APP

PROVISIONAL ANSWER KEY (CBRT)

Name of The Post Ophthalmic Surgeon, Gujarat Health and Medical Service, Health and

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Instructions / સૂયના

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted in prescribed format of suggestion sheet Physically.
- (2) Question wise suggestion to be submitted in the prescribed format (Suggestion Sheet) published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question shall be made on separate sheet. Objection for more than one question in single sheet shall not be considered & treated as cancelled.

ઉમેદવારે નીયેની સૂયનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂયન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સુયન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપ્પે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001.	Distichiasis is			
	(A) Misdirected eyelashes	(B) Accessory row of eyelashes		
	(C) Downward drooping of upper eyelid	(D) Outward protrusion of lower eyelid		
002.	Band shaped keratopathy is commonly cau	sed by deposition of:		
	(A) Magnesium salt	(B) Calcium salt		
	(C) Ferrous salt	(D) Copper salt		
003.	Irrespective of the etiology of a corneal ulc	er, the drug always indicated is:		
	(A) Corticosteroids	(B) Cycloplegics		
	(C) Antibiotics	(D) Antifungals		
004.	Dense scar of cornea with incarceration of iris is known as:			
	(A) Adherent Leucoma	(B) Dense leucoma		
	(C) Ciliary staphyloma	(D) Iris bombe		
005.	Corneal sensations are diminished in:			
	(A) Herpes simplex	(B) Conjunctivitis		
	(C) Fungal infections	(D) Marginal keratitis		
006.	Corneal stroma constitutes% of c	Corneal stroma constitutes% of corneal thickness		
	(A) 80%	(B) 90%		
	(C) 70%	(D) 60%		
007.	Phlycten is due to:			
	(A) Endogenous allergy	(B) Exogenous allergy		
	(C) Degeneration	(D) None of the above		
008.	A recurrent bilateral conjunctivitis occurring with the onset of hot weather in young boys with symptoms of burning, itching, and lacrimation with large flat topped cobble stone papillae raised areas in the palpebral conjunctiva is:			
	(A) Trachoma	(B) Phlyctenular conjunctivitis		
	(C) Mucopurulent conjunctivitis	(D) Vernal keratoconjunctivitis		
009.	Which of the following organism can penetrate intact corneal epithelium?			
	(A) Strept pyogenes	(B) Staph aureus		
	(C) Pseudomonas pyocyanaea	(D) Corynebacterium diphtheria		
010.	False about neonatal conjunctivitis	_		
	(A) Develops within first month of life			
	(B) Presents with eyelid odema and purulent discharge			
	(C) Can be caused by Neisseria gonorrhea			
	(D) Chemical conjunctivitis needs aggressive	ve treatment		
011.	A young child suffering from fever and sore throat began to complain of lacrimation. Or examination, follicles were found in the lower palpebral conjunctiva with tender preauricular lymph nodes. The most probable diagnosis is:			
	(A) Trachoma	(B) Staphylococal conjunctivitis		
	(C) Adenoviral conjunctivitis	(D) Phlyctenular conjunctivitis		
012.	Serovar of chlamydia not causing trachoma	a:		
	(A) A	(B) B		
	(C) C	(D) D		

013. Convex mirror produces what type of images		S	
	(A) virtual, inverted, magnified	(B) real, inverted, minified	
	(C) real, erect, minified	(D) virtual, erect, minified	
014.	In viral epidemic kerato-conjunctivitis chara	cteristically there is usually:	
	(A) Copious purulent discharge	(B) Copious muco-purulent discharge	
	(C) Excessive watery lacrimation	(D) Mucoid ropy white discharge	
015.	Corneal Herbert's pits are found in:		
	(A) Mucopurulent conjunctivitis	(B) Phlyctenular keratoconjunctivitis	
	(C) Active trachoma	(D) Spring catarrh	
016.	A patient complains of maceration of skin of the lids and conjunctiva redness at the inner and outer canthi. Conjunctival swab is expected to show:		
	(A) Slaphylococcus aureus.	(B) Streptococcus viridans.	
	(C) Streptococcus pneumoniae	(D) Morax-Axenfeld diplobacilli	
017.	Trantas spots are noticed in cases of:		
	(A) Active trachoma	(B) Bulbar spring catarrh	
	(C) Corneal phlycten	(D) Vitamin A deficiency	
018.	A painful, tender, non itchy localized redness	of the conjunctiva can be due to:	
	(A) Bulbar spring catarrh.	(B) Episcleritis	
	(C) Vascular pterygium.	(D) Phlyctenular conjunctivitis.	
019.	In trachoma the patient is infectious when there is:		
	(A) Arlt's line		
	(B) Herbert's pits		
	(C) Post-trachomatous concretions		
(D) Follicles and papillae in the palpebral conjunctiva		njunctiva	
020	Which Beta blocker is B1 selective?		
	(A) Carteolol	(B) Timolol	
	(C) Betaxolol	(D) Levobunolol	
021.	Fifth nerve palsy could cause:		
	(A) Ptosis	(B) Proptosis	
	(C) Neuropathic keratopathy	(D) Lagophthalmos	
022.	'Salmon patches' are seen in		
	(A) Retinitis pigmentosa	(B) Interstitial keratitis	
	(C) Phlyctenular keratitis	(D) Fungal keratitis	
023.	Which of the following is not true of acute viral conjunctivitis?		
	(A) Vision is not affected	(B) Corneal infiltration is seen	
	(C) Antibiotics are the mainstay of treatment	t (D) Pupil remains unaffected	
024.	The effective treatment of dendritic ulcer of the cornea is:		
	(A) Surface anesthesia	(B) Local corticosteroids	
	(C) Systemic corticosteroids	(D) Acyclovir ointment	
025.	Herpes simplex keratitis is characterized by:		
	(A) Presence of pus in the anterior chamber	(B) No tendency to recurrence	
	C Corneal hyposthesia	(D) Tendency to perforate	

020.	Corneal transparency is maintained by:		
	(A) Keratocytes	(B) Bowman's membrane	
	(C) Descemet's membrane	(D) Endothelium	
027.	Which of the following is the most impor	tant adjuvant therapy for fungal corneal ulcer?	
	A) Atropine sulphate	(B) Dexamethasone	
	(C) Pilocarpine	(D) Lignocaine	
028.	Organism causing protozoan keratitis:		
	(A) Acanthamoeba spp	(B) Pneumococci	
	(C) Gonococci	(D) Adenovirus	
029.	Chalazion is a chronic inflammatory granuloma of		
	(A) Meibomian gland	(B) Zies's gland	
	(C) Sweat gland	(D) Wolfring's gland	
030.	Fuchs endothelial dystrophy is best treate	ed by:	
	(A) Endothelial keratoplasty	(B) DALK	
	(C) Keratectomy	(D) Penetrating keratoplasty	
031.	Blood vessels in a trachomatous pannus lie:		
	(A) Beneath the Descemet's membrane.		
	(B) In the substantia propria.		
	(C) Between Bowman's membrane & sul	ostantia propria.	
	(D) Between Bowman's membrane & Epithelium.		
032.	In vernal catarrh, the characteristic cells are:		
	(A) Macrophage	(B) Eosinophils	
	(C) Neutrophils	(D) Epitheloid cells	
033.	Ptosis in Horner's syndrome, is due to paralysis of:		
	(A) Riolan's muscle	(B) Horner's muscle	
	(C) Muller's muscle	(D) The levator palpebral muscle	
034.	Severe congenital ptosis with no levator function can be treated by:		
	(A) Levator resection from skin side	(B) Levator resection from conjunctival side	
	(C) Fascia lata sling operation	(D) Fasanella servat operation	
035.	The commonest cause of hypopyon corneal ulcer is:		
	(A) Moraxella	(B) Gonococcus	
	(C) Streptococcus Pneumoniae	(D) Staphylococcus	
036.	Most common late complication of cataract surgery:		
	(A) Cystoid macular oedema	(B) Glaucoma	
	(C) Posterior capsule opacification	(D) Uveitis	
037.	Fleischer ring is found in:		
	(A) Keratoconus	(B) Chalcosis	
	(C) Argyrosis	(D) Buphthalmos	
038.	Ring of Sommering is seen in:		
	(A) Diabetes	(B) Galactosemia	
	(C) After cataract	(D) Wilson's disease	

039.	Cornea is supplied by herve libers derived from:		
	(A) Trochlear nerve	(B) Optic nerve	
	(C) Trigeminal nerve	(D) Oculomotor nerve	
040.	Steroid induced cataract is:		
	(A) Posterior subcapsular	(B) Anterior subcapsular	
	(C) Nuclear cataract	(D) Cupuliform cataract	
041.	Most of the thickness of cornea is forn	ned by:	
	(A) Epithelial layer	(B) Substantia propria	
	(C) Descemet's membrane	(D) Endothelium	
042.	The risk of rhegmatogenous retinal detachment is increased in all of the following except:		
	(A) Pseudophakia	(B) Trauma	
	(C) Hypermetropia	(D) Lattice degeneration	
043.	Ptosis and mydriasis are seen in:		
	(A) Facial palsy	(B) Peripheral neuritis	
	(C) Oculomotor palsy	(D) Sympathetic palsy	
044.	Subretinal demarcation line or watershed line is seen in:		
	(A) Fresh rhegmatogenous retinal detachment		
	(B) Old rhegmatogenous retinal detachment		
	(C) Retinopathy of prematurity		
	(D) Retinitis pigmentosa		
045.	In DCR, the opening is made at:		
	(A) Superior meatus	(B) Middle meatus	
	(C) Inferior meatus	(D) None of the above	
046.	Schirmer's test is used for diagnosing:		
	(A) Dry eye	(B) Infective keratitis	
	(C) Watering eyes	(D) Horner's syndrome	
047.	Pizza pie or margherita pizza retinal appearance is seen in		
	(A) CMV retinitis	(B) Progressive retinal necrosis	
	(C) Acute retinal necrosis	(D) HSV retinitis	
048.	Pneumatic retinopexy is an outpatient procedure where retinal detachment is sealed with ai insufflation. Which is the gas used in the process?		
	(A) Carbon dioxide	(B) Sulphur hexafluoride	
	(C) Nitrous oxide	(D) Oxygen	
049.	Most common cause of adult bilateral proptosis		
	(A) Thyroid orbitopathy	(B) Metastasis	
	(C) Lymphoma	(D) Meningioma	
050.	Evisceration is:		
	(A) Excision of the entire eyeball		
	(B) Excision of all the inner contents o	f the eyeball including the uveal tissue	
	(C) Photocoagulation of the retina		
	(D) Removal of orbit contents		

051.	Grid photocoagulation is indicated in		
	(A) Ischaemic maculopathy	(B) Clinically significant macular oedema	
	(C) Macular hole	(D) Proliferative diabetic retinopathy	
052.	Ectopia lentis seen in all except		
	(A) Marfan syndrome	(B) Homocyctinuria	
	(C) Weil Marchesani syndrome	(D) Peter anomaly	
053.	Nerve supply of orbicularis oculi muscle		
	(A) 7th CN	(B) 8th CN	
	(C) 9th CN	(D) 10th CN	
054.	Proptosis is present in the following condi	tion except:	
	(A) Horner's syndrome	(B) Orbital cellulitis	
	(C) Thyroid ophthalmopathy	(D) Cavernous sinus thrombosis	
055.	Roper hall system of grading is for		
	(A) Chemical injury of eye	(B) Blunt trauma to eye	
	(C) Radiation injury to eye	(D) Perforating ocular injury	
056.	Normal lens contains% of water:		
	(A) 50	(B) 40	
	(C) 10	(D) 64	
057.	In anterior uveitis the pupil is generally:		
	(A) Of normal size	(B) Constricted	
	(C) Dilated	(D) Vertically oval	
058.	Koeppe's nodules are found in:		
	(A) Cornea	(B) Sclera	
	(C) Iris	(D) Conjunctiva	
059.	Aqueous humour is formed by:		
	(A) Epithelium of ciliary body	(B) Posterior surface of iris	
	(C) Lens	(D) Pars plana	
060.	Which of the following is not associated with rubeosis iridis?		
	(A) Proliferative diabetic retinopathy	(B) Retinopathy of prematurity	
	(C) Central serous retinopathy	(D) Eales' disease	
061.	Which laser is used for capsulotomy?		
	(A) Diode laser	(B) Carbon dioxide laser	
	(C) Excimer laser	(D) ND: YAG laser	
062.	Retinitis pigmentosa is a feature of all except:		
	(A) Refsum's disease	(B) Hallervorden-Spatz disease	
	(C) NARP	(D) Abetalipoproteinernia	
063.	Phacolytic glaucoma is best treated by:		
	(A) Fistulizing operation	(B) Cataract extraction	
	(C) Cyclo-destructive procedure	(D) Miotics and Beta blockers	

064.	Lens induced glaucoma does not occur in		
	(A) Intumescent cataract.	(B) Anterior lens dislocation,	
	(C) Posterior subcapsular cataract	(D) Posterior lens dislocation	
065.	Osmotic agents used in treatment of glaud	coma are all except	
	(A) Mannitol	(B) Glycerol	
	(C) Isosorbide	(D) Brimonidine	
066.	Best site where intraocular lens is fitted:		
	(A) Capsular ligament	(B) Endosulcus	
	(C) Ciliary supported	(D) Capsular bag	
067.	Pseudo rosettes are seen in		
	(A) Ophthalmia nodosum	(B) Retinoblastoma	
	(C) Trachoma	(D) Phacolytic glaucoma	
068.	Normally neuroretinal rim is broadest		
	(A) Temporally	(B) Inferiorly	
	(C) Superiorly	(D) Nasally	
069.	Bull's eye maculopathy is seen in toxicity	of:	
	(A) Chloroquine	(B) Dapsone	
	(C) Rifampicin	(D) Ethambutol	
070.	Topical atropine is contraindicated in:		
	(A) Retinoscopy in children	(B) Iridocyclitis	
	(C) Corneal ulcer	(D) Primary angle closure glaucoma	
071.	Neovascular glaucoma follows:		
	(A) Thrombosis of central retinal vein	(B) Acute congestive glaucoma	
	(C) Staphylococcal infection	(D) Hypertension	
072.	A one-month old baby is brought with complaints of photophobia and watering. Clinical examination shows normal tear passages and clear but large cornea. The most likely diagnosis is		
	(A) Congenital dacryocystitis	(B) Interstitial keratitis	
	(C) Keratoconus	(D) Buphthalmos	
073.	Koeppe's and Busacca's nodules are char	acteristic of	
	(A) Granulomatous uveitis	(B) Non-granulomatous uveitis	
	(C) Recurrent uveitis	(D) Chronic uveitis	
074.	Anterior uveitis is characterized by all except:		
	(A) Aqueous flare	(B) Shallow anterior chamber	
	(C) Circumcorneal congestion	(D) Miosis	
075.	In retinal detachment, fluid accumulates between:		
	(A) Outer plexiform layer and inner nuclear layer.		
	(B) Neurosensory retina and layer of retin	nal pigment epithelium.	
	(C) Nerve fiber layer and rest of retina.		
	(D) Retinal pigment epithelium and Bruc	h's membrane.	

0/0.	100 days glaucoma is seen in:		
	(A) Central Retinal Artery Occlusion	(B) Branch Retinal Artery Occlusion	
	(C) Central Retinal Vein Occlusion	(D) Branch Retinal Vein Occlusion	
077.	The type of synechiae in iris bombe is:		
	(A) Ring	(B) Total	
	(C) Filiform	(D) Goniform	
078.	Leucocoria is seen in:		
	(A) Papilloedema	(B) Retinoblastoma	
	(C) Papillitis	(D) Retinitis	
079.	Commonest lesion which hinders vision in diabetic retinopathy is:		
	(A) Macular oedema	(B) Microaneurysm	
	(C) Retinal hemorrhage	(D) Retinal detachment	
080.	Commotio retinae is seen in:		
	(A) Concussion injury	(B) Papilloedema	
	(C) Central retinal vein thrombosis	(D) Central retinal artery thrombosis	
081.	Night blindness is caused by:		
	(A) Central retinal vein occlusion	(B) Dystrophies of retinal rods	
	(C) Dystrophies of the cornea	(D) Retinal detachment	
082.	In Central retinal artery occlusion, a cherry red spot is due to:		
	(A) Hemorrhage at macula		
	(B) Increased choroidal perfusion		
	(C) Increase in retinal perfusion at macula		
	(D) The contrast between pale retina and red	ldish choroids	
083.	The most common primary intraocular malignancy in adults is:		
	(A) Retinoblastoma	(B) Choroidal melanoma	
	(C) Squamous cell carcinoma of conjunctiva	(D) Iris nevus	
084.	Snow banking is seen in:		
	(A) Pars planitis	(B) Endophthalmitis	
	(C) Coats' disease	(D) Eales' disease	
085.	Occlusion of the lower nasal branch of the central retinal artery results in one of the following field defects:		
	(A) Lower nasal sector field defect	(B) Upper nasal sector field defect	
	(C) Upper temporal field defect	(D) Lower temporal sector field defect	
086.	Primary optic atrophy results from:		
	(A) Retinal disease	(B) Chronic glaucoma	
	(C) Papilledema	(D) Neurological disease	
087.	PIGMENTARY GLAUCOMA features are a	ll except:	
	(A) Krukenbergs spindle	(B) Sampaolesi line	
	(C) Reverse pupillary block	(D) Lisch nodules	

088.	The type of optic atrophy that follows paper	illoedema is:		
	(A) Secondary optic atrophy	(B) Consecutive optic atrophy		
	(C) Glaucomatous optic atrophy	(D) Primary optic atrophy		
089.	Which of the following is incorrect regardi	ing phthisis bulbi?		
	(A) The intraocular pressure is increased	(B) Calcification of the globe is common		
	(C) Sclera is thickened	(D) Size of the globe is reduced		
090.	All are seen in 3rd nerve palsy except:			
	(A) Ptosis	(B) Diplopia		
	(C) Miosis	(D) Outwards eye deviation		
091.	Homonymous hemianopia is due to lesion at:			
	(A) Optic tract	(B) Optic nerve		
	(C) Optic chiasma	(D) Retina		
092.	Choroidal folds are seen in all except			
	(A) Retrobulbar tumours	(B) Thyroid eye disease		
	(C) Posterior scleritis	(D) Anterior uveitis		
093.	Intraorbital segment of optic nerve measur	res:		
	(A) 1 mm	(B) 25-30 mm		
	(C) 6 mm	(D) 10 mm		
094.	VKH SYNDROME is associated with:			
	(A) HLA DR 1	(B) HLA DR 10		
	(C) HLA DR 20	(D) HLA DR 2		
095.	Which of the following is a serious complication of degenerative myopia?			
	(A) Retinal detachment	(B) Posterior staphyloma		
	(C) Myopic crescent	(D) Vitreous liquefaction		
096.	Bergmeister papilla is remnant of			
	(A) Hyaloid vessels	(B) Posterior ciliary vessels		
	(C) Anterior ciliary vessels	(D) Retinal vessels		
097.	Foster Fuchs' spots are seen in:			
	(A) Myopia	(B) Hypermetropia		
	(C) Sympathetic ophthalmia	(D) Astigmatism		
098.	Causes of Horners syndrome are all except			
	(A) Cervical spinal cord lesion	(B) Pancoast tumour		
	(C) Syringomyelia	(D) Sixth nerve palsy		
099.	D-shaped pupil occurs in:			
	(A) Iridocyclitis	(B) Iridodonesis		
	(C) Cyclodialysis	(D) Iridodialysis		
100.	In complete third nerve paralysis the direction of the affected eye in the primary position is			
	(A) Inward	(B) Outward		
	(C) Outward and up	(D) Outward and down		

101.	Pseudopapillitis is seen in:		
	(A) Hypermetropia	(B) Myopia	
	(C) Squint	(D) Presbyopia	
102.	Objective assessment of refraction i	s termed as:	
	(A) Gonioscopy	(B) Retinoscopy	
	(C) Ophthalmoscopy	(D) Keratoscopy	
103.	Behcet disease is associated with:		
	(A) HLA B 51	(B) HLA B52	
	(C) HLA B55	(D) HLA B 53	
104.	Treatment of choice for aphakia:		
	(A) Spectacles	(B) Contact lenses	
	(C)IOL	(D) Laser therapy	
105.	The pathogenesis of lid retraction in	iclude all the following except:	
	(A) Fibrotic contracture of levator		
	(B) Secondary over action of levator – superior rectus complex		
	(C) Humorally – induced overaction of Muller muscle		
	(D) 6th nerve palsy		
106.	The surgical procedures for lid retraction include all the following except:		
	(A) Mullerotomy	(B) Radiotherapy	
	(C) Recession of lower lid retractors	S (D) Botulinum toxin injection	
107.	The ocular complication of bacterial orbital cellulitis include all the following except:		
	(A) Exposure keratopathy		
	(B) Ocular hypotony		
	(C) Occlusion of the central retinal artery or vein		
	(D) Endophthalmitis		
108.	Which of the following muscles is an intorter?		
	(A) Inferior rectus	(B) Inferior oblique	
	(C) Superior rectus	(D) Lateral rectus	
109.	Regarding Tolosa Hunt syndrome (all true except):		
	(A) Is a diagnosis of exclusion.		
	(B) It is a common condition		
	(C) Caused by non – specific granulomatous inflammation of the cavernous sinus, superior orbital fissure and/or orbital apex		
	(D) Its clinical course characterized by remissions and recurrences		
110.	Regarding superficial dermoid cyst:		
	(A) Painful nodule		
	(B) Most commonly located in the inferotemporal part of the orbit		
	(C) C T shows a homogenous well – circumscribed lesion		
	(D) Treatment is by excision in toto		
111.	The yoke muscle of right superior o	blique is:	
	(A) Right inferior oblique	(B) Left inferior oblique	
	(C) Right inferior rectus	(D) Left inferior rectus	

112.	The reciprocal inhibition of antagonist muscle is explained by:		
	(A) Sherrington's law	(B) Laplace's law	
	(C) Hick's law	(D) Herring's law	
113.	Cover test is used to detect:		
	(A) Manifest squint	(B) Paralytic squint	
	(C) Latent squint	(D) Pseudosquint	
114.	Regarding lacrimal gland carcinoma (all true except):		
	(A) Is a rare tumor which carries a high morbidity and mortality		
	(B) Presentation is in the 4th – 5th decades with a history shorter than that of a benign tumour		
	(C) CT shows a globular lesion with irregular serrated edges, often with contiguous erosion or invasion of bone		
	(D) Biopsy is not necessary to establish t	the histological diagnosis	
115.	Which of the following muscles does not	have adduction function	
	(A) Medial rectus	(B) Superior rectus	
	(C) Inferior oblique	(D) Inferior rectus	
116.	Optic nerve sheath meningioma:		
	(A) Presentation is with sudden unilateral visual impairment		
	(B) The classical triad is visual loss, optic atrophy and opticociliary shunt vessels		
	(C) CT shows fusiform enlargement of optic nerve		
	(D) Prognosis for life is very poor in adu	lts	
117.	The Causes of lagophthalmos include all the following except:		
	(A) Severe proptosis	(B) 3rd nerve palsy	
	(C) Eyelid scarring	(D) Following blepharoplasty	
118.	Sjogren syndrome:		
	(A) Characterized by infection of lacrimal and salivary glands		
	(B) Primary Sjogren syndrome affects males more commonly than females		
	(C) Presentation is in adult life with grittiness of the eyes and dryness of mouth		
	(D) Non autoimmune disorder		
119.	Optic nerve is:		
	(A) First order neuron	(B) Second order neuron	
	(C) Third order neuron	(D) Fourth order neuron	
120.	The causes of true conjunctival membrane include all the following except:		
	(A) Severe adenoviral conjunctivitis	(B) Gonococcal conjunctivitis	
	(C) Ligneous conjunctivitis	(D) Chronic Stevens Johnson syndrome	
121.	Acute retinal necrosis is caused by		
	(A) HZV	(B) S. aureus	
	(C) EBV	(D) H. influenza	
122.	Macular sparing is a feature of lesion in		
	(A) Optic nerve	(B) Optic tract	
	(C) Optic radiation	(D) Occipital cortex	

123.	Marcus-Gunn pupil is due to		
	(A) Defect anterior to chiasma	(B) Defect at the optic chiasma	
	(C) Defect posterior to the chiasma	(D) Defect in the ciliary muscle	
124.	Feature of non proliferative diabetic retine	opathy are all except	
	(A) Neovascularisation	(B) Hard exudates	
	(C) Soft exudates	(D) microaneursyms	
125.	The most common inherited blindness due to mitochondrial anomaly is:		
	(A) Retinitis pigmentosa		
	(B) Leber's congenital amaurosis		
	(C) Leber's hereditary optic neuropathy (LHON)		
	(D) Retinopathy of prematurity		
126.	Fundoscopic features of papilloedema include all of the following except		
	(A) Ill-defined disc margins	(B) Deep physiological cup	
	(C) Absent venous pulsations	(D) Bending of the blood vessels	
127.	Enlargementof the blind spot is seen		
	(A) papillitis	(B) Papilloedema	
	(C) Avulsion of the optic nerve	(D) Retinal detachment	
128.	Recurrance of pterygium after simple excision(bare sclera technique) is about :		
	(A) 60%	(B) 80%	
	(C) 40%	(D) 20%	
129.	The adult corneal endothelial cell density is about:		
	(A) 1000 cells/mm2	(B) 1500 cells/mm2	
	(C) 2500 cells/mm2	(D) 4000 cells/mm2	
130.	Consecutive optic atrophy is seen in:		
	(A) Papilloedema	(B) Papillitis	
	(C) Retinal detachment	(D) Retinitis pigmentosa	
131.	Lateral rectus palsy is characterized		
	(A) Crossed diplopia	(B) Uncrossed diplopia	
	(C) Downward deviation of the eyeball	(D) Upward deviation of the eyeball	
132.	The bacteria that are able to penetrate a normal corneal epithelium include all the following expect:		
	(A) N. gonorrhea.	(B) Pseudomonas aeruginosa	
	(C) N. meningitides	(D) C. diphtheria	
133.	Colour vision is checked by which one of the following?		
	(A) Snellen's chart	(B) Goldman's three mirror lens	
	(C) Slit lamp	(D) Ishihara's charts	
134.	The systemic diseases associated with peripheral ulcerative keratitis include all the followin expect:		
	(A) Rheumatoid arthritis	(B) Wegener granulomatosis	
	(C) SLE	(D) None of the above	

135.	Holmgren's wool matching is used for assessment of:			
	(A) Visual field	(B) Visual acuity		
	(C) Colour vision	(D) Refraction		
136.	Systemic associations of high myopia are a	Systemic associations of high myopia are all except		
	(A) Down syndrome	(B) Marfan syndrome		
	(C) Stickler syndrome	(D) Turner syndrome		
137.	Schwalbe's line is:			
	(A) The posterior limit of the Descemet's membrane			
	(B) The posterior limit of the Bowman's membrane			
	(C) The anterior limit of the Descemet's membrane			
	(D) The anterior limit of the Bowman's me	(D) The anterior limit of the Bowman's membrane		
138.	The incidence of acute endophthalmitis followed	owing cataract surgery is approximately:		
	(A) 0.1%	(B) 0.5%		
	(C) 1%	(D) 10%		
139.	The Complication of Nd: Yag laser capsulotomy include all the following expect:			
	(A) Damage to the IOL	(B) CME		
	(C) IOP elevation	(D) None of the above		
140.	Visual field abnormalities in the Bjerrum's area are seen in:			
	(A) Cataract	(B) Glaucoma		
	(C) Keratitis	(D) Proptosis		
141.	Neovascular glaucoma occurs after ischemic central retinal rein occlusion in intervals :			
	(A) From 12 weeks to 14 weeks	(B) From 2 weeks to 3 weeks		
	(C) From 1week to 2 weeks.	(D) From 4 weeks to 5 weeks		
142.	The treatment of congenital glaucoma is:			
	(A) Essentially topical medication	(B) Trabeculoplasty		
	(C) Trabeculotomy with trabeculectomy	(D) Cyclocryotherapy		
143.	Patient presents with acute painful red eye and vertically oval mid-dilated pupil. Most likely diagnosis is:			
	(A) Acute retrobulbar neuritis	(B) Acute angle closure glaucoma		
	(C) Acute anterior uveitis	(D) Severe keratoconjunctivitis		
144.	Malignant glaucoma is seen in:			
	A) After intraocular surgery	(B) Intraocular malignancy		
	(C) Trauma	(D) Thrombosis		
145.	Regarding systemic side effects of systemic carbonic acid inhibitors (all true expect):			
	(A) Paraesthesia	(B) Renal stone formation		
	(C) Gastrointestinal complex.	(D) Hyperkalemia.		
146.	ICE syndrome includes			
	(A) Iris atrophy	(B) Cogan Reese syndrome		
	(C) Retinal detachment	(D) Chandlers syndrome		

147.	Regarding Behcet syndrome (all true expect):		
	(A) Is an idiopathic, multi system disease		
	(B) Is characterised by recurrent episodes of orogenital ulceration and vasculitis		
	(C) Is strongly associated with (HLA) B 51		
	(D) Ocular involvement is unilateral		
148.	The laser procedure used for treating rubeosis iridis is:		
	(A) Gonio-photocoagulation	(B) Panretinal photocoagulation	
	(C) Laser trabeculoplasty	(D) Laser itidotomy	
149.	Krukenberg spindle is seen in:		
	(A) Pigmentary glaucoma	(B) Sympathetic ophthalmitis	
	(C) Retitutis pigmentosa	(D) Chalazion	
150.	Which of the following drugs is not used topically for the treatment of glaucoma?		
	(A) Timolol	(B) Latanoprost	
	(C) Acetazolamide	(D) Dorzolamide	
151.	Compared with plasma, aqueous humor has an increased concentration of which one of these components?		
	(A) Protein	B) Ascorbate	
	(C) Glucose	(D) Carbon dioxide	
152.	Which of the following anti-glaucoma medications can cause drowsiness?		
	(A) Latanoprost	(B) Brimonidine	
	(C) Timolol	(D) Dorzolamide	
153.	Latanoprost acts in glaucoma by:		
	(A) Decreasing aqueous humour product	ion (B) Increasing uveoscleral outflow	
	(C) Increasing trabecular outflow	(D) Releasing pupillary block	
154.	Which drug used during general anesthesia is associated with an increase in IOP?		
	(A) Halothane	(B) Ketamine	
	(C) Valium	(D) Phenobarbital	
155.	Patients with homocystinuria are at increased risk for which of the following?		
	(A) Lens subluxation		
	(B) Angle-closure glaucoma		
	(C) Intravascular thrombosis with generation	al anesthesia	
	(D) All of the above		
156.	Which of the following topical drugs causes heterochromia iridis?		
	(A) Latanoprost	(B) Prednisolone	
	(C) Olopatadine	(D) Timolol	
157.	Which of the following drugs is not used history of sulfa allergy?	d in a patient of acute congestive glaucoma having a	
	(A) Glycerol	(B) Acetazolamide	
	(C) Mannitol	(D) Latanoprost	

158.	Hyper osmotic agents act by:		
	(A) Increasing aqueous outflow	(B) Decreasing aqueous production	
	(C) Decreasing vitreous volume	(D) Increasing uveoscleral outflow	
159.	Bitot's spots are seen in:		
	(A) Conjunctiva	(B) Cornea	
	(C) Retina	(D) Vitreous	
160.	All of the following are well-established early signs of glaucomatous damage except:		
	(A) Vertical elongation of the cup	(B) Peripapillary atrophy	
	(C) Splinter hemorrhage on disc	(D) Nerve fiber layer loss	
161.	All of the following conditions are associated with increased pigmentation of the trabecular meshwork on gonioscopy		
	(A) Pseudoexfoliation (PXF) syndrome	(B) Pigment dispersion syndrome	
	(C) Prior trauma	(D) All of the above	
162.	In human corneal transplantation, the donor tissue is:		
	(A) Synthetic polymer	(B) Donor tissue from cadaveric human eyes	
	(C) Donor tissue from live human eyes	(D) Monkey eyes	
163.	Fuchs heterochromatic cyclitis is characterized by		
	(A) Chronic low grade iritis	(B) Posterior sub capsular cataract	
	(C) Fine stellate KPs	(D) All of the above	
164.	Which of the following is least likely to be found in a patient with primary congenital glaucoma?		
	(A) IOP of 23 mm Hg		
	(B) Cup-to-disc ratio of 0.4		
	(C) Corneal diameter of 10.0 mm		
	(D) Open angle with high iris insertion on gonioscopy		
165.	Cherry red spot seen in all except		
	(A) CRAO	(B) Commotio retinae	
	(C) Mucopolysaccharidosis	(D) CRVO	
166.	Neurotrophic keratopathy is caused by:		
	(A) Bell's palsy	(B) Facial nerve palsy	
	(C) Trigeminal nerve palsy	(D) None of the above	
167.	Which one of the following conditions does not have the same pathogenesis of glaucoma as the others?		
	(A) Sturge–Weber syndrome	(B) Thyroid eye disease	
	(C) Aniridia	(D) Carotid-cavernous sinus fistula	
168.	Exposure keratopathy is due to paralysis of:		
	(A) Trigeminal nerve	(B) Facial nerve	
	(C) Abducens nerve	(D) Occulomotor nerve	
169.	Photophthalmia or Snow blindness is caused by:		
	(A) Ultraviolet rays	(B) Infrared rays	
	(C) Gamma rays	(D) X-rays	

170.	With respect to corticosteroid glaucoma	a, all of the following are true except:	
	(A) In most cases, after discontinuing the steroid, the IOP returns to normal over a few days to several weeks.		
	(B) The rise in IOP may be delayed for years after starting the steroid.		
	(C) Most cases are caused by long-term oral administration of steroids.		
	(D) Patients with POAG are more susceptible to steroid-induced IOP elevations.		
171.	The blood supply of pre laminar optic nerve is		
	(A) meningeal arteries	(B) ophthalmic artery	
	(C) short posterior ciliary artery	(D) central retinal artery	
172.	What is the best initial therapy for malignant glaucoma?		
	(A) Pilocarpine 2%	(B) Laser iridotomy	
	(C) Mydriatic-cycloplegic therapy	(D) Lens removal	
173.	Blue sclera is seen in:		
	(A) Alkaptonuria	(B) Osteogenesis imperfecta	
	(C) Ehlers-Danlos Syndrome	(D) Kawasaki disease	
174.	The retina develops from:		
	(A) Neuroectoderm	(B) Surface ectoderm	
	(C) Endoderm	(D) Mesoderm	
175.	In fluorescein angiography of retina, the dye is injected in:		
	(A) Femoral artery	(B) Antecubital vein	
	(C) Ophthalmic artery	(D) Internal carotid artery	
176.	Premature baby weighing 1000 gms or less is most likely to suffer from		
	(A) Cataract	(B) Glaucoma	
	(C) Retinopathy of prematurity	(D) Retinal detachment	
177.	Lens is formed from		
	(A) Surface ectoderm	(B) Neural crest cells	
	(C) Mesoderm	(D) Neural ectoderm	
178.	HLA B 27 is associated with		
	(A) Behcet's disease	(B) Iridocyclitis	
	(C) Sympathetic ophthalmia	(D) Ocular histoplasmosis	
179.	External nasal nerve is a branch of		
	(A) 5th CRANIAL NERVE	(B) 3rd CRANIAL NERVE	
	(C) 4th CRANIAL NERVE	(D) 7th CRANIAL NERVE	
180.	A lesion in the pons causes		
	(A) Anisocoria	(B) Miosis	
	(C) Light near dissociation	(D) Mydrasis	
181.	Pseudotumor cerebri is most likely to cause which cranial nerve palsy		
	(A) 3	(B) 4	
	(C) 5	(D) 6	

182.	All of the following are appropriate ther	apy for primary HSV epithelial keratitis except:	
	(A) Ganciclovir 0.15% gel	(B) Difluprednate 0.05%	
	(C) Débridement of corneal lesions	(D) Valacyclovir	
183.	Which glaucoma medication does not decrease aqueous production?		
	(A) Aproclonidine	(B) Pilocarpine	
	(C) Acetazolamide	(D) Timolol	
184.	Congenital obstruction of the lacrimal drainage system usually occurs at		
	(A) Valve of rosenmuller	(B) Common canaliculus	
	(C) Lacrimal sac	(D) Valve of hasner	
185.	Which of the following can cause corneal perforation in just 48 hours?		
	(A) Staphylococcus	(B) Pseudomonas	
	(C) Diphtheria	(D) Aspergillus	
186.	Steroids are contraindicated in:		
	(A) Phlyctenular conjunctivitis	(B) Mooren's ulcer	
	(C) Vernal keratoconjunctivitis	(D) Dendritic ulcer	
187.	Ciliary staphyloma is due to:		
	(A) Scleritis	(B) Myopia	
	(C) Iridocyclitis	(D) Choroiditis	
188.	Cells affected in glaucomatous optic neuropathy are:		
	(A) Amacrine cells	(B) Bipolar cells	
	(C) Ganglion cells	(D) Rods and cones	
189.	Sunflower cataract is seen in:		
	(A) Chalcosis	(B) Diabetes	
	(C) Syphilis	(D) Stargardt's disease	
190.	What is the most common malignant epithelial tumor of the conjunctiva?		
	(A) Basal cell carcinoma	(B) Squamous cell carcinoma	
	(C) Malignant melanoma	(D) Squamous papilloma	
191.	Vossius ring is seen in:		
	(A) Penetrating trauma	(B) Concussion injury	
	(C) Iridocyclitis	(D) Acute angle closure glaucoma	
192.	Satellite lesion in cornea is a feature of		
	(A) Bacterial corneal ulcer	(B) Fungal corneal ulcer	
	(C) Alkali burns	(D) Acid burns	
193.	Iris pearls seen in		
	(A) Leprosy	(B) Syphilis	
	(C) Tuberculosis	(D) Sarcoidosis	
194.	Typical appearance of diabetic cataract is:		
	(A) Sunflower cataract	(B) Breadcrumb cataract	
	(C) Polychromatic luster	(D) Snowflake cataract	

195.	Typical coloboma of iris occurs in		
	(A) Inferonasally	(B) Superonasally	
	(C) Inferotemporally	(D) Superotemporally	
196.	Normal value of Arden index is		
	(A) 1	(B) 1.5	
	(C) Less than 185%	(D) More than 185%	
197.	Dot and blot hemorrhages are situated at the level of		
	(A) Nerve Fibre Layer	(B) Ganglion Cell Layer	
	(C) ILM	(D) Outer plexiform layer and inner nuclear layer	
198.	Poliosis is seen in all except		
	(A) VKH syndrome	(B) Sympathetic ophthalmitis	
	(C) Marfans syndrome	(D) Down syndrome	
199.	'b' wave in ERG arises from:		
	(A) Rods and cones	B) Bipolar cells	
	(C) Ganglion cells	(D) Retinal pigment epithelium	
200.	ETDRS chart is used for vision evaluation in diabetic patients. What does ETDRS stand for?		
	(A) Extended treatment for diabetic retinopathy study		
	(B) Early treatment for diabetic retinopathy study		
	(C) Emergency treatment for diabetic retinopathy study		
	(D) Emerging treatment for diabetic retinopathy study		