificial rupture of membranes for slow progress of labor. Immediately afterward, she complains of a sudden gush of fluid and decreased fetal movements.

On examination:

- The fetal heart rate is 80 bpm and irregular.
- On per vaginal examination, a pulsating cord is felt below the presenting part.

What is the most appropriate immediate next step in management?

Options:

- A) Reassure the mother and apply oxygen
 - B) Push the presenting part back and place the patient in knee-chest or Trendelenburg position
 - C) Prepare for forceps delivery immediately
 - D) Administer tocolytics and await spontaneous correction
68. Which of the following congenital anomalies is most commonly associated with oligohydramnios?
- A) Duodenal atresia
 - B) Anencephaly
 - C) Posterior urethral valves
 - D) Ventricular Septal Defect (VSD)
69. In dichorionic diamniotic (DCDA) twin pregnancies, which of the following criteria are used to diagnose Fetal Growth Restriction (FGR) in one twin?
- I. Estimated Fetal Weight (EFW) < 3rd percentile
 - II. Abnormal umbilical artery Doppler (absent or reversed end-diastolic flow)
 - III. Abdominal Circumference (AC) < 10th percentile
 - IV. All of the above

Options:

- A) I and II only
 - B) II and III only
 - C) I, II, and III
 - D) I and III only
70. A 28-year-old woman with a dichorionic diamniotic twin pregnancy is in labor. The first twin is delivered vaginally without complications. After 20 minutes, the second twin remains undelivered. The fetal heart rate is reassuring, but the presenting part of the second twin is not engaged, and membranes are ruptured.

What is the next best step in management?

Options:

- A) Wait up to 30 minutes for spontaneous delivery of the second twin
- B) Perform External Cephalic Version (ECV) to rotate the second twin
- C) Start oxytocin augmentation immediately
- D) Proceed to emergency cesarean section for the second twin

71. A 26-year-old woman with a monochorionic diamniotic twin pregnancy at 22 weeks gestation is diagnosed with Twin-to-Twin Transfusion Syndrome (TTTS). Ultrasound shows severe oligohydramnios in the donor twin and polyhydramnios in the recipient twin, with abnormal Doppler studies.

Which of the following best describes Quintero Stage III?

Options:

- A) Donor twin bladder is visible, normal Doppler studies
 - B) Donor twin bladder not visible, normal Doppler studies
 - C) Abnormal Doppler studies in either twin (e.g., absent or reversed end-diastolic flow in umbilical artery)
 - D) Hydrops or fetal demise of either twin
72. A 25-year-old primigravida at term is suspected to have cephalopelvic disproportion (CPD). The Müller-Munro-Kerr method is used to assess pelvic adequacy. Which of the following best describes the Müller-Munro-Kerr method for diagnosing CPD?

Options:

- A) Clinical measurement of the diagonal conjugate and manual estimation of the pelvic inlet
 - B) Radiological measurement of the obstetric conjugate using MRI or X-ray pelvimetry
 - C) Clinical pelvimetry based on the assessment of the pelvic diameters and fetal head size by abdominal and vaginal examination
 - D) Ultrasonographic measurement of the fetal head circumference and biparietal diameter
73. In repairing a fourth-degree perineal tear, which of the following represents the correct sequence of layers to be repaired during the surgical procedure?
- A) Vaginal mucosa → External anal sphincter → Internal anal sphincter → Rectal mucosa → Perineal skin
 - B) Rectal mucosa → Internal anal sphincter → External anal sphincter → Vaginal mucosa → Perineal skin
 - C) Perineal skin → Vaginal mucosa → External anal sphincter → Internal anal sphincter → Rectal mucosa
 - D) Internal anal sphincter → External anal sphincter → Rectal mucosa → Vaginal mucosa → Perineal skin

74. A 50-year-old woman presents with abnormal uterine bleeding. You are considering an endometrial biopsy.

Which of the following is the most appropriate indication for performing a hysteroscopy-guided endometrial biopsy instead of a blind endometrial sampling?

Options:

- A) Diffuse endometrial thickening without focal lesions on imaging
- B) Presence of a focal endometrial lesion or polyp seen on ultrasound
- C) Routine evaluation in all women with abnormal uterine bleeding
- D) Evaluation of cervical pathology

75. A 6-year-old girl presents with breast development and pubic hair. Bone age is advanced by 2 years. Laboratory tests confirm central precocious puberty. What is the most appropriate treatment to delay further pubertal progression?

- A) Oral estrogen therapy
- B) Leuprolide acetate (GnRH analog) injections
- C) High-dose corticosteroids
- D) Observation only

76. A 32-year-old woman undergoes Dilation and Curettage (D&C) for abnormal uterine bleeding. During the procedure, the surgeon suspects uterine perforation due to sudden loss of resistance and pelvic pain.

What is the best next step in management?

Options:

- A) Immediately convert to laparotomy without further assessment
- B) Stop the procedure and perform careful clinical assessment including imaging (e.g., ultrasound or laparoscopy)
- C) Continue curettage to complete the procedure
- D) Start broad-spectrum antibiotics and discharge the patient

77. In the "3 swab test" for genital fistula diagnosis, methylene blue dye is instilled into the bladder and three dry swabs are placed as follows:

- Swab 1: vaginal apex
- Swab 2: mid vagina
- Swab 3: vaginal introitus

If only the distal swab (swab 3) is wet and stained blue, what is the most likely diagnosis?

- A) Vesicovaginal fistula (VVF) near the bladder apex
- B) Urethrovaginal fistula
- C) Rectovaginal fistula
- D) No fistula

78. Which one of the following statements about prolapse repair procedures is INCORRECT?

- A) Purandare procedure involves fixation of paravaginal tissue to the sacrospinous ligament via the vaginal route.
- B) Khanna operation involves sling placement to anterior superior iliac spine.
- C) Soonawala's procedure is a unilateral posterior sling surgery to reinforce the uterosacral ligaments.
- D) Sacrocolpopexy involves vaginal mesh fixation to the uterosacral ligaments.

79. What is the maximum total dose of carboprost recommended for management of postpartum haemorrhage?

Options:

- A) 1 mg
- B) 1.5 mg
- C) 2 mg
- D) 3 mg

80. A 32-year-old woman G4P3L1 with previous 2 preterm IUD at 6- and 6.5-months POG presents to OPD at 8 weeks with ANC investigations. Her VDRL is reported as positive. What should be the next step in management?
- Inj. Benzathine penicillin 2.4 MIU for 3 doses
 - TPHA testing for evaluation of titer
 - Counsel for MTP
 - Postnatal evaluation
81. A 22-year-old patient, primigravida at 33+4 weeks presents to emergency with BP record of 180/110 mmHg. She received inj. Labetolol and started on MgSO_4 therapy for seizure prophylaxis. Which of the following regarding MgSO_4 therapy is incorrect.
- Urine output should be monitored every hourly and should be more than 0.5ml/kg/hr
 - The therapeutic range of MgSO_4 is 4-7 mEq/L
 - Levels more than 10 mEq/L lead to cardiac arrest.
 - MgSO_4 causes neonatal depression and hyporeflexia.
82. E-MOTIVE trial done by WHO for detection and treatment of PPH includes?
- Massage of uterus
 - Tamponade with intrauterine balloons
 - Intravenous fluids
 - Examination and escalation of treatment.
- Options:**
- I, II, III
 - I, II
 - I, III, IV
 - I, IV, III
83. The indigenous HPV vaccine produced by serum institute of India is a
- Quadrivalent vaccine against serotypes 6,11,16,18
 - Bivalent vaccines against 6,11
 - Bivalent vaccine against serotypes 16,18
 - Nonavalent vaccines against 6,11,16,18,31,33,45,52,58
84. A 20-year-old woman carrying a twin pregnancy comes in emergency with complaints of worsening dyspnea and inability to lie down. After checking the reports, pregnancy is confirmed to be a DAMC one. Currently at 28 weeks Ultrasound findings are suggestive of abnormal dopplers findings in one twin. What would be the best management of this condition at this time?
- radiofrequency ablation
 - selective feticide of the recipient twin
 - amnioreduction to alleviate maternal symptoms
 - expectant management
85. A 25-year-old P1L1 immediately after vaginal delivery has severe hemorrhage and shock. Uterus is not palpable abdominally. What is the immediate management in this case?
- Bimanual replacement under anesthesia
 - Fundal massage
 - Oxytocin infusion
 - Hysterectomy

86. A 24-year-old primigravida at 36 weeks of gestation is admitted in labour room with complaints of continuous abdominal pain, blurring of vision and headache. On examination, her BP is 170/110 mmHg and urine dipstick shows 3+ albuminuria. Uterus is corresponding to period of gestation, irritable and tender. Fetal heart rate is normal on cardio-tocogram. You administered Inj MgSO₄ and labetalol. Suddenly the patient develops vaginal bleeding. What is the most likely diagnosis?
- Reaction to MgSO₄
 - Placental abruption
 - Vasa previa
 - Uterine torsion
87. A 30-year-old G2P1L1 at 40 weeks in active labor. Her cervix is fully dilated and fetal head is at +3 station. She had been pushing for 3 hours with adequate contractions. Fetal heart rate tracing shows one episode of fetal bradycardia. What is the most appropriate management at this point?
- Immediate Cesarean section
 - Continue to encourage pushing
 - Operative vaginal delivery
 - Augmentation of labor with oxytocin
88. A 32-year-old woman is being planned for hysteroscopic myomectomy. The size of myoma is 3 cm, more than 50% penetration into myometrium, situated in the upper part of cavity and extending to less than one-third of the uterine cavity. The myoma is situated on the anterior myometrium. The STEP-W score for this myoma would be
- 3
 - 4
 - 5
 - 6
89. Which of the following investigation differentiated stress incontinence from detrusor instability?
- Urine analysis
 - Uroflowmetry
 - Ultrasound bladder and pelvis
 - Cystometrography
90. Which of the following condition is not included in WHO 4 risk category of heart disease in pregnancy?
- Pulmonary arterial hypertension
 - LVEF < 30%
 - Severe symptomatic aortic stenosis
 - Unrepaired cyanotic disease
91. A woman G4P3L0 with history of 3 preterm vaginal deliveries at 24 weeks POG came to ANC OPD for ANC care. How will you proceed to manage this patient?
- Cervical length monitoring from 16 weeks
 - Start progesterone support
 - Placement of an elective cerclage between 11-14 weeks
 - Expectant management and counselling about rescue cerclage

92. Sonographic evaluation of PCOS is not recommended within how many years of menarche?
- A) 6 years
 - B) 7 years
 - C) 8 years
 - D) 9 years
93. A woman in her third trimester of pregnancy presents to emergency room with complaints of pruritic papules, plaques and vesicles all over her abdomen. On examination, lesions are visualized in the periumbilical region along with extremities. You order some investigations for the same. The patient is keen on knowing the type of lesion. What can be the most probable diagnosis?
- A) Pruritic urticarial Papules and Plaques of Pregnancy(PUPP)
 - B) Eczema
 - C) Pemphigoid gestationalis
 - D) Cholestasis of pregnancy
94. G4P3L3 at 38 weeks POG delivered spontaneously. Immediately after delivery of the baby, you notice a red fleshy mass protruding outside of the introitus. What should be done for the same?
- A) Try removing the placenta from the uterine surface followed by repositioning of the uterus
 - B) Administer tocolytic, leave the placenta attached and manually reposit the uterus
 - C) Slide the fingers in splicing fashion and remove the placenta followed by uterine reposition.
 - D) Proceed for manual separation of placenta
95. Which of the following medications is used to treat abnormal uterine bleeding due to endometrial causes is correctly paired with its mechanism of action?
- A) Tranexemic acid --- increases plasmin levels
 - B) NSAIDS --- stimulate COX-2 production
 - C) Oral progestins --- inhibit endometrial growth and promote organized sloughing following withdrawal
 - D) COCs --- induced endometrial atrophy but promote increased prostaglandin synthesis.
96. Which hormone is responsible for recruitment of follicles destined for ovulation?
- A) Estrogen
 - B) Inhibin A
 - C) Inhibin B
 - D) FSH
97. Where is the uterine artery ligated during type III radical hysterectomy?
- A) At the uterine isthmus
 - B) At the level of ureter
 - C) At the origin of uterine artery
 - D) At the level of uterosacral ligaments

98. If excess fluid volume is absorbed during hysteroscopy, patients are at greatest risk of developing hyponatremia with use of which of the following distension media?
- A) Glycine
 - B) Normal saline
 - C) Lactated ringer solution
 - D) All have equivalent risk.
99. A 26-year-old G2P1L1 presented to emergency in active labour. She progressed well and complaint of bearing down. On per vaginum examination, cervix is fully effaced and dilated; vertex is at +3 station. You noted a sudden fetal bradycardia upto 60 bpm and a decision to apply low-forceps is taken. After the delivery of the baby, IIIc tear is noted. How will you repair this third-degree perineal tear?
- A) End-to-end Repair
 - B) Overlap Technique
 - C) Figure-of-eight Suture
 - D) Continuous inter-locking Suture.
100. A 28-year-old primigravida with singleton pregnancy opts for combined first trimester genetic screening (nuchal translucency, hCG, PAPP-A). What is the estimated detection rate for trisomy 21 by combined test at 11-14 weeks of gestation?
- A) 80-85 %
 - B) 65-70 %
 - C) 90-95%
 - D) 94-96%
-