160/2025

Question Booklet Alpha Code

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Question Booklet Serial Number	

Total No. of questions: 100 Time: 1 Hour 30 Minutes

Maximum: 100 Marks

INSTRUCTIONS TO CANDIDATES

- 1. The question paper will be given in the form of a Question Booklet. There will be four versions of question booklets with question booklet alpha code viz. A, B, C & D.
- 2. The Question Booklet Alpha Code will be printed on the top left margin of the facing sheet of the question booklet.
- 3. The Question Booklet Alpha Code allotted to you will be noted in your seating position in the Examination Hall.
- 4. If you get a question booklet where the alpha code does not match to the allotted alpha code in the seating position, please draw the attention of the Invigilator IMMEDIATELY.
- 5. The Question Booklet Serial Number is printed on the top right margin of the facing sheet. If your question booklet is un-numbered, please get it replaced by new question booklet with same alpha code.
- 6. The question booklet will be sealed at the middle of the right margin. Candidate should not open the question booklet, until the indication is given to start answering.
- 7. Immediately after the commencement of the examination, the candidate should check that the question booklet supplied to him contains all the 100 questions in serial order. The question booklet does not have unprinted or torn or missing pages and if so he/she should bring it to the notice of the Invigilator and get it replaced by a complete booklet with same alpha code. This is most important.
- 8. A blank sheet of paper is attached to the question booklet. This may be used for rough work.
- 9. Please read carefully all the instructions on the reverse of the Answer Sheet before marking your answers.
- 10. Each question is provided with four choices (A), (B), (C) and (D) having one correct answer. Choose the correct answer and darken the bubble corresponding to the question number using Blue or Black Ball-Point Pen in the OMR Answer Sheet.
- 11. Each correct answer carries 1 mark and for each wrong answer 1/3 mark will be deducted. No negative mark for unattended questions.
- 12. No candidate will be allowed to leave the examination hall till the end of the session and without handing over his/her Answer Sheet to the Invigilator. Candidates should ensure that the Invigilator has verified all the entries in the Register Number Coding Sheet and that the Invigilator has affixed his/her signature in the space provided.
- 13. Strict compliance of instructions is essential. Any malpractice or attempt to commit any kind of malpractice in the Examination will result in the disqualification of the candidate.

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Maximum: 100 marks

Time: 1 hour and 30 minutes

1.	Match the	following	and choose	the correct	combination	given	below:

Column - I Column - II(Name of joint) (Type of synovial joint) (a) Interphalangeal joint (i) Plane joint (b) Superior radio-ulnar joint (ii) Ball and socket joint (c) Sternoclavicular joint (iii) Pivot joint (d) Costovertebral joint (iv) Saddle joint Hinge joint (v) (A) (a)-(i), (b)-(iii), (c)-(ii), (d)-(iv) (B) (a)-(ii), (b)-(v), (c)-(iv), (d)-(i) (C) (a)-(v), (b)-(iii), (c)-(iv), (d)-(i) (a)-(v), (b)-(iii), (c)-(i), (d)-(iv) (D)

- 2. Example for circumpennate muscle is:
 - (A) Deltoid muscle
 - (B) Gluteus maximus muscle
 - (C) Adductor magnus muscle
 - (D) Tibialis anterior muscle
- 3. Valves are absent in the following veins except:
 - (A) Testicular vein
 - (B) Superior vena cava
 - (C) Superior mesenteric vein
 - (D) Umbilical vein
- 4. True statement about sesamoid bone is/are:
 - (i) It is composed of woven bone.
 - (ii) It is nourished through the vessels in the Haversian canals.
 - It ossifies after birth.
 - It does not have periosteum. (iv)
 - Only (i) and (iv) (A)

Only (ii), (iii) and (iv) (B)

Only (i), (ii) and (iii)

Only (i), (iii) and (iv) (D)

5.	Superficial fascia contains all except:										
	(i) Lymph nodes.										
	(ii)	Man	nmary gland.								
	(iii)	Seba	aceous gland.								
	(iv)	Mus	uscles.								
		(A)	Only (i)	(B)	Only (i), (ii) and (iii)						
		(C)	Only (i), (ii) and (iv)	(D)	Only (i) and (iv)						
6.	Asse Reas	ertion son	 Sympathetic nervous system is known as thoracolumbar outflow. Cell bodies of preganglionic neurons of sympathetic system are located in the ventral horns of all thoracic segments and upper two lumbar segments of spinal cord. 								
		(A)	Both Assertion and Reason are true and Reason is the correct explanation of Assertion.								
		(B)	Both Assertion and Reason are true but Reason is not the correct explanation of Assertion.								
		(C)	Assertion is true and Reason is false.								
		(D)	Assertion is false and Rea	ason is true.							
7.	Which of the following statement is/are correct about apoptosis?										
	(i) (ii)		a process of programmed of called as cell suicide	a process of programmed cell death							
	(iii)		formal apoptosis occurs in autoimmune diseases and cancer								
		(A)	Only (ii) and (iii)	(B)	Only (i) and (ii)						
		(C)	All of the above (i, ii, iii)	(D)	Only (i) and (iii)						
8.	Whi	Which of the following statement is/are correct about sodium-potassium ATPase pump?									
	(i) (ii) (iii)	Acco	s an electrogenic pump ounts for a large part of the basal metabolism eded for generation of achon potential								
		(A)	Only (ii) and (iii)	(B)	Only (i) and (ii)						
		(C)	All of the above (i, ii, iii)	(D)	Only (i) and (iii)						
9.	Whi	ch of t	the following statement is/s	are correct about f	acilitated diffusion?						
	(i)	Occu	ars in the direction of conce	entration gradient							
	(ii) (iii)		ars in the direction opposit s not require energy	e to electrical grad	ient						
		(A)	Only (ii) and (iii)	(B)	Only (i) and (ii)						
		(C)	All of the above (i, ii, iii)	(D)	Only (i) and (iii)						

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		(C)	Notch signalling pathway	(D)	Cyclooxygenase pathway				
		(A)	Caspase pathway	(B)	Lipoxygenase pathway				
16.	Pros	taglaı	ndin D2 is produced in mast cells b	by:					
		(C)	Retrograde Embolus	(D)	Venous Embolus				
		(A)	Saddle Embolus	(B)	Paradoxical Embolus				
10.		rial ci	rculation is called :						
15.	A ve	enous	embolus passing through interar	terial defe	ct and gaining access to systemic				
		(C)	IL – 13	(D)	TNF				
			IFN –γ		IL-4				
14.	The	factor	· involved in classical Macrophage	activation	is:				
		(C)	BAL	(D)	BAD				
		(A)	BAX	(B)	BCL 2				
13.	Whi	ch of t	the following is a proapoptotic ager	nt?					
		(C)	All of the above (i, ii, iii)	(D)	Only (i) and (iii)				
		(A)	Only (ii) and (iii)	(B)	Only (i) and (ii)				
	(iii)		simply passive and non-specific co						
	(i) (ii)	_	ermits rapid propagation of electric traversed by a channel that conne	•					
12.			the following statement is/are corre	_					
		. ,		. ,					
		(A) (C)	Only (ii) and (iii) All of the above (i, ii, iii)	(B) (D)	Only (i) and (ii) Only (i) and (iii)				
	(iii)		ation rate for mitochondrial DNA i						
	(ii)		chondrial inheritance is maternal	- 10 4:	41 4 . C 1 DNA				
	(i)		rides ATP by oxidative phosphoryla	ation					
11.	Whi	ch of t	the following statement is/are corre	ect about n	nitochondria?				
		(C)	All of the above (i, ii, iii)	(D)	Only (i) and (iii)				
		(A)	Only (ii) and (iii)	(B)	Only (i) and (ii)				
	(iii)	i) Interstitial fluid accounts for 75% of ECF volume.							
	(ii)	About $\frac{1}{3}$ rd of total body water is extracellular, remaining $\frac{2}{3}$ rd is intracellular fluid.							
	(i)	Total blood volume is about 8% of body weight.							

10. Which of the following statement is/are correct about human body fluid compartments?

	(A)	Lack of Differentiation							
	(B)	Disproportionately large nucl	eus						
	(C)	Replacement of one cell type	by another						
	(D)	Disordered Growth							
18.	The major	r cytokine involved in fibrosis is	s:						
	(A)	TNF α	(B)	MMP					
	(C)	TGF β	(D)	PDGF					
19.		the volume of distribution of a necentration is 10 mg/L :	drug if the to	tal drug in the body is 500 mg and					
	(A)	10 L	(B)	$50~\mathrm{L}$					
	(C)	$25~\mathrm{L}$	(D)	$20~\mathrm{L}$					
20.	A drug which has high plasma protein binding will have the following properties except:								
	(A)	High volume of distribution							
	(B)	Long acting							
	(C)	Bound fraction not available for action							
	(D)	Difficult to be removed by her	modialysis						
21.	Choose th	e ligand gated receptor :							
	(A)	Alpha 1	(B)	Muscarine (M3)					
	(C)	Dopamine (D2)	(D)	Nicotine (N _M)					
22.	Choose the drug which is a CYP3A4 enzyme inhibitor:								
	(A)	Rifampicin	(B)	Phenobarbitone					
	(C)	Erythromycin	(D)	Phenytoin					
23.	Amount o	f drug needed to produce a cert	ain response i	s:					
	(A)	Efficacy	(B)	Efficiency					
	(C)	Potency	(D)	Bioavailability					
24.	Histamin	e and Adrenaline are :							
	(A)	Physical antagonist	(B)	Chemical antagonist					
	(C)	Physiological antagonist	(D)	Receptor antagonist					

17. Anaplasia refers to:

25.	Which of the following are true regarding Abetalipoproteinemia?									
	(i)	Spinocerebellar ataxia is seen.								
	(ii)	Mut	ation in the MTTP gene.							
	(iii)	Urin	ary 17 keto steroid excretion is increas	ed.						
	(iv)	Acar	nthosis nigricans is seen.							
		(A)	Only (i), (ii) and (iv) are correct							
		(B)	Only (ii) and (iv) are correct							
		(C)	Only (i) and (iii) are correct							
		(D)	Only (i) and (ii) are correct							
26.	Whi	ch is t	he LDH isoenzyme in brain?							
		(A)	LDH 1	(B)		LDH 2				
		(C)	LDH 3	(D)		LDH 4				
27.	Lab	findin	ags of Acute Intermittent Porphyria inc	lude :	:					
		(A)	(A) Urine Amino levulinic acid and Porphobilinogen normal, plasma porphyrin							
	(B) Urine Amino levulinic acid and Porphobilinogen increased, plasincreased									
		(C)	Urine Amino levulinic acid and Porph normal	obilii	no	ogen increased, plasma porphyrin				
		(D)	Urine Amino levulinic acid and Porpincreased	phobi	li	nogen normal, plasma porphyrin				
28.	Whi	ch of t	he following statements are true about	Poly	a	mines?				
	(i)	Requ	uires methionine and citrulline for its s	ynthe	es	is				
	(ii)	Requ	uires SAM decarboxylase as key enzym	e						
	(iii)	Conc	centration is increased in cancer tissue							
	(iv)	They	ey are important for biosynthesis of proteins							
	(A) Only (i), (ii) and (iii) are correct									
		(B)	(B) Only (ii), (iii) and (iv) are correct							
		(C)	Only (i), (ii) and (iv) are correct							
		(D)	Only (iii) and (iv) are correct							

	(ii) (iii) (iv)	X-ra	ohidrosis is an important clinical feat by shows Erlenmeyer-flask deformity sents with vomiting and diarrhoea	ure		
		(A)	Only (i) and (ii) are correct			
		(B)	Only (i) and (iv) are correct			
		(C)	Only (i), (iii) and (iv) are correct			
		(D)	Only (ii) and (iv) are correct			
30. A 7-year-old boy presents with recurrent episodes of Meningococcal meningitis. I evaluated for immune functions and his immunoglobulin levels. Total WBC couneutrophil function were found to be within normal limits. Flow cytometric arreveals normal expression of CD55 and CD59 on erythrocytes. However, compactivity testing shows normal C3 levels but markedly reduced CH50 (classical parand AH50 (alternative pathway) assays.						
	Whi	ch of	the following complement component	deficier	ncies best explains his condition?	
		(A)	C2 deficiency	(B)	C5-C9 deficiency	
		(C)	C1 inhibitor deficiency	(D)	Factor H deficiency	
31.	chro poss	nic p ible b	old male with cystic fibrosis is prese productive cough. Sputum culture iofilm formation was suspected by the yoin as long term therapy.	isolate	d Pseudomonas aeruginosa. The	
	Whi pati		the following best explains the mecha	anism b	y which azithromycin benefits this	
		(A)	It acts as inhibitor to type III secret	ion syst	em, preventing toxin release	
		(B)	It blocks biofilm adherence by compo	etitively	y binding to bacterial pili receptors	
		(C)	It inhibits peptidoglycan synthesis i	n P aer	uginosa	
		(D)	It interferes with bacterial quorum s	sensing	by suppressing regulator genes	
32.			tokine released in response to endog endotoxic (septic) shock?	otoxin]	plays the most important role in	
		(A)	TNF - α	(B)	IL - 4	
		(C)	IL-2	(D)	IFN - γ	
33.	In a lead		petitive ELISA, increasing concentra	ation o	f antigen in the test sample will	
		(A)	Increased color intensity due to mor	e enzyn	ne conjugate binding	
		(B)	Decreased color intensity due to inh	ibition (of conjugate binding	

29. Which of the following statements are true about Wolman's disease?

It is a cholesterol ester storage disorder

(D) Increased color intensity due to cross-reactivity of antibodies

(C) Unchanged color intensity because antigen does not affect enzyme binding

34.	Rheumatoid factor (RF) is commonly detected by agglutination or ELISA methods as part of rheumatoid arthritis diagnosis. Which of the following statements best describes the immunologic nature and diagnostic significance of RF?									
	(A)	It is an IgM autoantibody directed against the Fc portion of IgG and its presence is specific for rheumatoid arthritis.								
	(B)	It is an IgG autoantibody direct autoimmune diseases and other of	_	the Fab portion of IgM, found in ections.						
	(C)	Anti CCP (anti-cyclic citrullinat Rheumatoid arthritis.	ted peptid	e) antibody appear before RF in						
	(D)	Anti CCP test give more false pos	sitive resul	ts compared to RF test.						
35.	The safety	y muscle of tongue is:								
	(A)	Palatoglossus	(B)	Styloglossus						
	(C)	Genioglossus	(D)	Hyoglossus						
36.	The epith	elium lining palatine tonsil is:								
	(A)	Simple columnar								
	(B)	Stratified cuboidal								
	(C)	Stratified squamous non keratini	sed							
	(D)	Simple squamous								
37 .	Which muscle forms the boundary of tonsillar bed?									
	(A)	Middle constrictor	(B)	Superior constrictor						
	(C)	Palatopharyngeus	(D)	Tensor palati						
38.	The thin layer of tissue that covers the root of the tooth and attaches it to th surrounding bone is:									
	(A)	Periodical ligament	(B)	Cementum						
	(C)	Dentin	(D)	None of the above						
39.	The parot	id duct opens :								
	(A)	Opposite second upper molar toot	h							
	(B)	Opposite second lower molar toot	h							
	(C)	Floor of mouth								
	(D)	Lateral border of tongue								
40.	The denta	l pulp consists of :								
	(A)	Nerve fibres	(B)	Odontoblasts						
	(C)	Fibroblasts	(D)	All of the above						

41.	wnich ne tongue?	rve is responsible for conducting	sensory	information from anterior $\frac{1}{2}$ 3 in of
	(A)	Hypoglossal	(B)	Facial
	(C)	Lingual	(D)	Glossopharyngeal
42.		oular first molar with deep caries intact lamina dura and no periapica		
	What is th	ne most appropriate treatment?		
	(A)	Indirect pulp capping	(B)	Partial pulpotomy
	(C)	Complete pulpectomy	(D)	Direct pulp capping
43.	_	ot canal preparation of a curved can procedural error is most likely?	anal, the	clinician fails to establish a glide
	(A)	Apical zipping	(B)	Ledge formation
	(C)	Transportation	(D)	Over-enlargement of the apex
44.		composite restoration develops position are satisfactory. What is the mo	-	Ç G
	(A)	Polymerization shrinkage stress		
	(B)	Over-etching of enamel		
	(C)	Excess bonding agent		
	(D)	Over-curing of resin		
45.	because 3	ontically treated molar requires for mm of sound coronal dentin rema mechanical principle justifies this?		
	(A)	Need for additional retention		
	(B)	Presence of ferrule effect		
	(C)	Prevention of coronal leakage		
	(D)	Avoidance of secondary caries		
46.		with necrotic pulp and immature er traditional apexification primaril	_	
	(A)	Creates a calcified apical barrier		
	(B)	Allows continued root maturation		
	(C)	Requires fewer appointments		
	(D)	Eliminates need for intracanal me	dicament	

- **47.** During crown preparation for a tooth with extensive Class II amalgam restoration, the dentist notes undermined enamel and secondary caries. The ideal management is to:
 - (A) Place a new amalgam restoration and delay crown
 - (B) Proceed with crown using existing amalgam as core
 - (C) Remove amalgam, evaluate dentin and place bonded core buildup
 - (D) Reinforce amalgam with a post before crown
- **48.** After obturation, a clinician notices sealer puff slightly beyond the apex on radiograph. The patient is asymptomatic. The best course of action is to:
 - (A) Re-treat immediately
 - (B) Perform apicoectomy
 - (C) Leave as is and monitor clinically
 - (D) Remove 1 mm of gutta-percha
- **49.** Macroglossia is a characteristic feature of which among the following syndromes?
 - (i) Down syndrome
 - (ii) Beckwith-Wiedemann syndrome
 - (iii) Parry-Romberg syndrome
 - (iv) Apert syndrome
 - (A) Only (i) and (ii)
 - (B) Only (i) and (iii)
 - (C) Only (i), (ii) and (iii)
 - (D) All of the above (i), (ii), (iii) and (iv)
- **50.** San Diego criteria for primary Sjogren syndrome include:
 - (i) Positive Rose Bengal Staining of cornea or conjunctiva
 - (ii) Abnormal finding from biopsy of minor salivary gland
 - (iii) Serologic evidence of systemic autoimmunity
 - (iv) Clinical features of rheumatoid arthritis
 - (A) Only (i) and (ii)
 - (B) Only (i) and (iii)
 - (C) Only (i), (ii) and (iii)
 - (D) All of the above (i), (ii), (iii) and (iv)

51.		ents itions		Plummer-	Vinson	Syndrome	may e	exhibits	which	of t	he	following
	(i)	Micr	ocytic	normochro	mic an	emia						
	(ii)	Glos	sitis									
	(iii)	Esop	hage	al webs								
	(iv)	Koil	onych	ia								
		(A)	Only	(i) and (ii)			(B)	Only (i), (ii) an	d (iii)		
		(C)	Only	v (ii), (iii) an	d (iv)		(D)	All of t	he abov	e (i, ii	, iii	and iv)
52.	Which of the following oral manifestations are strongly associated with HIV infection?											
	(i)	Candidiasis										
	(ii)	Necrotizing ulcerative periodontitis										
	(iii)	Kap	osi sa	rcoma								
	(iv)	Aph	thous	stomatitis								
		(A)	Only	(i), (ii) and	(iii)		(B)	Only (i), (iii) aı	nd (iv))	
		(C)	Only	v (i), (ii) and	(iv)		(D)	All of t	he abov	e (i, ii	, iii	and iv)
53.		Loss of lamina dura on dental radiographs can be observed in which of the following conditions?										
	(i)	Нур	othyro	oidism								
	(ii)	Hyperparathyroidism										
	(iii)	Cushing's syndrome										
	(iv)	Acro	mega	ly								
		(A)	Only	(i), (ii) and	(iii)		(B)	Only (i	i), (iii) a	nd (iv	7)	
		(C)	Only	(i), (iii) and	d (iv)		(D)	All of t	he abov	e (i, ii	, iii	and iv)
54.	Cafe	-au-la	ait pig	mentation i	is seen	in which of t	he follow	wing con	ditions?			
	(i)	McC	une –	Albright sy	ndrom	e						
	(ii)	Jaffe-Lichtenstein syndrome										
	(iii)	Mult	tiple I	Endocrine N	Ieoplasi	ia syndrome	\mathbf{s}					
	(iv)	Von	Reckl	inghausen's	s diseas	se of the skir	ì					
		(A)	Only	v (i), (ii) and	(iii)		(B)	Only (i	i), (iii) a	.nd (iv	7)	
		(C)	Only	v (i), (ii) and	(iv)		(D)	All of t	he abov	e (i, ii	, iii	and iv)

55.	The most	t commonly affected tooth in Primary Failure of Eruption (PFE) is:					
	(A)	Permanent first molars					
	(B)	Permanent first premolars					
	(C)	Permanent maxillary canines					
	(D)	Permanent maxillary lateral inci	sors				
56 .	The Total	Rotation of the mandible during g	rowth is be	est represented as :			
	(A)	Total Rotation = Matrix Rotation	– Intrama	trix Rotation			
	(B)	Total Rotation = Backward Rotat	tion – Angu	ılar Rotation			
	(C)	Total Rotation = Actual Rotation	– Apparen	t Rotation			
	(D)	Total Rotation = Internal Rotatio	on – Extern	al Rotation			
57.		rgical orthodontic management of Procedure is the most stable?	f skeletal 1	malocclusions, which orthognathic			
	(A)	Mandible forward	(B)	Mandible back			
	(C)	Maxilla up	(D)	Maxilla down			
58.	Which of t	the following is not a goal of adjunc	ctive ortho	dontic treatment in adults?			
	(A)	To improve periodontal health					
	(B)	To establish a favorable crown-to-root ratio					
	(C)	To facilitate restorative treatment for optimal esthetics					
	(D) To improve occlusion in patients with temporomandibular disorders (TM						
59.	The Artistic Positioning bends given during the finishing phase of treatment we standard edgewise appliance are:						
	(A)	Zero-order bends	(B)	First-order bends			
	(C)	Second-order bends	(D)	Third-order bends			
60.	_	and sustained pressure is applied mining resorption typically begins	_	vial bow of a removable appliance,			
	(A)	4-6 hours	(B)	1-2 days			
	(C)	3-5 days	(D)	7-14 days			

- **61.** The phase of very slow eruption that occurs after the post emergent spurt, once the tooth has reached the occlusal level of adjacent teeth and is in full function, is known as:
 - (A) Continuous Occlusal Equilibrium
 - (B) Juvenile Occlusal Equilibrium
 - (C) Adult Occlusal Equilibrium
 - (D) Attritional Occlusal Equilibrium
- **62.** Which among the following statements regarding caries and pulpal inflammation in primary teeth are correct?
 - (i) The primary pulp mounts a different response to occlusal caries progression as that of a permanent tooth.
 - (ii) Deep proximal caries produces a more widespread inflammation than an occlusal lesion of similar size
 - (iii) The extent of breakdown of the marginal ridge gives an indication of how much of the pulp will be inflamed
 - (A) Only (i) and (iii) are correct
- (B) Only (i) and (ii) are correct
- (C) Only (ii) and (iii) are correct
- (D) (i), (ii) and (iii) are correct

- **63.** Sodium Fluoride is:
 - (A) Used in Pesticides
 - (B) Used in water fluoridation
 - (C) An industrial waste product
 - (D) All of the above
- **64.** An eight-and-a-half year old girl with no clinical caries, no positive history and not at increased risk for caries has reported for a periodic recall. The proximal surfaces of her posterior teeth cannot be examined visually or with a probe. What is the guideline for dental radiograph prescription for this child?
 - (A) Posterior bitewing examination at 3-6 month intervals
 - (B) Posterior bitewing examination at 6 12 month intervals
 - (C) Posterior bitewing examination at 12 18 month intervals
 - (D) Posterior bitewing examination at 12-24 month intervals

- A 7-year-old boy has reported with amber coloured teeth showing attrition and fractured enamel and classic shell teeth appearance on radiographs. Diagnose the condition:
 - Regional odontodysplasia
 - Dentinogenesis imperfecta I (B)
 - (C) Dentinogenesis imperfecta II
 - (D) Amelogenesis imperfecta
- 66. The best method of caries management in a very young and uncooperative child presenting with multiple teeth with dentinal caries but with no signs and symptoms of pulpal inflammation is:
 - Remineralization using ACP-CCP application (A)
 - (B) Non restorative caries control by SDF application
 - (C) Atraumatic restorative treatment using GIC
 - (D) SS crown placement by Hall technique
- **67.** Which of the following statements is/are wrong about severe tongue thrusting habit?
 - Abnormal masseteric activity and temporalis contraction can be seen (i)
 - (ii) Increased lower anterior facial height and anterior open bite
 - (iii) Can be managed by three alarm system
 - (A) Only (i) and (iii) are wrong
 - (B) Only (i) and (ii) are wrong
 - Only (ii) and (iii) are wrong
 - (D) (i), (ii) and (iii) are wrong
- 68. As per International Association of Dental Traumatology 2020 guidelines, the endodontic treatment guidelines for an avulsed permanent tooth with an open apex that was not stored in a physiologic or osmolality-based storage media and with an extra oral dry time longer than 60 minutes is:
 - (A) Replant the tooth, passive and flexible splinting for 1 week, pulp revascularization/apexification if pulp necrosis or infection is identified during follow up.
 - Replant the tooth, passive and flexible splinting for 2 weeks, pulp (B) revascularization/apexification or root canal treatment as soon as pulp necrosis or infection is identified during follow up.
 - Replant the tooth, passive and flexible splinting for 1 week, pulp (C) revascularization/apexification within 7 days of replantation.
 - (D) Replant the tooth, passive and flexible splinting for 2 weeks, pulp revascularization/apexification before removal of splint.

69.	When con	condyle is translated forward, which structure retracts the disc posteriorly?						
(A) Posterior fibers of temporalis muscle								
	(B)							
	(C)	(C) Superior fibers of lateral pterygoid muscle						
	(D)	Inferior retrodiscal lamina						
70.	Thermolu	minescent Dosimeter (TLDS) contain	s:					
	(A)	Aluminium oxide detector						
	(B)	Energy activated silicon diode						
	(C)	Lithium fluorides						
	(D)	Different Metal filters and small ra	diograp	hic film				
71.	Approach	to decipher three dimensional relation	nship b	y radiography :				
	(A)	Examine two conventional images p	rojecte	d at right angle to each other				
	(B)	Use Clark rule employing Convention	onal Pe	riapical view				
	(C)	Both of the above	Both of the above					
	(D)	None of the above						
72.	Adherent	at white plaque that resembles "Cottage Cheese" appearance in oral mucosa :						
	(A)	White coated tongue						
	(B)	Morsicatio						
	(C)	Thrush						
	(D)	Cotton roll burn						
73.		te concept was initially proposed by I is a component of SOAP note?	Pr. Law	rence Weed in 1960s. Which of the				
	(A)	Prognosis	(B)	Progress				
	(C)	Plan	(D)	Post				
74.	Self rectif	ied dental X-ray machines have :						
	(A)	Alternating current X-ray generation	n Powe	r Supply				
	(B)	(B) Constant potential (Direct Current) X-ray generation power supply						
	(C)	X-ray production is limited to full of	AC cyc	ele				
	(D) X-ray production limited to half of DC cycle							

75 .	The Framework Convention on Tobacco Control (FCTC) is considered a landmark global public health governance because it:						
	(A)	mandates all member states to ban tobacco production					
	(B) introduces binding international legal obligations to reduce tobacco and supply						
	(C)	recommends voluntary national progra	ams fo	or tobacco cessation			
	(D)	establishes a global fund for tobacco-re	elated	disease treatment			
76.	During a study on tobacco and oral cancer, age was found to be associated with both smoking and cancer. Which of the following best describes age in this context?						
	(A)	Confounder	(B)	Exposure			
	(C)	Effect modifier	(D)	Outcome			
77.	A Cohort study investigated cholera among villagers drinking treated vs. untreated water. Out of 500 people drinking untreated water, 50 developed cholera; among 500 drinking treated water, 10 developed cholera. What is the Relative Risk (RR)?						
	(A)	1.5	(B)	3.0			
	(C)	5.0	(D)	0.2			
78.	8. Which vector-borne disease is most commonly linked to poor housing and overcrowding						
	(A)	Cholera	(B)	Malaria			
	(C)	Hepatitis A	(D)	Tuberculosis			
79.		ady design is best suited to estimat over time?	e the	incidence of dental caries in a			
	(A)	Prospective cohort	(B)	Case-control			
	(C)	Cross-sectional	(D)	Ecological			
80.	The critica	al period for susceptibility to dental fluc	rosis	is:			
	(A)	A) First 3 months after birth					
	(B)	B) During eruption of primary teeth					
	(C)	During enamel formation of permaner	ıt teet	ch			
	(D)	After permanent teeth have erupted					

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		(D)	All of the above								
		(C)	Only (i) and (iii)								
		(B)	Only (ii)								
		(A)	Only (i)								
	(iii) Produces long-term and dramatic change in periodontal microbiota										
	(ii)	· · · · · · · · · · · · · · · · · · ·									
	(i)										
85.	Whic	h of t	he following is/are True for Bacteria	ıl Replac	ement Therapy?						
		(D)	T. denticola, F. nucleatum, S. Oral								
	(C) P. gingivalis, T. forsythia, T. denticola										
		(B)									
		(A) P. gingivalis, P. Intermedia, P. nigrescens									
84.	Which microorganism belong to the <u>RED group</u> of Sub-gingival microbial complexes?										
	(D) Chronic bronchitis										
		(C)	Chronic glomerulonephritis								
		(B)) Hepatocellular failure								
		(A) Diabetes mellitus									
83.	"Rotten apple smell" type of breath is observed in :										
		(D)	Transseptal group of fibers								
		(C)	Interradicular group of fibers								
		(B)	Horizontal group of fibers								
	•	(A)	A) Alveolar crest group of fibers								
82.	Which fibers have the tendency to recreate as alveolar bone destruction progresses in periodontitis?										
		(C)	Secondary prevention	(D)	Tertiary prevention						
		(A)	Primordial prevention	(B)	Primary prevention						
81.	arresting caries is best described as which level of prevention of dental caries?										

- 86. Which of the following periodontal graft material becomes coated with hydroxylcarbonate apatite when it comes in contact with tissue fluids?
 - (A) Tricalcium phosphate
 - (B) Bioactive glass
 - (C) Hydroxyapatite
 - (D) Coral-derived material
- Which of the following statements are True for Trauma from occlusion? 87.
 - (i) Funnel-shaped widening of the crestal portion of periodontal ligament
 - (ii) Increased tooth mobility
 - Initiates gingivitis (iii)
 - (A) Only (i) and (ii)
 - (B) Only (ii) and (iii)
 - (C) Only (i) and (iii)
 - (D) All of the above
- A 14-week-old, otherwise healthy male infant, weighing 5.5 kg, is scheduled for an 88. elective unilateral cleft lip repair (Millard rotation-advancement technique). The surgical team anticipates the procedure will last approximately 90 minutes and require the surgeon to work extensively around the oral cavity, lips and philtrum. Which of the following is the most appropriate combination of tube size, type and orientation for securing the airway in this specific clinical context?
 - (A) 3.5 mm uncuffed Flexometallic (Armored) Endotracheal tube, nasally placed.
 - (B) 3.5 mm uncuffed South Facing RAE (Ring-Adair-Elwyn) Endotracheal tube, orally placed.
 - (C) 4.0 mm uncuffed South Facing RAE (Ring-Adair-Elwyn) Endotracheal tube, orally placed.
 - 4.0 mm uncuffed North Facing RAE (Ring-Adair-Elwyn) Endotracheal tube, orally placed.

- 89. A 45-year-old male patient reports developing facial flushing and beads of sweat over his left cheek and temporal area immediately after he starts chewing or tastes food. This condition developed three months following a parotidectomy and is strongly suggestive of Frey's Syndrome. Which of the following diagnostic procedures is the most definitive and objective method used to confirm and precisely map the anatomical extent of this condition?
 - (A) Schirmer tear test
 - (B) Administration of phentolamine mesylate to the affected area to demonstrate sympathetic nerve involvement
 - (C) Minor startch-iodine test
 - (D) Sialography with contrast medium to visualize the parotid ductal system
- 90. A 25-year-old male has reported with a complaint of a protruding chin and difficulty in biting food with incisors. Intraoral examination shows a reverse overjet of 5mm with a normal overbite. He also exhibits a gummy smile and mild flattening of the nasolabial region. Cephalometric analysis shows SNA-78°, SNB-84°, FMA-30°. Upper incisor to SN 100°. The most appropriate surgical treatment to address these dentofacial deformities to achieve a stable class I occlusion would be:
 - (A) Lefort 1 Maxillary Advancement and Impaction combined with BSSO Mandibular Setback
 - (B) Lefort 1 Maxillary Advancement and Posterior bone graft with BSSO Mandibular Setback combined with Interpositional genioplasty.
 - (C) Lefort 1 Maxillary Advancement combined with reduction genioplasty.
 - (D) High Lefort 1 osteotomy with BSSO Mandibular Setback
- **91.** You have been monitoring a patient for the past 4 months for recovery of nerve function following iatrogenic lingual nerve injury after third molar surgery. You observe that the patient has a painful tingling response to crude stimuli. This is suggestive of a diagnosis of:
 - (A) Sensory deafferentation
 - (B) Hyperalgesia
 - (C) Allodynia
 - (D) Hyperpathia

- 92. A 60-year-old female patient, with a history of an uncontrolled odontogenic infection in the maxillary posterior region, presents to the dental department. She reports the sudden onset of a severe, unilateral headache and pain localized behind her left eye. Which of the following is the earliest, localized neurological deficit typically observed that strongly indicates the infection has progressed to involve the cavernous sinus?
 - (A) Lateral squint of the left eye
 - (B) Numbness of the left forehead and upper eyelid
 - (C) Medial squint of the left eye
 - (D) Dilated sluggish pupil of the left eye
- 93. Which of these cardiac conditions require prophylactic antibiotics prior to oral surgery to prevent infective endocarditis?
 - (A) Tricuspid Atresia
 - (B) Pre-existing cardiac pacemaker
 - (C) Post Coronary Artery Bypass Grafting
 - (D) Rheumatic Heart Disease
- 94. Cephalosporins are prescribed for odontogenic infections involving the fascial spaces. The main difference between the antibiotics 'cefazolin' and 'ceftriaxone' is the:
 - (A) Increased activity of ceftriaxone against gram positive organisms in comparison to cefazolin
 - (B) Increased activity of cefazolin against gram negative organisms in comparison to ceftriaxone
 - Increased activity of ceftriaxone against gram negative organisms in (C) comparison to cefazolin
 - (D) Increased activity of ceftriaxone against anaerobic organisms in comparison to cefazolin
- 95. Tissue conditioners used for treatment of traumatized denture-bearing mucosa should generally be replaced:
 - (A) Every 24 hours to prevent fungal growth
 - Every 3 to 7 days, depending on oral conditions
 - (C) Once every month after routine denture cleaning
 - (D) Every 2 weeks to maintain viscoelasticity

96.			stripping marily emp	-	for	occlusal	equilibration	in	removable
	(A)	Anatomic	teeth						
	(B)	Semi-ana	tomic teeth						
	(C)	Non-anat	omic teeth						
	(D)	Balanced	monoplane	teeth to cre	ate c	ompensati	ng curve		

- **97.** In removable partial dentures (RPD), tissue stops are primarily incorporated to:
 - (A) Prevent displacement of abutment teeth during function
 - (B) Aid in indirect retention
 - (C) Prevent framework distortion
 - (D) Reduce connector size
- 98. Stress breakers in distal extension RPDs primarily permit:
 - (A) Horizontal movement
 - (B) Vertical movement
 - (C) Rotational movement around the fulcrum line
 - (D) No movement
- **99.** A canine replacement bridge is considered biomechanically complex primarily because :
 - (A) The span length between abutments is longer than in other anterior bridges
 - (B) The canine often lies outside the interabutment axis
 - (C) The abutment teeth usually have inadequate crown height
 - (D) The cement film thickness is greater due to path of insertion discrepancy.
- **100.** A half-moon fracture of the porcelain jacket crown is most commonly caused by :
 - (A) Edge to edge occlusion
 - (B) Occluding opposite teeth on the cervical fifth of the lingual surface
 - (C) Short clinical crowns
 - (D) Excessive thickness of opaque porcelain layer

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