

NATIONAL MEDICAL COMMISSION

STANDARD ASSESSMENT FORM

FORM – C

File No:

/ Assessment No.:

Name of Course : MBBS

Name of Subject : Community Medicine

Name of College : Santhiram Medical College, Nandyal, A.P

Name of University : Dr. NTR University of Health Sciences, Vijayawada, A.P

Place of examination : Santhiram Medical College, Nandyal, A.P

Date/s of examination : 15-02-2025 to 20-02-2025

1. ASSESSOR

Sl.	Name	Official address	Mobile No.	email address
1.	Dr. MOHAMMED ABDUL MUSHTAQ PASHA	Professor & HOD, Dept. of Community Medicine, Santhiram Medical College, Nandyal (AP)	9440033788	mampasha@gmail.com

Assessment order/letter number:

Dr. M. A. Mushtaq Pasha	Lr.No. 21124/E1(b)/UG/PRL/2025 dated 10-02-2025
Dr. Afsar Fatima	Lr.No. 21124/E1(b)/UG/PRL/2025 dated 10-02-2025
Dr. T. Srigouri	Lr.No. 21124/E1(b)/UG/PRL/2025 dated 10-02-2025
Dr. V. Lakshmi Devi	Lr.No. 21124/E1(b)/UG/PRL/2025 dated 06-02-2025
Dr. B. Sudhakar Babu	Lr.No. 21124/E1(b)/UG/PRL/2025 dated 06-02-2025

[Signature] Afsar Fatima T. Srigouri

[Signature] V. Lakshmi Devi

[Signature] **PRINCIPAL**
Santhiram Medical College
General Hospital
NH-40, NANDYAL (D)

2. REPORT OF PREVIOUS ASSESSMENT

Deficiencies pointed out in the last Assessment/ if any	Remarks
NIL	---

A. Scheme of Examination

Marks allotted

Minimum passing marks

1. Theory:

Final examination	:	200	100
Internal assessment	:	25	12.5
Total for Theory	:	225	112.5

2. Clinical/practical:

Final examination	:	80	40
Internal assessment	:	35	17.5
Total for Practical	:	115	57.5

3. Viva-voce:

Final examination	:	20	10
Internal assessment	:	20	10
Total for Viva-voce	:	40	20

Grand Total :**B. Theory (Attach 1 copy of each of the papers)**


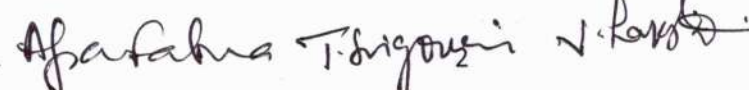
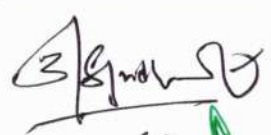
1. Theory paper:	Subject:	Time: __ Hrs.	Date of exam:
No. 1:	Community Medicine	3 hours	24-01-2025
No. 2:	Community Medicine	3 hours	28-01-2025

2. Place of conduct of exam. : Santhiram Medical College, Nandyal (AP)

3. Invigilation arrangements : Mobile Phone Jammers installed; Invigilators posted;

An Observer nominated by Dr NTR University of Health Sciences.

4. No. of candidates appeared : 161

PRINCIPAL
 Santhiram Medical College &
 General Hospital

C. Remarks by the Assessor/s regarding:

- a) Nature of the questions: MCQs(✓)/SAQs(✓)/Structured Essay type(-)/Long answers(✓)
- b) Type of Questions: Recall based (✓)/Application based(✓)/Problem based(✓)
- c) Standard of questions: level of difficulty: Easy(-)/ Moderate(✓)/Difficult(-)
- d) Do they broadly cover the prescribed curriculum? Yes
- e) Standard of the answers: (On a scale of 10 where 0 = Very poor and 10 = Outstanding): 8
- f) Internal assessment marks (to be reviewed by the assessors) that have contributed to final examination: Theory: 25 Practical & Viva: 35
- g) Method/pattern of examination of internal examinations conducted during the course of training/study (to be clearly stated): Theory, Practical (incl. Epidemiological/Statistical Exercises, Spotters, Clinico-Social Case Discussion, OSCE/OSPE) & Viva.
- h) Have the Internal assessment marks influenced the final examination? Yes

II. PRACTICAL / CLINICAL EXAMINATION:**PRACTICAL**

- a) Conduct of the practical examination (provide details including OSCE).

09.00am-09.10am	Spotters	02.00-05.00pm	Viva Voce
09.15am-10.00am	Epid./Statistical Exercises	05.00pm	Marks compilation
10.00am-1.00pm	Clinico-Social Case Discussion	05.30pm	Marks uploading to the University

- b) Does the practical examination broadly cover the discipline? Yes
- c) Time allotted for different sections of the examination (Provide details).

Spotters	10 minutes	Clinico-Social Case Discussion	3 hours
Epid./Statistical Exercises	45 minutes	Viva Voce	3 hours

- d) Details of examiners: (please attach brief cv of the examiners).

Note: Provide this information in a sealed envelope marked confidential).

Examiner	Name	Qualifications	Designation	Years of Experience	
				Teaching	Examiner
Internal-1	Dr. Mohammed Abdul Mushtaq Pasha	MBBS, MD.,	Professor & HOD	33	29
Internal-2	Dr. Afsar Fatima	MBBS, MD, DPH.,	Professor	25	21
Internal-3	Dr. T. Srigouri	MBBS, MD.,	Associate Professor	5	0
External-1	Dr. V. Lakshmi Devi	MBBS, MD.,	Assistant Professor		
External-2	Dr. B. Sudhakar Babu	MBBS, MD.,	Professor		

- e) Mode of practical examination: In batches or otherwise and number of students per day (Provide details)

Dt. 15-02-2025	27 students	Dt. 18-02-2025	27 students
Dt. 16-02-2025	27 students	Dt. 19-02-2025	26 students
Dt. 17-02-2025	27 students	Dt. 20-02-2025	27 students

afafatima Srigouri V. Lakshmi Devi B. Sudhakar Babu

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

- f) Are there other examination centers in the same University: Yes(✓) / No(-)
 • If yes, provide details.
- g) Do the same examiners conduct the examination in other centers too? Yes(-) / No(✓)
 • If not, what steps are taken to ensure uniformity of standards? Are meetings of the examiners being conducted and guidelines are given by the University.
- h) Date of Examination in different centers: ---
- i) Date and time when the examination was inspected by the assessors: ---
- j) Are the invigilation arrangements satisfactory? Yes
- k) No. of candidates appeared. 161
- l) Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks): 6 (Copy enclosed)
- m) The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding): 10
- n) Minimum marks required for passing: 50%

PRACTICAL

1. No of Long cases : 30
2. No of Short cases : Nil
3. How many cases were given to each candidate – long and short cases? : One
4. Type of cases given (attach list of long and short cases) : List Enclosed
5. Average time for (long cases and short cases) for each Candidate.
 - a. Time for examining the patient : 30 minutes.
 - b. Time for discussion fixed time or changed as per the answers of the candidate: 25 minutes
6. How was the assessment done? As per the University Guidelines. (Copy enclosed)
7. Standard displayed by candidates in general in the clinical part of the examination. (On a scale of 10 where 0 = Very poor and 10 = Outstanding) : 8

Handwritten signatures and initials:

8. Nature of Discussion of case by the candidate – level of difficulty of questions (On a scale of 10 where 0 = Very easy and 10 = very difficult) : 8
 - a. Number & type of questions (a copy of the question asked by the examiners may be attached) : Copy enclosed
 - b. Have all the candidates been uniformly examined and grades or marks awarded as per merit of the question? : Yes
 - c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills? : Yes
 - d. Was the atmosphere friendly and allowed the candidates to express themselves freely? : Yes
 - e. Were supplementary questions asked by the examiners to gauge the depth of knowledge of the candidates? : Yes
9. Was the assessment done jointly by more than one Examiner? : Yes
10. How many marks are allotted for clinical examination? : 30
11. What is the minimum percentage for passing the clinical part? : 15
12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination? : No
13. Were any other marks from their course of training, or clinical works done in the wards added to the marks obtained in the final clinical examination? : No
14. If so, to what extent (in percentage of marks)? : N.A.
15. Has it influenced the result at the final examination? : N.A.

(Method of assessment of clinical work in the wards may be clearly stated).

[Handwritten signatures]

[Green checkmark]

VIVA-VOICE

1. The content of the interaction (Give extent of coverage of subject): CBME syllabus
2. How was it conducted (provide details)? : Interactive method
3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding) : 10
4. What was the nature of assessment? : Summative Assessment
5. Was it done jointly by more than one examiner? : Yes
6. How are the marks obtained in different parts of the examination grouped?

Spotters	10 Marks	Clinico-Social Case Studies	30 Marks
Epid. & Statistical Exercises	40 Marks	Viva-voce	20 Marks

7. What is the minimum for passing in each section and in the grand total? : 50%
8. Results for the last three years.

2022	100%
2023	100%
2024	100%

9. No. of students appeared?

2022	94
2023	80
2024	77

10. No. of students passed?

2022	94
2023	80
2024	77

11. Other remarks if any. : Nil

Conclusions :

Was the standard sufficient for the M.B.B.S. examination as required by Regulations of the Medical Council of India/National Medical Commission? : Yes

Was the examination conducted satisfactorily to the assessor? : Yes

If not, the reasons to be mentioned:

Observations of the assessors are to be made in assessment report only.

[Signatures]

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.

Doc-①

1. Name of the Doctor : MOHAMMED ABDUL MUSHTAQ PASHA
2. Present designation : PROFESSOR & HOD
3. Speciality : COMMUNITY MEDICINE

4.	Address	Office	Residence
		Dept. of Community Medicine Santhiram Medical College NANDYAL Andhra Pradesh PIN 518502	Staff Quarters, No.12 Santhiram Medical College NANDYAL Andhra Pradesh PIN 518502

5. Phone No. Office: 0866-2351206 Residence: -- Cell: 9440033788
6. E-mail Address : mampasha@gmail.com
7. Date of Birth : 10-08-1958
8. Qualifications :

Sl.No.	Degree	Year of passing	Institution & University studied	NMC Recognized (YES / NO)
I.	M.B.B.S	1981	<ul style="list-style-type: none"> Rangaraya Medical College, Kakinada (AP) Andhra University. 	Yes
II.	PG MD (Com. Med)	1991	<ul style="list-style-type: none"> Rangaraya Medical College, Kakinada (AP) Dr NTRUHS 	Yes
III.	DM / MCh	--	--	--

9. Teaching Experience details:

Sl. No.	Post held	Experience			Name of the Institution	NMC recog. (Yes / No)
		From	To	Period		
I.	Assistant Professor	16-04-1992	31-08-1997	5yrs 4M	<ul style="list-style-type: none"> Rangaraya Medical College, Kakinada. Gandhi Medical College, Hyderabad 	Yes
II.	Associate Professor	01-09-1997	30-07-2002	5yrs	<ul style="list-style-type: none"> Gandhi Medical College, Hyderabad. Deccan College of Medical Sciences, Hyderabad. 	Yes
III.	Professor	31-07-2002	Till Date	22yrs 9M	<ul style="list-style-type: none"> KBN Institute of Medical Sciences, Gulbarga. Bhaskar Medical College, Hyderabad. Santhiram Medical College, Nandyal. 	Yes

10. Years of experience as UG Teacher : 33 years
11. Years of experience as UG Examiner : 29 years
12. Years of experience as PG Teacher : 14 years
13. Years of experience as PG Examiner : 12years
14. At present place of working whether NMC recognized M.B.B.S course is offered? Yes/ No : Yes
15. At present place of working whether NMC recognized PG course in specialties offered? Yes/ No : Yes
16. Number of years of experience as External Examiner : 29years

DECLARATION

I hereby declare that the particulars furnished above are true and correct.

Date: 15-02-2025

Signature of the Doctor
(with office seal)

Professor & Head
Department of Community Medicine
Santhiram Medical College
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.

EXAMINER's CURRICULUM VITAE

Subject: COMMUNITY MEDICINE

1. Name of the Doctor : AFSAR FATIMA
2. Present designation : PROFESSOR
3. Specialty : COMMUNITY MEDICINE

4.	Address	Office	Residence
		Dept. of Community Medicine Santhiram Medical College NANDYAL Andhra Pradesh PIN 518502	Staff Quarters, No.12 Santhiram Medical College NANDYAL Andhra Pradesh PIN 518502

5. Phone No. Office: 0866-2351206 Residence: -- Cell: 9949315845
6. E-mail address : afsarfatima@gmail.com
7. Date of Birth : 10-12-1957
8. Qualifications :

Sl.No	Degree	Year of passing	Institution & University studied	NMC Recognized (YES / NO)
	M.B.B.S	1980	Guntur Medical College, Guntur (AP) Nagarjuna University.	Yes
	PG : MD (Com.Med)	1988	Rangaraya Medical College, Kakinada (AP) Andhra University	Yes

9. Teaching Experience details:

Sl. No.	Post held	Experience			Name of the Institution	NMC recog. (Yes / No)
		From	To	Period		
I.	Assistant Professor	02-06-2000	31-05-2005	5yrs	• KBN Institute of Medical Sciences, Gulbarga.	Yes
II.	Associate Professor	01-06-2005	31-07-2009	4yrs 2M	• KBN Institute of Medical Sciences, Gulbarga. • Bhaskar Medical College, Hyderabad • Santhiram Medical College, Nandyal	Yes
III.	Professor	01-08-2009	Till Date	15yrs 7M	• Santhiram Medical College, Nandyal.	Yes

10. Years of experience as UG Teacher : 25 years
11. Years of experience as UG Examiner : 18 years
12. Years of experience as PG Teacher : 14 years
13. Years of experience as PG Examiner : 12years
14. At present place of working whether NMC recognized M.B.B.S course is offered? Yes/ No Yes
15. At present place of working whether NMC recognized PG course in specialties offered? Yes/ No Yes
16. Number of years of experience as External Examiner : 18 years

DECLARATION

I hereby declare that the particulars furnished above are true and correct.


Date: 15-02-2025



Afsar Fatima
Signature of the Doctor
(with office seal)

PRINCIPAL
Santhiram Medical College & General Hospital
NH-40, NANDYAL (Dist.)
Department of Community Medicine
Santhiram Medical College, Nandyal

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.
EXAMINER'S CURRICULUM VITAE
Subject: COMMUNITY MEDICINE

1.	Name of the Doctor	: DR. T. SRIGOURI		
2.	Present designation	: Associate Professor		
3.	Specialty	: Community Medicine		
4.	Address	Office	Residence	
		—	H.No. 25/236-9A, Ward No. 25, Nandyal.	
5.	Phone No.	Office	Residence	Cell
		222480	—	6305223022
6.	E-mail address	: Jayalalitha 1130 @ gmail.com		
7.	Date of Birth	: 14/5/1984		
8.	Qualifications	: M.D. Community Medicine		
Sl.No.	Degree	Year of passing	Institution & University studied	NMC Recognized (YES / NO)
I.	M.B.B.S	2009	DR. NTRUHS	yes
II.	PG	2013	DR. NTRUHS	yes.
III.	DM / MCh	—	—	—
9.	Teaching Experience details:			
Sl. No.	Post held	Experience		Name of the Institution
		From	To	Period
I.	Assistant Professor	1/10/2014	31/10/2016	2yrs 1month Shanthiram Medical College
		7/11/2016	15/5/2018	1yr 6months N. Lakshminarayana Medical College
		3/12/2022	26/8/23	9 Months Shanthiram Medical College
II.	Associate Professor	26/8/23	till date	1yr 6months Shanthiram Medical College
III.	Professor			
10.	Years of experience as UG Teacher			6yrs
11.	Years of experience as UG Examiner			—
12.	Years of experience as PG Teacher			6yrs
13.	Years of experience as PG Examiner			—
14.	At present place of working whether NMC recognized M.B.B.S course is offered?			Yes / No
15.	At present place of working whether NMC recognized PG course in specialties offered?			Yes / No
16.	Number of years of experience as External Examiner			
DECLARATION				
I hereby declare that the particulars furnished above are true and correct.				
Date:	18/2/25	 Signature of the Doctor (with office seal) Associate Professor Dept. of Community Medicine		

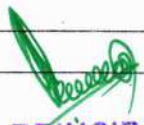
PRINCIPAL
Santhiram Medical College & General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.

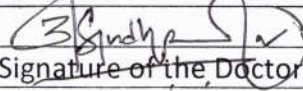
EXAMINER'S CURRICULUM VITAE

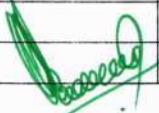
Subject: COMMUNITY MEDICINE

1.	Name of the Doctor	: Dr. V. Lakshmi Devi				
2.	Present designation	: Assistant Professor				
3.	Specialty	: Community Medicine				
4.	Address	Office		Residence		
				Flat No: 234, Vinayam Condo & Centre		
5.	Phone No.	Office	Residence	Cell		
				9491604756		
6.	E-mail address	: lakshmi.dr.cm.2014@gmail.com				
7.	Date of Birth	: 22/07/1985				
8.	Qualifications	: MBBS, MD				
Sl.No.	Degree	Year of passing	Institution & University studied	NMC Recognized (YES / NO)		
I.	M.B.B.S	2009	NTRUHS SVMC	Yes		
II.	PG	2017	NTRUHS SVMC	Yes		
III.	DM / MCh					
9.	Teaching Experience details:					
Sl. No.	Post held	Experience			Name of the Institution	NMC recog. (YES / NO)
		From	To	Period		
I.	Assistant Professor	13/10/20	Till date	4Y3M	CMC, Koda	Yes
		23/08/2018	24/1/2019	5M	VBMC, Kurnool	Yes
II.	Associate Professor					
III.	Professor					
10.	Years of experience as UG Teacher					57 9 months including SR in both Private & Government
11.	Years of experience as UG Examiner					2 Year
12.	Years of experience as PG Teacher					1 Year
13.	Years of experience as PG Examiner					
14.	At present place of working whether NMC recognized M.B.B.S course is offered?					Yes / No
15.	At present place of working whether NMC recognized PG course in specialties offered?					Yes / No
16.	Number of years of experience as External Examiner					27
DECLARATION						
I hereby declare that the particulars furnished above are true and correct.						
Date: 15/02/25				Signature of the Doctor		
				(with office seal)		


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.
EXAMINER'S CURRICULUM VITAE
Subject: COMMUNITY MEDICINE

1.	Name of the Doctor	: B. SUDHAKAR BABU				
2.	Present designation	: PROFESSOR				
3.	Specialty	: COMMUNITY MEDICINE				
4.	Address	Office	Residence			
		VBMCL, RT NAGAR KNL VBMCL, RT NAGAR, KNL				
5.	Phone No.	Office	Residence	Cell		
		6303896449		8897442226		
6.	E-mail address	: babsudhakar@gmail.com				
7.	Date of Birth	: 01-04-1971				
8.	Qualifications	: MBBS, MD (Community Medicine)				
Sl.No.	Degree	Year of passing	Institution & University studied	NMC Recognized (YES / NO)		
I.	M.B.B.S	1996	OMC, NTRUHS	YES		
II.	PG	2002	OMC, NTRUHS	YES		
III.	DM / MCh					
9.	Teaching Experience details:					
Sl. No.	Post held	Experience			Name of the Institution	NMC recog. (YES / NO)
		From	To	Period		
I.	Assistant Professor	2002		2009	Katuri Medical College	YES
II.	Associate Professor	2009		2020	KATURI MEDICAL COLLEGE, Sri Satya Medical College, VILWA BHARATHI MEDICAL	YES
III.	Professor	2020		Till date	Vilwa Bharathi Medical	YES
10.	Years of experience as UG Teacher					15
11.	Years of experience as UG Examiner					15
12.	Years of experience as PG Teacher					8
13.	Years of experience as PG Examiner					8
14.	At present place of working whether NMC recognized M.B.B.S course is offered?					Yes / No
15.	At present place of working whether NMC recognized PG course in specialties offered?					Yes / No
16.	Number of years of experience as External Examiner					5
DECLARATION						
I hereby declare that the particulars furnished above are true and correct.						
Date: 15/02/2025		 Signature of the Doctor (with office seal)				




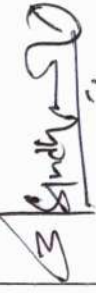

PRINCIPAL
Santhiram Medical College & General Hospital
NH-40, NANDYAL (Dist.)

[Faint, illegible handwritten text and markings are visible across the page, including some numbers and symbols.]

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 15-02-2025

DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr. Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	21M102017013	21M102017020	21M102017028	21M102017035
	21M102017014	21M102017022	21M102017029	21M102017036
	21M102017015	21M102017023	21M102017030	21M102017037
	21M102017016	21M102017024	21M102017031	21M102017038
	21M102017017	21M102017025	21M102017032	21M102017039
	21M102017018	21M102017026	21M102017033	21M102017040
	21M102017019	21M102017027	21M102017034	
EPID EXER	21M102017020	21M102017028	21M102017035	21M102017013
	21M102017022	21M102017029	21M102017036	21M102017014
	21M102017023	21M102017030	21M102017037	21M102017015
	21M102017024	21M102017031	21M102017038	21M102017016
	21M102017025	21M102017032	21M102017039	21M102017017
	21M102017026	21M102017033	21M102017040	21M102017018
	21M102017027	21M102017034		21M102017019
STAT EXER	21M102017028	21M102017035	21M102017013	21M102017020
	21M102017029	21M102017036	21M102017014	21M102017022
	21M102017030	21M102017037	21M102017015	21M102017023
	21M102017031	21M102017038	21M102017016	21M102017024
	21M102017032	21M102017039	21M102017017	21M102017025
	21M102017033	21M102017040	21M102017018	21M102017026
	21M102017034		21M102017019	21M102017027
CSC	21M102017035	21M102017013	21M102017020	21M102017028
	21M102017036	21M102017014	21M102017022	21M102017029
	21M102017037	21M102017015	21M102017023	21M102017030
	21M102017038	21M102017016	21M102017024	21M102017031
	21M102017039	21M102017017	21M102017025	21M102017032
	21M102017040	21M102017018	21M102017026	21M102017033
		21M102017019	21M102017027	21M102017034
 Dr. M.A.M. Pasha (Int Examiner-I)		 Dr. Afsar Fatima (Int Examiner-II)	 Dr. V. Lakshmi Devi (Ext Examiner-I)	 Dr. B. Sudhakar (Ext Examiner-II)

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 16-02-2025

DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	21M102017041	21M102017048	21M102017055	21M102017063
	21M102017042	21M102017049	21M102017057	21M102017064
	21M102017043	21M102017050	21M102017058	21M102017066
	21M102017044	21M102017051	21M102017059	21M102017067
	21M102017045	21M102017052	21M102017060	21M102017068
	21M102017046	21M102017053	21M102017061	21M102017069
	21M102017047	21M102017054	21M102017062	
EPID EXER	21M102017048	21M102017055	21M102017063	21M102017041
	21M102017049	21M102017057	21M102017064	21M102017042
	21M102017050	21M102017058	21M102017066	21M102017043
	21M102017051	21M102017059	21M102017067	21M102017044
	21M102017052	21M102017060	21M102017068	21M102017045
	21M102017053	21M102017061	21M102017069	21M102017046
	21M102017054	21M102017062		21M102017047
STAT EXER	21M102017055	21M102017063	21M102017041	21M102017048
	21M102017057	21M102017064	21M102017042	21M102017049
	21M102017058	21M102017066	21M102017043	21M102017050
	21M102017059	21M102017067	21M102017044	21M102017051
	21M102017060	21M102017068	21M102017045	21M102017052
	21M102017061	21M102017069	21M102017046	21M102017053
	21M102017062		21M102017047	21M102017054
CSC	21M102017063	21M102017041	21M102017048	21M102017055
	21M102017064	21M102017042	21M102017049	21M102017057
	21M102017066	21M102017043	21M102017050	21M102017058
	21M102017067	21M102017044	21M102017051	21M102017059
	21M102017068	21M102017045	21M102017052	21M102017060
	21M102017069	21M102017046	21M102017053	21M102017061
		21M102017047	21M102017054	21M102017062
<i>signature</i>	<i>Afsar Fatima</i>	<i>T. Srigouri</i>	<i>V. Lakshmi Devi</i>	<i>B. Sudhakar</i>
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 17-02-2025






DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	21M102017070	21M102017077	21M102017084	21M102017091
	21M102017071	21M102017078	21M102017085	21M102017092
	21M102017072	21M102017079	21M102017086	21M102017093
	21M102017073	21M102017080	21M102017087	21M102017094
	21M102017074	21M102017081	21M102017088	21M102017095
	21M102017075	21M102017082	21M102017089	21M102017096
	21M102017076	21M102017083	21M102017090	
EPID EXER	21M102017077	21M102017084	21M102017091	21M102017070
	21M102017078	21M102017085	21M102017092	21M102017071
	21M102017079	21M102017086	21M102017093	21M102017072
	21M102017080	21M102017087	21M102017094	21M102017073
	21M102017081	21M102017088	21M102017095	21M102017074
	21M102017082	21M102017089	21M102017096	21M102017075
	21M102017083	21M102017090		21M102017076
STAT EXER	21M102017084	21M102017091	21M102017070	21M102017077
	21M102017085	21M102017092	21M102017071	21M102017078
	21M102017086	21M102017093	21M102017072	21M102017079
	21M102017087	21M102017094	21M102017073	21M102017080
	21M102017088	21M102017095	21M102017074	21M102017081
	21M102017089	21M102017096	21M102017075	21M102017082
	21M102017090		21M102017076	21M102017083
CSC	21M102017091	21M102017070	21M102017077	21M102017084
	21M102017092	21M102017071	21M102017078	21M102017085
	21M102017093	21M102017072	21M102017079	21M102017086
	21M102017094	21M102017073	21M102017080	21M102017087
	21M102017095	21M102017074	21M102017081	21M102017088
	21M102017096	21M102017075	21M102017082	21M102017089
		21M102017076	21M102017083	21M102017090
<i>Dr. M.A.M. Pasha</i>	<i>Afsar Fatima</i>	<i>Trigouri</i>	<i>V. Lakshmi Devi</i>	<i>B. Sudhakar</i>
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 18-02-2025

DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	21M102017097	21M102017106	21M102017113	21M102017120
	21M102017098	21M102017107	21M102017114	21M102017121
	21M102017100	21M102017108	21M102017115	21M102017122
	21M102017101	21M102017109	21M102017116	21M102017123
	21M102017102	21M102017110	21M102017117	21M102017124
EPID EXER	21M102017103	21M102017111	21M102017118	21M102017125
	21M102017105	21M102017112	21M102017119	
	21M102017106	21M102017113	21M102017120	21M102017097
	21M102017107	21M102017114	21M102017121	21M102017098
	21M102017108	21M102017115	21M102017122	21M102017100
STAT EXER	21M102017109	21M102017116	21M102017123	21M102017101
	21M102017110	21M102017117	21M102017124	21M102017102
	21M102017111	21M102017118	21M102017125	21M102017103
	21M102017112	21M102017119		21M102017105
	21M102017113	21M102017120	21M102017097	21M102017106
CSC	21M102017114	21M102017121	21M102017098	21M102017107
	21M102017115	21M102017122	21M102017100	21M102017108
	21M102017116	21M102017123	21M102017101	21M102017109
	21M102017117	21M102017124	21M102017102	21M102017110
	21M102017118	21M102017125	21M102017103	21M102017111
	21M102017119		21M102017105	21M102017112
	21M102017120	21M102017097	21M102017106	21M102017113
	21M102017121	21M102017098	21M102017107	21M102017114
	21M102017122	21M102017100	21M102017108	21M102017115
	21M102017123	21M102017101	21M102017109	21M102017116
	21M102017124	21M102017102	21M102017110	21M102017117
	21M102017125	21M102017103	21M102017111	21M102017118
		21M102017105	21M102017112	21M102017119
				
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 19-02-2025

DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	0971075 0971080 21M102017126 21M102017127 21M102017128 21M102017129 21M102017130	21M102017131 21M102017133 21M102017134 21M102017135 21M102017136 21M102017137 21M102017138	21M102017139 21M102017140 21M102017141 21M102017142 21M102017143 21M102017144	21M102017145 21M102017146 21M102017147 21M102017148 21M102017149 21M102017150
EPID EXER	21M102017131 21M102017133 21M102017134 21M102017135 21M102017136 21M102017137 21M102017138	21M102017139 21M102017140 21M102017141 21M102017142 21M102017143 21M102017144	21M102017145 21M102017146 21M102017147 21M102017148 21M102017149 21M102017150	0971075 0971080 21M102017126 21M102017127 21M102017128 21M102017129 21M102017130
STAT EXER	21M102017139 21M102017140 21M102017141 21M102017142 21M102017143 21M102017144	21M102017145 21M102017146 21M102017147 21M102017148 21M102017149 21M102017150	0971075 0971080 21M102017126 21M102017127 21M102017128 21M102017129 21M102017130	21M102017131 21M102017133 21M102017134 21M102017135 21M102017136 21M102017137 21M102017138
CSC	21M102017145 21M102017146 21M102017147 21M102017148 21M102017149 21M102017150	0971075 0971080 21M102017126 21M102017127 21M102017128 21M102017129 21M102017130	21M102017131 21M102017133 21M102017134 21M102017135 21M102017136 21M102017137 21M102017138	21M102017139 21M102017140 21M102017141 21M102017142 21M102017143 21M102017144
Dr. M.A.M. Pasha (Int Examiner-I)	Afsar Fatima (Int Examiner-II)	T. Srigouri (Int Examiner-II)	N. Lakshmi Devi (Ext Examiner-I)	B. Sudhakar (Ext Examiner-II)
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)


**Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)**

**NTRUHS PRACTICAL EXAMINATIONS
COMMUNITY MEDICINE (MBBS PART-I)**

DT. 20-02-2025

DISTRIBUTION OF STUDENTS

	INTERNAL-1 (Dr. MAM Pasha)	INTERNAL-2 (Dr Afsar Fatima)	EXTERNAL-1 (Dr. V. Lakshmi Devi)	EXTERNAL-2 (Dr. B. Sudhakar)
SPOTTERS	20M102017006 20M102017020 20M102017034 20M102017037 20M102017042 20M102017060 20M102017065	20M102017076 20M102017079 20M102017080 20M102017082 20M102017090 20M102017095 20M102017098	20M102017099 20M102017100 21M102017002 21M102017003 21M102017004 21M102017005 21M102017006	21M102017007 21M102017008 21M102017009 21M102017010 21M102017011 21M102017012
EPID EXER	20M102017076 20M102017079 20M102017080 20M102017082 20M102017090 20M102017095 20M102017098	20M102017099 20M102017100 21M102017002 21M102017003 21M102017004 21M102017005 21M102017006	21M102017007 21M102017008 21M102017009 21M102017010 21M102017011 21M102017012	20M102017006 20M102017020 20M102017034 20M102017037 20M102017042 20M102017060 20M102017065
STAT EXER	20M102017099 20M102017100 21M102017002 21M102017003 21M102017004 21M102017005 21M102017006	21M102017007 21M102017008 21M102017009 21M102017010 21M102017011 21M102017012	20M102017006 20M102017020 20M102017034 20M102017037 20M102017042 20M102017060 20M102017065	20M102017076 20M102017079 20M102017080 20M102017082 20M102017090 20M102017095 20M102017098
CSC	21M102017007 21M102017008 21M102017009 21M102017010 21M102017011 21M102017012	20M102017006 20M102017020 20M102017034 20M102017037 20M102017042 20M102017060 20M102017065	20M102017076 20M102017079 20M102017080 20M102017082 20M102017090 20M102017095 20M102017098	20M102017099 20M102017100 21M102017002 21M102017003 21M102017004 21M102017005 21M102017006
<i>revers</i>	<i>Afsar Fatima</i>	<i>T. Srigouri</i>	<i>V. Lakshmi Devi</i>	<i>B. Sudhakar</i>
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)


**Santhiramar Medical College &
General Hospital
NH-40, NANDYAL (Dist.)**

Q.P.CODE: M102C040

DR NTR UNIVERSITY OF HEALTH SCIENCES :: VIJAYAWADA – 520 008

M.B.B.S. DEGREE EXAMINATION – JANUARY, 2025

FINAL M.B.B.S. EXAMINATION - PART – I

COMMUNITY MEDICINE (Paper – I)

(Theory questions)

Time: 2 Hours 40 Minutes

Max. Marks: 80

Note: Answer all questions. Draw a neat diagram wherever necessary**SECTION-II (THEORY QUESTIONS - 80 MARKS)****WRITE LONG ESSAY QUESTIONS:**

2X15=30

- 1) Define an Epidemic. Mention the types of epidemic with examples.
Write the steps of epidemic investigations.
- 2) Describe the common nutritional problems in the community and identify the different health programs directed to solve the problem.

WRITE SHORT ESSAY QUESTIONS:

10X5=50

- 3) Standard of Living
- 4) Human Development Index (HDI)
- 5) Measures of Central tendency
- 6) Sources of health information
- 7) Level of prevention of disease
- 8) Open vial policy
- 9) Social Security
- 10) Sickness absenteeism
- 11) Sanitation barrier
- 12) Breakpoint chlorination

Handwritten signatures and names:
A. Sankar, T. Srigani, V. Lakshmi, and others.

**Santhiramarthi Medical College &
General Hospital
NH-40, NANDYAL (Dist.)**

Scanned with Can

SANTHIRAM MEDICAL COLLEGE AND GENERAL HOSPITAL
COMMUNITY MEDICINE
NTRUHS PRACTICAL EXAM - BATCH 2021
SPOTTERS :: Dt 15.02.2025

Spotter. No. 1. Fish	Identify the spotter 1) Which vitamins are rich in it? 2) What type of fatty acid is present in it?
Answer	Ans: Vitamins A, D, E and K Ans: Unsaturated fatty acids
Spotter. No. 2. Anti- Leprosy Drugs	Identify the spotter 1) Multi drug therapy for multi bacillary leprosy? 2) Multi drug therapy for Pauci- bacillary leprosy?
Answer	Ans: once a month (First dose supervised): Rifampicin 600 mg, Clofazimine 300 mg and Dapsone 100mg Once Daily: Clofazimine 50mg and Dapsone 100mg Ans: Once a Month: Rifampicin 600mg Dapsone 100 mg daily self-administered Note: first day dose taken under supervision
Spotter. No. 3. Bleaching Powder (Calcium Hypochlorite) :	Identify the spotter 1) What are the uses? 2) What are drawbacks?
Answer	Ans: - mainly used for disinfection of water, faeces and urine - Used as deodorant in bathrooms and latrines because of chlorine smell - Used as bleaching agent in paper and textile industry Ans: Unstable compound so its losses chlorine content on exposure to air and light
Spotter. No. 4. Oral Polio Vaccine (OPV):	Identify the spotter 1) What type of Vaccine? 2) Write down dosage schedule and route of administration?
Answer	Ans: Live attenuated vaccine Ans: Oral route. At Birth, 6, 10 and 14 weeks of age, booster dose given at 16 to 24 months age
Spotter. No. 5. OCP	Identify the spotter 1) What is the mechanism of action? 2) What is the composition of oral contraceptive pills?
Answer	Ans: Oestrogen mainly inhibits ovulation and progestogen mainly causes the atrophy of endometrium and makes cervical mucus thick, viscid, and impenetrable to sperms, thereby preventing the pregnancy. Ans: 30-35 micrograms of ethinyl oestradiol (oestrogen) and 0.5 mg of norethisterone (Progestogen)
Spotter. No. 6. Lemon	Identify the spotter 1) What is the nutritive value of it? 2) Which vitamin rich in it and deficiency disease?
Answer	Ans: Fat: 0.3mg, sodium 2mg, potassium 138 mg, Total carbohydrate 9 g, protein 1.1 mg, calcium 2%, Vitamin C 88%, Iron 3%, vitamin B-6 :5% and magnesium 2%. Ans: Vit C and scurvy

Santhiram Medical College and General Hospital
NH 40, Nandyal (Dist. Nellore)

[Signatures]

Spotter. No. 7. Anti-Retroviral drugs	Identify the spotter 1. Mention the two-nucleoside reverse transcriptase inhibitors? 2. Post-exposure prophylaxis for HIV?
Answer	Ans: Zidovudine, Lamivudine, Stavudine, Abacavir and Didanosine Ans: TDF(Tenofovir) 300mg OD + 3TC(Lamivudine) 300mg OD+FTC (Emtricitabine) 200mg OD
Spotter. No. 8. Rapid sand filter	1. Identify the spotter? 2. What is Back washing?
Answer	Ans: Rapid sand filter Ans: Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.
Spotter. No. 9. BCG Vaccine	Identify the spotter 1) Type of vaccine ? 2) Write down the dose and route of Administration?
Answer	Ans: live vaccine Ans: 0.1ml, (for New-borns aged 4 weeks dose is 0.05 ml) , Intra dermally given
Spotter. No. 10 Nirodh	1) Type of contraception? 2) What are the non contraception advantage of it ?
Answer	Ans: It is a temporary, physical and Barrier type of contraceptive Ans: To prevention and protection against Sexually transmitted Diseases (STDs), AIDS, Pregnancy, Gonorrhoea, chlamydia, HPV, HIV, protect against the pelvic inflammatory disease It reduces the incidence of tubal infertility & Ectopic Pregnancy and protect against cervical cell abnormality
Spotter no 11 Ragi	1) Identify and mention which group its belongs to? 2) Which mineral is rich in it?
Answer	Ans: Ragi and Millets Ans: Calcium
Spotter. No. 12. Anti Malarial drug: CHLOROQUIN	Identify the spotter 1. Treatment for P. Vivax 2. Adverse effects of it.
Answer	Chloroquin 1. Treatment a. Chloroquin for 3 days i. First day: 600mg. 300mg. after 6 hours. ii. 2 nd & 3 rd days: 300mg per day. b. Primaquin for 14 days i. 0.25mg/kg b.w. 2. Adverse effects a. blurring of vision b. Muscle weakness

Signature *Signature* *Signature*

Signature
Santhira
General Hospital
Kudremukh (Dist.)
College 8

Spotter no 13 Septic Tank	1) Identify the spotter? 2) What is sanitation barrier?
	Ans: Septic Tank Ans: - Construction and use of sanitary latrines, - which prevents the access of pathogens from faeces through - - 6 Fs such Fluid, food, fruits and vegetables, fomites, Flies and Fingers, to the mouths of susceptible host
Spotter no 14 Vitamin A Solution	Identify the spotter 1) Write down the dosage schedule under NIS? 2) Mention the manifestations of vitamin A deficiency?
Answer	Ans: at 9 months with measles, 16 months with DPT/ OPV booster. Then , one dose every 6 months up to the age of 5 years Ans: - Xerophthalmia (Night Blindness, conjunctival xerosis, bitots spots , corneal xerosis, corneal ulceration and keratomalacia) - extra ocular manifestations are retardation of growth, follicular hyperkeratosis, anorexia Increased incidence of Respiratory and alimentary infections and development of urinary calculi.
Spotter no. 15 MCP CARD	Identify the spotter? 1. What are uses of MCP card? 2. How do you interpret growth charts?
Answer	Ans: MCP CARD Ans: Immunization, antenatal check-up, growth monitoring, health education Ans: Standard deviation Green > -2 SD Yellow > -2SD to - 3SD Red > -3 SD
Spotter No :16 EGG	Identify the spotter 1. Why it is called reference protein? 2. Disadvantage of taking it raw ?
	Ans: It's a complete protein with NPU 100% Ans: A substance "Avidin" prevents the body from obtaining biotin
Spotter. No. 17. Copper sulphate	1. Identify the spotter 2. Public health importance
Answer	Ans Copper sulphate Ans it can destroy Algae in water so that it removes unpleasant taste and odor . It doesnt have effect on typhoid, cholera and other pathogens
Spotter no :18 Slaughterhouse	1) Identify the spotter? 2) public health importance ?
	Ans: Slaughterhouse Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases
Spotter no 19 Rota vaccine	1. identify the spotter 2. What type of Vaccine? 3. Write down route of administration and dosage according to NIS
	Ans: Rota teq Ans: Live attenuated vaccine Ans: oral, 6 ,10 ,14 weeks, 5drops

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

Aparajita Torgani

V. Lakshmi

Spotter No: 27 KMnO₄	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<p>Ans KMnO₄</p> <p>Ans oxidising agent that destroys organic matter used in disinfection of vegetables and fruits</p> <p>Used to disinfect water but not used now a days since it produces unacceptable colour.</p>
Spotter no: 28 Alum	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<p>Ans Alum</p> <p>Ans chemical used for sterilization of water.</p> <p>Used in Nalgonda technique and defluorination technique for drinking water.</p>
Spotter No: 29 Tetanus toxoid	<p>Identify the spotter</p> <ol style="list-style-type: none"> 1) Type of vaccine 2) Route of administration and Dose
	<p>Ans killed (inactivated) vaccine</p> <p>Ans 0.5ml , Intramuscular (IM)</p>
Spotter. No 30 Oral Rehydration solution	<ol style="list-style-type: none"> 1. Identify the spotter? 2. What is composition of ORS? 3. What are benefits of oral rehydration therapy?
Answer	<p>Ans: Oral rehydration therapy</p> <p>Ans: sodium 75 mmol/ litre, chloride 65 mmol/ litre, glucose , anhydrous 75 mmol/litre, potassium 20 mmol/litre, citrate 10 mmol/litre. Total osmolarity 245 mmol/ litre</p> <p>Ans: ORT is cheap, effective and easy to administer</p> <p>A homemade solution reduced severity and duration of symptoms and risk of recurrence</p>

oem *Arunabha* *V. Lakshmi* *3/Spotter*



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE AND GENERAL HOSPITAL
COMMUNITY MEDICINE
NTRUHS PRACTICAL EXAM - BATCH 2021
SPOTTERS :: Dt 16.02.2025





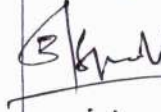
Spotter. No. 1. Bengal Gram	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention two amino acids in it?
Answer	<ol style="list-style-type: none"> 1. Bengal gram. 2. Methionine and cysteine
Spotter no 2 Spirit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
	<p>Ans: spirit</p> <p>Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment</p>
Spotter. No. 3. Slaughterhouse	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Public health importance
Answer	<p>Ans: Slaughterhouse</p> <p>Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases</p>
Spotter. No. 4. Rota Vaccine	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. Rota Vaccine. 2. Live attenuated vaccine 3. Oral route; Dose: 5drops
Spotter. No. 5. Copper T	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is the mechanism of action?
Answer	<ol style="list-style-type: none"> 1. Intra uterine device/ Copper-T 2. cause foreign body reaction, resulting in cellular and biochemical changes in uterus; thus prevents Pregnancy.
Spotter. No. 6. Ragi	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Identify and mention which group it belongs to? 3. What is the nutritive value?
Answer	<ol style="list-style-type: none"> 1. Ragi 2. belongs to Millets group 3. Rich in protein, calcium, potassium and iron.
Spotter. No. 7. Oral Rehydration Salts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	<ol style="list-style-type: none"> 1. Oral Rehydration Salts. 2. Composition: <ol style="list-style-type: none"> a. Sodium Chloride: 2.6 grams/L (75mmol/L) b. Potassium chloride: 1.5 grams/L (75 mmol/L) c. Tri-sodium Citrate dihydrate: 2.9 grams/L (20mmol/L) d. Glucose anhydrous: 13.5 grams/L (65 mmol/L) 3. ORT is cheap, effective and easy to administer; prevents and corrects dehydration.

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

[Handwritten signatures]

Spotter. No. 8. Berkefeld filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Write down its public health importance?
Answer	<ol style="list-style-type: none"> 1. Berkefeld filter 2. Used for Household purification of water
Spotter. No. 9. Pentavalent Vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are its components? 3. Write its route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. Pentavalent Vaccine 2. Components: <ol style="list-style-type: none"> a. Diphtheria b. Pertussis c. Tetanus d. Hepatitis-B e. HIB 3. <ol style="list-style-type: none"> a. 0.5 ml b. Intramuscular (IM) - anterolateral aspect of thigh c. 6,10,14 weeks
Spotter. No. 10 MCP CARD	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	<ol style="list-style-type: none"> 1. MCP Card 2. Uses: <ol style="list-style-type: none"> a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation <ol style="list-style-type: none"> a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight
Spotter No 11 EGG	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Why is it called Reference protein? 3. What are the nutrients deficient in it?
Answer	<ol style="list-style-type: none"> 1. Egg 2. It's a complete protein with NPU 100% 3. Deficient in Carbohydrates and vit C
Spotter No 12: Anti- Leprosy Drugs	<ol style="list-style-type: none"> 1. Multi drug therapy for multi bacillary leprosy? 2. Multi drug therapy for Pauci- bacillary leprosy?
Answer	<ol style="list-style-type: none"> 1. Multi-bacillary Leprosy (12 months): <ol style="list-style-type: none"> a. once a month (First dose supervised) <ol style="list-style-type: none"> i. Rifampicin: 600 mg, ii. Clofazimine: 300 mg b. Once Daily: <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100mg 2. Pauci-bacillary Leprosy (6 months): <ol style="list-style-type: none"> a. Once a Month: <ol style="list-style-type: none"> i. Rifampicin 600mg ii. Clofazimine: 300 mg b. Daily <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100 mg


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Spotter No 13 Horrocks apparatus	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
Answer	<ol style="list-style-type: none"> 1. Horrocks apparatus 2. To calculate the quantity of bleaching powder required for disinfection of the water
Spotter No 14 DPT vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration; schedule and dosage according to NIS?
Answer	<ol style="list-style-type: none"> 1. DPT Vaccine 2. It is killed vaccine. 3. IM, lateral aspect of thigh <ol style="list-style-type: none"> a. Primary doses: <ol style="list-style-type: none"> i. DPT-1: 6 weeks ii. DPT-2: 10 weeks iii. DPT-3: 14 weeks b. Booster dose: 15-18 months 4. Dose: 0.5ml
Spotter No. 15 Oral Contraceptive Pills	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. What is the mechanism of action?
Answer	<ol style="list-style-type: none"> 1. OCP 2. Mechanism of action: <ol style="list-style-type: none"> a. Oestrogen inhibits ovulation b. Progestogen causes <ol style="list-style-type: none"> i. the atrophy of endometrium ii. makes cervical mucus thick, viscid, and impenetrable to sperms, thereby preventing pregnancy
Spotter No :16 Ground Nuts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	<ol style="list-style-type: none"> 1. Ground nuts 2. Fats and proteins 3. Aflatoxin
Spotter No: 17 Anti-Retroviral drugs	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention any the two-nucleoside reverse transcriptase inhibitors? 3. Post- exposure prophylaxis for HIV?
Answer	<ol style="list-style-type: none"> 1. Anti-Retroviral Drugs 2. Zidovudine/ Lamivudine/ Stavudine/ Abacavir/ Didanosine 3. Post-exposure prophylaxis: <ol style="list-style-type: none"> a. TDF (Tenofovir) 300mg OD b. 3TC (Lamivudine) 300mg OD c. FTC (Emtricitabine) 200mg OD
Spotter No :18 Rapid Sand Filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is Back washing?
Answer	<ol style="list-style-type: none"> 1. Rapid sand filter 2. Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.


PRINCIPAL

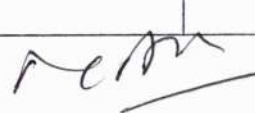
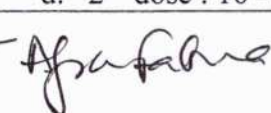
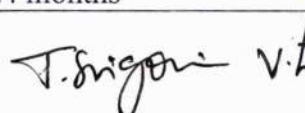
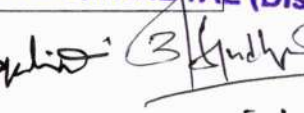
Santhiram Medical College
General Hospital
NH-48 NANDYAL (Dist.)

Handwritten signatures and names:
 1. *Aravind*
 2. *Apalini Thirumani*
 3. *V. Ravi*
 4. *Shanmugam*

Spotter No 19 BCG vaccine	<ol style="list-style-type: none">1. Identify the spotter.2. What type of vaccine?3. Write the route of administration and dosage according to NIS?																						
	<ol style="list-style-type: none">1. BCG Vaccine2. Live attenuated vaccine3. 0.1ml, ID, left deltoid																						
Spotter No: 20 Male Condom (Nirodh)	<ol style="list-style-type: none">1. Identify the spotter.2. What type of Contraceptive?3. What are its Non contraception advantages?																						
Answer	<ol style="list-style-type: none">1. Male Condom (Nirodh)2. It is a barrier type of contraceptive (temporary method)3. Protection against Sexually transmitted Diseases (STDs)/ AIDS.																						
Spotter No 21 MANGO	<ol style="list-style-type: none">1. Identify the spotter2. Write down its nutritive value?3. Which vitamin is rich in it?																						
Answer	<ol style="list-style-type: none">1. Mango2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium3. Vitamin A																						
Spotter no. 22 Anti-TB drugs	<ol style="list-style-type: none">1. Write down FDC therapy for TB?2. Mention adverse effects of each drug?																						
Answer	<table><tr><th rowspan="2">WEIGHT CATEGORY IN KGS</th><th colspan="2">NUMBER OF TABLES (FDC)</th></tr><tr><th>HRZE (75/150/400/275)</th><th>HRE (75/150/275)</th></tr><tr><td>25-34</td><td>2</td><td>2</td></tr><tr><td>35-49</td><td>3</td><td>3</td></tr><tr><td>50-64</td><td>4</td><td>4</td></tr><tr><td>65-75</td><td>5</td><td>5</td></tr><tr><td>>75</td><td>6</td><td>6</td></tr></table>	WEIGHT CATEGORY IN KGS	NUMBER OF TABLES (FDC)		HRZE (75/150/400/275)	HRE (75/150/275)	25-34	2	2	35-49	3	3	50-64	4	4	65-75	5	5	>75	6	6		
WEIGHT CATEGORY IN KGS	NUMBER OF TABLES (FDC)																						
	HRZE (75/150/400/275)	HRE (75/150/275)																					
25-34	2	2																					
35-49	3	3																					
50-64	4	4																					
65-75	5	5																					
>75	6	6																					
	<ol style="list-style-type: none">a. Rifampicin : hepatotoxicb. Isoniazid : Peripheral Neuropathy, Hyperglycemiac. Pyrazinamide: Hepatotoxic and Hyperuricemiad. Ethambutol : Retrobulbar Neuritis																						
Spotter no. 23 Pasteur Chamberland filter	<ol style="list-style-type: none">1. Identify the spotter2. Public health importance																						
Answer	<ol style="list-style-type: none">1. Pasteur Chamberland filter2. These are ceramic filter used for filtration of small quantity of water for household purposes																						
Spotter No 24 JE vaccine	<ol style="list-style-type: none">1. Identify the Spotter.2. What type of vaccine?3. Write down the dose and route of Administration?																						
Answer	<ol style="list-style-type: none">1. JE Vaccine2. Live attenuated vaccine3.<ol style="list-style-type: none">a. 0.5ml, Sub cutaneous routec. 1st dose : 9months – 12monthsd. 2nd dose : 16 –24 months																						

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYALUR


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

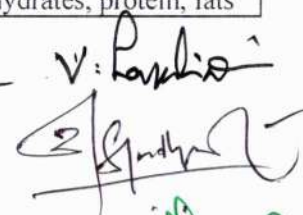
Spotter no. 25 Formaldehyde/formalin	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Formaldehyde 2. It is highly toxic & irritant gas which is effective against bacteria, fungi and viruses but slowly effective against bacterial spores and AFB. It is used to disinfect room, blanket, books, walls and furniture.
Spotter no. 26 Papaya	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. Write down nutritive value? 3. Which vitamin is rich in it?
Answer	<ol style="list-style-type: none"> 1. Papaya 2. Calcium, Iron, Carotene and Vitamin C 3. Vit A
Spotter no. 27 Crude oil	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Crude oil 2. Oldest known mosquito control measure. Oil kills larval and pupae as it forms thin layer of film of surface of water and cuts air supply to them.
Spotter. No. 28 Sanitary latrines	<ol style="list-style-type: none"> 1. Identify the spotter? 2. What is sanitation barrier?
Answer	<ol style="list-style-type: none"> 1. Sanitary latrine 2. Construction and use of sanitary latrines, which prevents the access of pathogens from faeces through Fluid, food, Fruits and vegetables, Fomites, Flies and Fingers (6-Fs), to the mouths of susceptible host.
Spotter. No. 29 MMR Vaccine:	<ol style="list-style-type: none"> 1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	<ol style="list-style-type: none"> 1. Live attenuated 2. <ol style="list-style-type: none"> a. first dose at 9 to 12 months b. second dose at 16 to 24 months age c. Sub-cutaneous.
Spotter No: 30 Nishchay Pregnancy kit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mechanism of action?
Answer	<ol style="list-style-type: none"> 1. NISHCHAY KIT 2. Used to detect Pregnancy; identifies the HCG in a woman's urine.

rem *A. Subale* *v. Lakshmi* *3/1/2020*

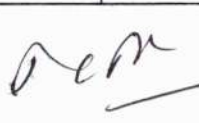
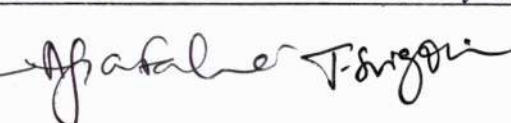
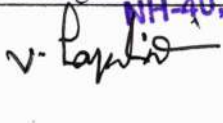
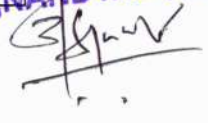

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Dr. NTR UHS PRACTICAL EXAMINATION: Final MBBS (Part-1)
Subject: COMMUNITY MEDICINE
Date: 17-02-2025

Spotter no. 1 Papaya	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. Write down nutritive value? 3. Which vitamin is rich in it?
Answer	<ol style="list-style-type: none"> 1. Papaya 2. Calcium, Iron, Carotene and Vitamin C 3. Vit A
Spotter no. 2 Crude oil	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Crude oil 2. Oldest known mosquito control measure. Oil kills larval and pupae as it forms thin layer of film of surface of water and cuts air supply to them.
Spotter no: 3 Katadyn Filter	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<p>Ans Katadyn filter</p> <p>Ans. Ceramic filter, surface is coated with silver catalyst</p> <p>Purification of water in small scale</p>
Spotter. No. 4 MMR Vaccine:	<ol style="list-style-type: none"> 1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	<ol style="list-style-type: none"> 1. Live attenuated 2. <ol style="list-style-type: none"> a. first dose at 9 to 12 months b. second dose at 16 to 24 months age c. Sub-cutaneous.
Spotter No: 5 Nishchay Pregnancy kit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mechanism of action?
Answer	<ol style="list-style-type: none"> 1. NISHCHAY KIT <p>Used to detect Pregnancy; identifies the HCG in a woman's urine.</p>
Spotter. No. 6. Par boiled rice	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Identify and mention which group it belongs to? 3. What is the nutritive value?
Answer	<ol style="list-style-type: none"> 1. Parboiled rice 2. belongs to cereals group 3. 0.9 grams of dietary fiber and starch and carbohydrates, protein, fats


V. Lakshmi

Spotter. No. 7. Oral Rehydration Salts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	<ol style="list-style-type: none"> 1. Oral Rehydration Salts. 2. Composition: <ol style="list-style-type: none"> a. Sodium Chloride: 2.6 grams/L (75mmol/L) b. Potassium chloride: 1.5 grams/L (75 mmol/L) c. Tri-sodium Citrate dihydrate: 2.9 grams/L (20mmol/L) d. Glucose anhydrous: 13.5 grams/L (65 mmol/L) 3. ORT is cheap, effective and easy to administer; prevents and corrects dehydration.
Spotter. No. 8. Berkefeld filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Write down its public health importance?
Answer	<ol style="list-style-type: none"> 1. Berkefeld filter 2. Used for Household purification of water
Spotter. No. 9. Pentavalent Vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are its components? 3. Write its route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. Pentavalent Vaccine 2. Components: <ol style="list-style-type: none"> a. Diphtheria b. Pertussis c. Tetanus d. Hepatitis-B e. HIB 3. <ol style="list-style-type: none"> a. 0.5 ml b. Intramuscular (IM) - anterolateral aspect of thigh c. 6,10,14 weeks
Spotter. No. 10 MCP CARD	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	<ol style="list-style-type: none"> 1. MCP Card 2. Uses: <ol style="list-style-type: none"> a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation <ol style="list-style-type: none"> a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight

SANTHIRAM
 General Hospital
 NH-40, NANDYAL (Dist.

Spotter. No. 11. Fish	Identify the spotter 1) Which vitamins are rich in it? 2) What type of fatty acid is present in it?
Answer	Ans: Vitamins A, D, E and K Ans: Unsaturated fatty acids
Spotter No 12: Anti- Leprosy Drugs	1. Multi drug therapy for multi bacillary leprosy? 2. Multi drug therapy for Pauci- bacillary leprosy?
Answer	1. Multi-bacillary Leprosy (12 months): a. once a month (First dose supervised) i. Rifampicin: 600 mg, ii. Clofazimine: 300 mg b. Once Daily: i. Clofazimine 50mg ii. Dapsone 100mg 2. Pauci-bacillary Leprosy (6 months): a. Once a Month: i. Rifampicin 600mg ii. Clofazimine: 300 mg b. Daily i. Clofazimine 50mg ii. Dapsone 100 mg
Spotter No 13 Horrocks apparatus	1. Identify the spotter. 2. What is its public health importance?
Answer	1. Horrocks apparatus 2. To calculate the quantity of bleaching powder required for disinfection of the water
Spotter No 14 DPT vaccine	1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration; schedule and dosage according to NIS?
Answer	1. DPT Vaccine 2. It is killed vaccine. 3. IM, lateral aspect of thigh a. Primary doses: i. DPT-1: 6 weeks ii. DPT-2: 10 weeks iii. DPT-3: 14 weeks b. Booster dose: 15-18 months 4. Dose: 0.5ml

Santhira Medical College
General Hospital
NH-40, NANDYAL (Dist.)

Handwritten signatures and notes:
T. Srinivasan, V. Lakshmi, 3/11/20

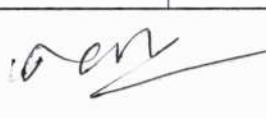
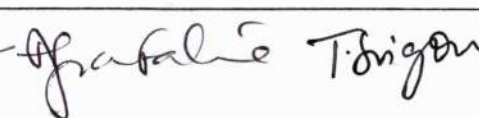
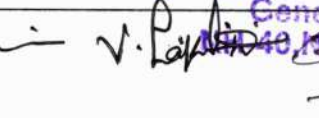

Spotter No. 15 Oral Contraceptive Pills	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. What is the mechanism of action?
Answer	<ol style="list-style-type: none"> 1. OCP 2. Mechanism of action: <ol style="list-style-type: none"> a. Oestrogen inhibits ovulation b. Progestogen causes <ol style="list-style-type: none"> i. the atrophy of endometrium ii. makes cervical mucus thick, viscid, and impenetrable to sperms, thereby preventing pregnancy
Spotter No 16 Parboiled Rice	<ol style="list-style-type: none"> 1) Identify and mention which group its belongs to? 2) What is purpose of parboiling?
Answer	<p>Ans: PAR BOILED RICE and CEREALS</p> <p>Ans: It is done to preserve the nutritive value of rice</p>
Spotter No: 17 Anti-Retroviral drugs	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention any the two-nucleoside reverse transcriptase inhibitors? 3. Post- exposure prophylaxis for HIV?
Answer	<ol style="list-style-type: none"> 1. Anti-Retroviral Drugs 2. Zidovudine/ Lamivudine/ Stavudine/ Abacavir/ Didanosine 3. Post-exposure prophylaxis: <ol style="list-style-type: none"> a. TDF (Tenofovir) 300mg OD b. 3TC (Lamivudine) 300mg OD c. FTC (Emtricitabine) 200mg OD
Spotter No :18 Rapid Sand Filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is Back washing?
Answer	<ol style="list-style-type: none"> 1. Rapid sand filter 2. Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.
Spotter No 19 BCG vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration and dosage according to NIS?
	<ol style="list-style-type: none"> 1. BCG Vaccine 2. Live attenuated vaccine 3. 0.1ml, ID, left deltoid

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

[Handwritten signatures and marks]

Spotter No: 20 Male Condom (Nirodh)	<ol style="list-style-type: none">1. Identify the spotter.2. What type of Contraceptive?3. What are its Non contraception advantages?		
Answer	<ol style="list-style-type: none">1. Male Condom (Nirodh)2. It is a barrier type of contraceptive (temporary method)3. Protection against Sexually transmitted Diseases (STDs)/ AIDS.		
Spotter. No.21 Bengal Gram	<ol style="list-style-type: none">1. Identify the spotter.2. Mention two amino acids in it?		
Answer	<ol style="list-style-type: none">1. Bengal gram.2. Methionine and cysteine		
Spotter no. 22 Anti-TB drugs	<ol style="list-style-type: none">1. Write down FDC therapy for TB?2. Mention adverse effects of each drug?		
Answer	WEIGHT CATEGORY IN KGS	NUMBER OF TABLES (FDC)	
		HRZE (75/150/400/275)	HRE (75/150/275)
	25-34	2	2
	35-49	3	3
	50-64	4	4
	65-75	5	5
	>75	6	6
	<ol style="list-style-type: none">a. Rifampicin : hepatotoxicb. Isoniazid : Peripheral Neuropathy, Hyperglycemiac. Pyrazinamide: Hepatotoxic and Hyperuricemiad. Ethambutol : Retrobulbar Neuritis		
Spotter no. 23 Pasteur Chamberland filter	<ol style="list-style-type: none">1. Identify the spotter2. Public health importance		
Answer	<ol style="list-style-type: none">1. Pasteur Chamberland filter2. These are ceramic filter used for filtration of small quantity of water for household purposes		
Spotter No 24 JE vaccine	<ol style="list-style-type: none">1. Identify the Spotter.2. What type of vaccine?3. Write down the dose and route of Administration?		
Answer	<ol style="list-style-type: none">1. JE Vaccine2. Live attenuated vaccine3.<ol style="list-style-type: none">b. 0.5ml, Sub cutaneous routec. 1st dose : 9months – 12monthsd. 2nd dose : 16 –24 months		

PRIN
Santhiram M

PRINCIPAL
Santhiram Medical College
General Hospital
ANDAPALLE (Dist.)

Spotter no. 25 Formaldehyde/formalin	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Formaldehyde 2. It is highly toxic & irritant gas which is effective against bacteria, fungi and viruses but slowly effective against bacterial spores and AFB. It is used to disinfect room, blanket, books, walls and furniture.
Spotter No 26 MANGO	<ol style="list-style-type: none"> 1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it?
Answer	<ol style="list-style-type: none"> 1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter no 27 Spirit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
	<p>Ans: spirit</p> <p>Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment</p>
Spotter. No. 28. Slaughterhouse	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Public health importance
Answer	<p>Ans: Slaughterhouse</p> <p>Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases</p>
Spotter. No. 29 PCV(Pneumococcal Vaccine)	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. PCV 2. Killed vaccine 3. 0.5 ml, IM , 6th and 14th week booster at 9-12months
Spotter. No.30 Copper T	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is the mechanism of action?
Answer	<ol style="list-style-type: none"> 1. Intra uterine device/ Copper-T cause foreign body reaction, resulting in cellular and biochemical changes in uterus; thus prevents Pregnancy.

oem *Ajitha* *v. Partho* *3/4/24*

[Signature]

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Dr. NTR UHS PRACTICAL EXAMINATION: Final MBBS (Part-1)

Subject: COMMUNITY MEDICINE

Date: 18-02-2025

Spotter no 1 Ragi	1) Identify and mention which group it belongs to? 2) Which mineral is rich in it?
Answer	Ans: Ragi and Millets Ans: Calcium
Spotter. No. 2. Anti-Malarial drug: CHLOROQUIN	Identify the spotter 1. Treatment for disease 2. Adverse effects of it.
Answer	Chloroquin 1. Treatment a. Chloroquin for 3 days i. First day: 600mg. 300mg. after 6 hours. ii. 2 nd & 3 rd days: 300mg per day. b. Primaquin for 14 days i. 0.25mg/kg b.w. 2. Adverse effects a. blurring of vision b. Muscle weakness
Spotter. No. 3. Berkefeld filter	1. Identify the spotter. 2. Write down its public health importance?
Answer	1. Berkefeld filter 2. Used for Household purification of water
Spotter. No. 4. Pentavalent Vaccine	1. Identify the spotter. 2. What are its components? 3. Write its route of administration and dosage.
Answer	1. Pentavalent Vaccine 2. Components: a. Diphtheria b. Pertussis c. Tetanus d. Hepatitis-B e. HIB 3. a. 0.5 ml b. Intramuscular (IM) - anterolateral aspect of thigh c. 6, 10, 14 weeks

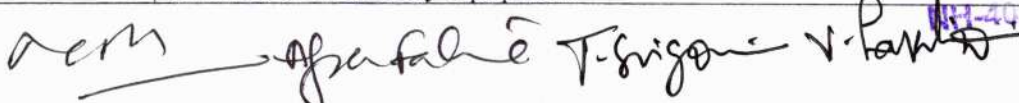
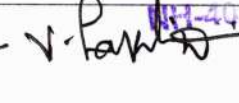
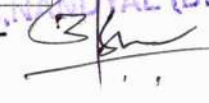
Dr. N. R. S. Prasad

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Spotter. No. 5 MCP CARD	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	<ol style="list-style-type: none"> 1. MCP Card 2. Uses: <ol style="list-style-type: none"> a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation <ol style="list-style-type: none"> a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight
Spotter No :6 Ground Nuts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	<ol style="list-style-type: none"> 1. Ground nuts 2. Fats and proteins 3. Aflatoxin
Spotter No: 7 Anti-Retroviral drugs	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention any the two-nucleoside reverse transcriptase inhibitors? 3. Post- exposure prophylaxis for HIV?
Answer	<ol style="list-style-type: none"> 1. Anti-Retroviral Drugs 2. Zidovudine/ Lamivudine/ Stavudine/ Abacavir/ Didanosine 3. Post-exposure prophylaxis: <ol style="list-style-type: none"> a. TDF (Tenofovir) 300mg OD b. 3TC (Lamivudine) 300mg OD c. FTC (Emtricitabine) 200mg OD
Spotter no: 8 Alum	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<p>Ans Alum</p> <p>Ans Chemical used for sterilization of water.</p> <p>Used in Nalgonda technique and defluorination technique for drinking water.</p>
Spotter No: 9 Tetanus toxoid Vaccine	<p>Identify the spotter</p> <ol style="list-style-type: none"> 1) Type of vaccine 2) Route of administration and Dose
	<p>Ans killed (inactivated) vaccine</p> <p>Ans 0.5ml , Intramuscular (IM)</p>
Spotter. No.10 IRON AND FOLIC ACID (IFA) Tablets	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the use of iron and folic Tablets? 3. What is the dosage of Iron and folic acid tablets for pregnant women?
Answer	<ol style="list-style-type: none"> 1. Iron & Folic Acid Tablets. 2. For correction of Iron deficiency Anaemia. <p>100 mg of elemental Iron and 500 micrograms of folic acid for 100 days.</p>

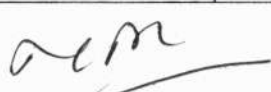
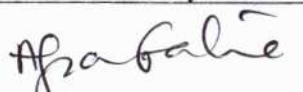
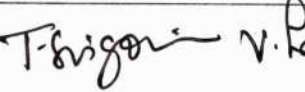
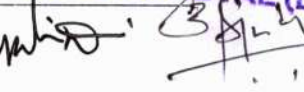
Santhiram Medical College & General Hospital


Spotter. No. 11. Bengal Gram	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention two amino acids in it?
Answer	<ol style="list-style-type: none"> 1. Bengal gram. 2. Methionine and cysteine
Spotter No: 12 KMnO₄	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<p>Ans KMnO₄</p> <p>Ans oxidising agent that destroys organic matter used in disinfection of vegetables and fruits</p> <p>Used to disinfect water but not used now a days since it produces unacceptable colour.</p>
Spotter No :13 Rapid Sand Filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is Back washing?
Answer	<ol style="list-style-type: none"> 1. Rapid sand filter 2. Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.
Spotter no 14 Rota vaccine.	<ol style="list-style-type: none"> 1. identify the spotter 2. What type of Vaccine? 3. Write down route of administration and dosage according to NIS
	<p>Ans: Rota teq</p> <p>Ans: Live attenuated vaccine</p> <p>Ans: oral, 6,10,14 weeks, 5drops</p>
Spotter no: 15 Copper T	<p>Identify the spotter?</p> <ol style="list-style-type: none"> 1. What type of Contraceptive? 2. Mechanism of action of Copper T?
	<p>Ans: Copper T</p> <p>Ans: It is a second generation Intra uterine device used for spacing of pregnancy</p> <p>Ans: Intra uterine devices cause foreign body reaction, resulting in cellular and biochemical changes in uterus</p> <ul style="list-style-type: none"> - Cellular changes- Increased vascular permeability, oedema, infiltration of leucocytes in the endometrium of uterus. - Biochemical – thickening of cervical mucus and uterine fluid and also affecting the motility, viability and capacity of the sperms
Spotter no :16 GREEN GRAM	<ol style="list-style-type: none"> 1) Identify The Spotter 2) Any two Amino acid Rich in it
	<p>Ans. Green Gram</p> <p>Ans. Arginine, Lysine, Tryptophan, Phenylalanine, Methionine, Crystine, Thionine, Cystine, Threonine, Leucine, Isoleucine and Valine</p>
Spotter no 17 Spirit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
	<p>Ans: spirit</p> <p>Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment</p>

PRINCIPAL
 Government Medical College
 General Hospital
 BH-40, NAGAPAL (Dist)

Spotter. No. 18. Slaughterhouse	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Public health importance
Answer	<p>Ans: Slaughterhouse</p> <p>Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases</p>
Spotter. No. 19 PCV(Pneumococcal Vaccine)	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. PCV 2. Killed vaccine 3. 0.5 ml, IM, 6th and 14th week booster at 9-12months
Spotter no. 20 Formaldehyde/formalin	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Formaldehyde 2. It is highly toxic & irritant gas which is effective against bacteria, fungi and viruses but slowly effective against bacterial spores and AFB. It is used to disinfect room, blanket, books, walls and furniture.
Spotter No 21 MANGO	<ol style="list-style-type: none"> 1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it?
Answer	<ol style="list-style-type: none"> 1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter No: 22 Copper sulphate	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<ol style="list-style-type: none"> 1. Copper sulphate 2. It is used to control and destroy algae in water and removes unpleasant taste and odour. It has no effect on typhoid, cholera or other pathogenic organisms.
Spotter no. 23 Pasteur Chamberland filter	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Pasteur Chamberland filter 2. These are ceramic filter used for filtration of small quantity of water for household purposes
Spotter. No. 24. Oral Rehydration Salts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	<ol style="list-style-type: none"> 1. Oral Rehydration Salts. 2. Composition: <ol style="list-style-type: none"> a. Sodium Chloride: 2.6 grams/L (75mmol/L) b. Potassium chloride: 1.5 grams/L (75 mmol/L) c. Tri-sodium Citrate dihydrate: 2.9 grams/L (20mmol/L) d. Glucose anhydrous: 13.5 grams/L (65 mmol/L) 3. ORT is cheap, effective and easy to administer; prevents and corrects dehydration.



PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

Spotter No. 25 Oral Contraceptive Pills	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. What is the mechanism of action?
Answer	<ol style="list-style-type: none"> 1. OCP 2. Mechanism of action: <ol style="list-style-type: none"> a. Oestrogen inhibits ovulation b. Progestogen causes <ol style="list-style-type: none"> i. the atrophy of endometrium ii. makes cervical mucus thick, viscid, and impenetrable to sperms, thereby preventing pregnancy
Spotter no 26 GREEN LEAFY VEGETABLES	<ol style="list-style-type: none"> 1) Identify the spotter 2) Which Nutrient rich in it 3) Recommended daily intake of green leafy vegetables?
	<p>Ans: Green leafy vegetables</p> <p>Ans: Dietary fibre</p> <p>Ans: about 40 gm for adult per day</p>
Spotter. No. 27 Slow Sand Filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its Public Health importance?
Answer	<ol style="list-style-type: none"> 1. Slow sand Filter 2. Purification of Water on large scale
Spotter. No. 28. Bleaching Powder (Calcium Hypochlorite):	<p>Identify the spotter</p> <ol style="list-style-type: none"> 1) What are the uses? 2) What are drawbacks?
Answer	<p>Ans:</p> <ul style="list-style-type: none"> - mainly used for disinfection of water, faeces and urine - Used as deodorant in bathrooms and latrines because of chlorine smell - Used as bleaching agent in paper and textile industry <p>Ans: Unstable compound so its losses chlorine content on exposure to air and light</p>
Spotter. No. 29. Oral Polio Vaccine (OPV):	<p>Identify the spotter</p> <ol style="list-style-type: none"> 1) What type of Vaccine? 2) Write down dosage schedule and route of administration?
Answer	<p>Ans: Live attenuated vaccine</p> <p>Ans: Oral route. At Birth, 6, 10 and 14 weeks of age, booster dose given at 16 to 24 months age</p>
Spotter No: 30 Nishchay Pregnancy kit	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mechanism of action?
Answer	<ol style="list-style-type: none"> 1. NISHCHAY KIT 2. Used to detect Pregnancy; identifies the HCG in a woman's urine.


rcme

Apa Fabra T. Srijan V. Kishor

Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)
PRINCIPAL

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Dr. NTR UHS PRACTICAL EXAMINATION: Final MBBS (Part-1)
Subject: COMMUNITY MEDICINE
Date:19-02-2025

Spotter No 1 EGG	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Why is it called Reference protein? 3. What are the nutrients deficient in it?
Answer	<ol style="list-style-type: none"> 1. Egg 2. It's a complete protein with NPU 100% 3. Deficient in Carbohydrates and vit C
Spotter No 2: Anti- Leprosy Drugs	<ol style="list-style-type: none"> 1. Multi drug therapy for multi bacillary leprosy? 2. Multi drug therapy for Pauci- bacillary leprosy?
Answer	<ol style="list-style-type: none"> 1. Multi-bacillary Leprosy (12 months): <ol style="list-style-type: none"> a. once a month (First dose supervised) <ol style="list-style-type: none"> i. Rifampicin: 600 mg, ii. Clofazimine: 300 mg b. Once Daily: <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100mg 2. Pauci-bacillary Leprosy (6 months): <ol style="list-style-type: none"> a. Once a Month: <ol style="list-style-type: none"> i. Rifampicin 600mg ii. Clofazimine: 300 mg b. Daily <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100 mg
Spotter No 3 Horrocks apparatus	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
Answer	<ol style="list-style-type: none"> 1. Horrocks apparatus 2. To calculate the quantity of bleaching powder required for disinfection of the water
Spotter No 4 DPT vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration; schedule and dosage according to NIS?
Answer	<ol style="list-style-type: none"> 1. DPT Vaccine 2. It is killed vaccine. 3. IM, lateral aspect of thigh <ol style="list-style-type: none"> a. Primary doses: <ol style="list-style-type: none"> i. DPT-1: 6 weeks ii. DPT-2: 10 weeks iii. DPT-3: 14 weeks b. Booster dose: 15-18 months 4. Dose: 0.5ml


PRINCIPAL
 Santhiram Medical College
 General Hospital
 NH-40, Nandyal, Dist.

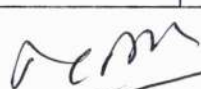

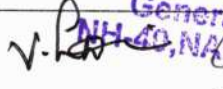

Handwritten signatures and names:
 ... T. Srigani ... V. Lakshmi ...

Spotter no: 5 Copper T	Identify the spotter? 1. What type of Contraceptive? 2. Mechanism of action of Copper T?
	Ans: Copper T Ans: It is a second generation Intra uterine device used for spacing of pregnancy Ans: Intra uterine devices cause foreign body reaction, resulting in cellular and biochemical changes in uterus - Cellular changes- Increased vascular permeability, oedema, infiltration of leucocytes in the endometrium of uterus. - Biochemical – thickening of cervical mucus and uterine fluid and also affecting the motility, viability and capacity of the sperms
Spotter No 6 Parboiled Rice	1) Identify and mention which group its belongs to? 2) What is purpose of parboiling?
Answer	Ans: PAR BOILED RICE and CEREALS Ans: It is done to preserve the nutritive value of rice
Spotter No: 7 Anti-Retroviral drugs	1. Identify the spotter. 2. Mention any the two-nucleoside reverse transcriptase inhibitors? 3. Post-exposure prophylaxis for HIV?
Answer	1. Anti-Retroviral Drugs 2. Zidovudine/ Lamivudine/ Stavudine/ Abacavir/ Didanosine 3. Post-exposure prophylaxis: a. TDF (Tenofovir) 300mg OD b. 3TC (Lamivudine) 300mg OD c. FTC (Emtricitabine) 200mg OD
Spotter. No. 8. Berkefeld filter	1. Identify the spotter. 2. Write down its public health importance?
Answer	1. Berkefeld filter 2. Used for Household purification of water
Spotter. No. 9. BCG Vaccine	Identify the spotter 1) Type of vaccine ? 2) Write down the dose and route of Administration?
Answer	Ans: live vaccine Ans: 0.1ml, (for New-borns aged 4 weeks dose is 0.05 ml) , Intra dermally given

[Handwritten signature]

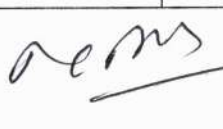
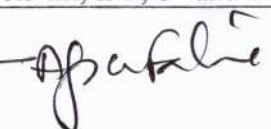
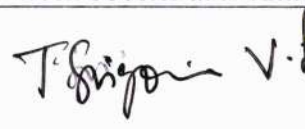
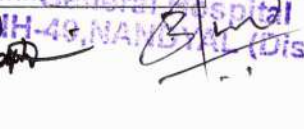
Spotter. No. 10 Nirodh	1) Type of contraception? 2) What are the non contraception advantage of it ?		
Answer	Ans: It is a temporary, physical and Barrier type of contraceptive Ans: To prevention and protection against Sexually transmitted Diseases (STDs), AIDS, Pregnancy, Gonorrhoea, chlamydia, HPV, HIV, protect against the pelvic inflammatory disease It reduces the incidence of tubal infertility & Ectopic Pregnancy and protect against cervical cell abnormality		
Spotter. No.11 Bengal Gram	1. Identify the spotter. 2. Mention two amino acids in it?		
Answer	1. Bengal gram. 2. Methionine and cysteine		
Spotter no. 12 Anti-TB drugs	1. Write down FDC therapy for TB? 2. Mention adverse effects of each drug?		
Answer	WEIGHT CATEGORY IN KGS	NUMBER OF TABLES (FDC) HRZE (75/150/400/275) HRE (75/150/275)	
	25-34	2	2
	35-49	3	3
	50-64	4	4
	65-75	5	5
	>75	6	6
	a. Rifampicin : hepatotoxic b. Isoniazid : Peripheral Neuropathy, Hyperglycaemia c. Pyrazinamide: Hepatotoxic and Hyperuricemia d. Ethambutol : Retrobulbar Neuritis		
Spotter no. 13 Rapid sand filter	1. Identify the spotter 2. Public health importance of it		
Answer	1. Rapid sand filter 2. Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.		
Spotter no 14 Rota vaccine	1. identify the spotter 2. What type of Vaccine? 3. Write down route of administration and dosage according to NIS		
	Ans: Rota teq Ans: Live attenuated vaccine Ans: oral, 6 ,10 ,14 weeks, 5drops		

PRINC
Santhiram Med

PRINCIPAL
Santhiram Medical College
General Hospital
NH-49, NANDYAL (Dist.)

Spotter. No. 15 MCP CARD	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	<ol style="list-style-type: none"> 1. MCP Card 2. Uses: <ol style="list-style-type: none"> a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation <ol style="list-style-type: none"> a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight
Spotter No.16 MANGO	<ol style="list-style-type: none"> 1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it? 4.
Answer	<ol style="list-style-type: none"> 1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter No 17: Bleaching powder	<ol style="list-style-type: none"> 1. identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Bleaching powder 2. mainly used for disinfection of water, faeces and urine <ul style="list-style-type: none"> - Used as deodorant in bathrooms and latrines because of chlorine smell - Used as bleaching agent in paper and textile industry
Spotter No 18 Septic tank	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is its public health importance?
Answer	<ol style="list-style-type: none"> 1. Septic tank 2. Ans: - Construction and use of sanitary latrines, which prevents the access of pathogens from faeces through 6 Fs such Fluid, food, fruits and vegetables, fomites, Flies and Fingers, to the mouths of susceptible host
Spotter. No. 19 PCV(Pneumococcal Vaccine)	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage. 4.
Answer	<ol style="list-style-type: none"> 1. PCV 2. Killed vaccine 3. 0.5 ml, IM , 6th and 14th week booster at 9-12 months

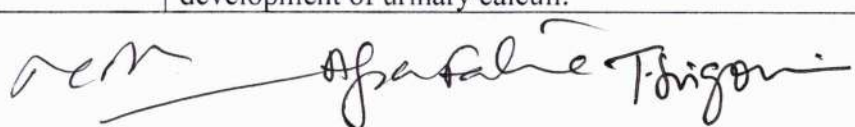
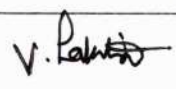

PRINCIPAL
 Santhiram Medical College &
 General Hospital
 DH-49, NANNAL (Dist.)

Spotter. No 20 Oral Rehydration solution	<ol style="list-style-type: none"> 1. Identify the spotter? 2. What is composition of ORS? 3. What are benefits of oral rehydration therapy?
Answer	<p>Ans: Oral rehydration therapy</p> <p>Ans: sodium 75 mmol/ litre, chloride 65 mmol/ litre, glucose , anhydrous 75 mmol/litre, potassium 20 mmol/litre, citrate 10 mmol/litre. Total osmolarity 245 mmol/ litre</p> <p>Ans: ORT is cheap, effective and easy to administer</p> <p>A homemade solution reduced severity and duration of symptoms and risk of recurrence</p>
Spotter no. 21 Papaya	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. Write down nutritive value? 3. Which vitamin is rich in it?
Answer	<ol style="list-style-type: none"> 1. Papaya 2. Calcium, Iron, Carotene and Vitamin C 3. Vit A
Spotter no. 22 Crude oil	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
Answer	<ol style="list-style-type: none"> 1. Crude oil 2. Oldest known mosquito control measure. Oil kills larval and pupae as it forms thin layer of film of surface of water and cuts air supply to them.
Spotter. No 23 Chloroscope	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<ol style="list-style-type: none"> 1. Chloroscope 2. this test is done to measure rapidly, Free chlorine and combined chlorine of water
Spotter No 24 JE vaccine	<ol style="list-style-type: none"> 1. Identify the Spotter. 2. What type of vaccine? 3. Write down the dose and route of Administration?
Answer	<ol style="list-style-type: none"> 1. JE Vaccine 2. Live attenuated vaccine 3. <ol style="list-style-type: none"> b. 0.5ml, Sub cutaneous route c. 1st dose : 9months – 12months d. 2nd dose : 16 –24 months
Spotter. No.25 IRON AND FOLIC ACID (IFA) Tablets	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the use of iron and folic Tablets? 3. What is the dosage of Iron and folic acid tablets for pregnant women?
Answer	<ol style="list-style-type: none"> 1. Iron & Folic Acid Tablets. 2. For correction of Iron deficiency Anaemia. 100 mg of elemental Iron and 500 micrograms of folic acid for 100 days.

Dr. Babar T. Brijani

PRINCIPAL
Santipuram Medical College
General Hospital
NH-40, NANDYAL (Dist.)


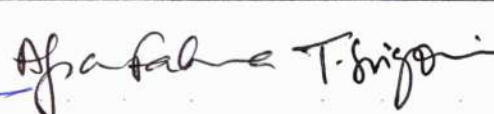

Spotter no 26 LEMON	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the vitamin rich in it and Deficiency disease due to that vitamin?
	<ol style="list-style-type: none"> 1. Lemon 2. Vitamin C and Scurvy
Spotter No: 27 Copper sulphate	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<ol style="list-style-type: none"> 1. Copper sulphate 2. It is used to control and destroy algae in water and removes unpleasant taste and odour. It has no effect on typhoid, cholera or other pathogenic organisms.
Spotter no: 28 Katadyn Filter	<ol style="list-style-type: none"> 1. Identify the spotter 2. Public health importance
	<ol style="list-style-type: none"> 1. Katadyn filter 2. Ceramic filter, surface is coated with silver catalyst Purification of water in small scale
Spotter. No. 29 MMR Vaccine:	<ol style="list-style-type: none"> 1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	<ol style="list-style-type: none"> 1. Live attenuated 2. <ol style="list-style-type: none"> a. first dose at 9 to 12 months b. second dose at 16 to 24 months age c. Sub-cutaneous.
Spotter no 30 Vitamin A Solution	Identify the spotter <ol style="list-style-type: none"> 1) Write down the dosage schedule under NIS? 2) Mention the manifestations of vitamin A deficiency?
Answer	<p>Ans: at 9 months with measles, 16 months with DPT/ OPV booster. Then , one dose every 6 months up to the age of 5 years</p> <p>Ans:</p> <ul style="list-style-type: none"> - Xerophthalmia (Night Blindness, conjunctival xerosis, bitots spots , corneal xerosis, corneal ulceration and keratomalacia) - extra ocular manifestations are retardation of growth, follicular hyperkeratosis, anorexia <p>Increased incidence of Respiratory and alimentary infections and development of urinary calculi.</p>







PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Dr. NTR UHS PRACTICAL EXAMINATION :: Final MBBS (Part-1)
Subject: COMMUNITY MEDICINE
DATE: 20-02-2025


Spotter No :1 Ground Nuts	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	<ol style="list-style-type: none"> 1. Ground nuts 2. Fats and proteins 3. Aflatoxin
Spotter No: 2 Anti-Retroviral drugs	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention any the two-nucleoside reverse transcriptase inhibitors? 3. Post- exposure prophylaxis for HIV?
Answer	<ol style="list-style-type: none"> 1. Anti-Retroviral Drugs 2. Zidovudine/ Lamivudine/ Stavudine/ Abacavir/ Didanosine 3. Post-exposure prophylaxis: <ol style="list-style-type: none"> a. TDF (Tenofovir) 300mg OD b. 3TC (Lamivudine) 300mg OD c. FTC (Emtricitabine) 200mg OD
Spotter No :3 Rapid Sand Filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What is Back washing?
Answer	<ol style="list-style-type: none"> 1. Rapid sand filter 2. Cleaning clogged filtered bed by reversing the flow of current of water from bottom, so that filter-bed of sand is elevated, particles become loose the impurities are dislodged and washed away.
Spotter. No. 4. Pentavalent Vaccine	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are its components? 3. Write its route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. Pentavalent Vaccine 2. Components: <ol style="list-style-type: none"> a. Diphtheria b. Pertussis c. Tetanus d. Hepatitis-B e. HIB 3. <ol style="list-style-type: none"> a. 0.5 ml b. Intramuscular (IM) - anterolateral aspect of thigh c. 6,10,14 weeks
Spotter. No. 5 Nirodh	<ol style="list-style-type: none"> 1) Type of contraception? 2) What are the non contraception advantage of it ?

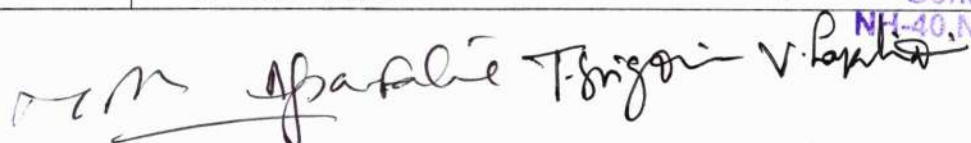





PRINCIPAL
Santhiram Medical College
General Hospital
NH-402 NANDYAL (Dist.)

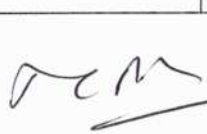
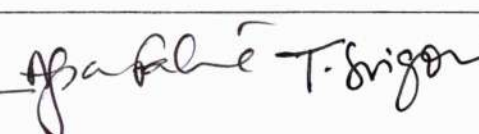
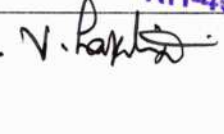

Answer	Ans: It is a temporary, physical and Barrier type of contraceptive Ans: To prevention and protection against Sexually transmitted Diseases (STDs), AIDS, Pregnancy, Gonorrhoea, chlamydia, HPV, HIV, protect against the pelvic inflammatory disease It reduces the incidence of tubal infertility & Ectopic Pregnancy and protect against cervical cell abnormality		
Spotter No 6 Parboiled Rice	1) Identify and mention which group its belongs to? 2) What is purpose of parboiling?		
Answer	Ans: Par boiled rice and Cereals Ans: It is done to preserve the nutritive value of rice		
Spotter no. 7 Anti-TB drugs	1. Write down FDC therapy for TB? 2. Mention adverse effects of each drug?		
Answer	WEIGHT CATEGORY IN KGS.	NUMBER OF TABLES (FDC)	
		HRZE (75/150/400/275)	HRE (75/150/275)
	25-34	2	2
	35-49	3	3
	50-64	4	4
	65-75	5	5
	>75	6	6
	a. Rifampicin : hepatotoxic b. Isoniazid : Peripheral Neuropathy, Hyperglycemia c. Pyrazinamide: Hepatotoxic and Hyperuricemia d. Ethambutol : Retrobulbar Neuritis		
Spotter. No. 8 Slow Sand Filter	1. Identify the spotter. 2. What is its Public Health importance?		
Answer	1. Slow sand Filter 2. Purification of Water on large scale		
Spotter. No. 9. BCG Vaccine	Identify the spotter 1) Type of vaccine ? 2) Write down the dose and route of Administration?		
Answer	1. Live vaccine		

PRINCIPALS
Santhiram Medical College
General


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDAN (Dist.)



	Ans: 0.1ml, (for New-borns aged 4 weeks dose is 0.05 ml) , Intra dermally given
Spotter No. 10 Oral Contraceptive Pills	1. Identify the Spotter. 2. What is the mechanism of action?
Answer	1. OCP 2. Mechanism of action: a. Oestrogen inhibits ovulation b. Progestogen causes i. the atrophy of endometrium ii. makes cervical mucus thick, viscid, and impenetrable to sperms, thereby preventing pregnancy
Spotter no 11 Ragi	1) Identify and mention which group its belongs to? 2) Which mineral is rich in it?
Answer	Ans: Ragi and Millets Ans: Calcium
Spotter. No. 12. Anti Malarial drug: CHLOROQUIN	Identify the spotter 1. Treatment for P. Vivax 2. Adverse effects of it.
Answer	Chloroquin 1. Treatment a. Chloroquin for 3 days i. First day: 600mg. 300mg. after 6 hours. ii. 2 nd & 3 rd days: 300mg per day. b. Primaquin for 14 days i. 0.25mg/kg b.w. 2. Adverse effects a. blurring of vision b. Muscle weakness
Spotter. No. 13 Sanitary latrines	1. Identify the spotter? 2. What is sanitation barrier?
Answer	1. Sanitary latrine 2. Construction and use of sanitary latrines, which prevents the access of pathogens from faeces through Fluid, food, Fruits and vegetables, Fomites, Flies and Fingers (6-Fs), to the susceptible host.

PRINCIPAL
 Santhi Medical College
 General Hospital
 NH-40, NANDYAL (Dist.)

Spotter. No. 14. Oral Polio Vaccine (OPV):	Identify the spotter 1) What type of Vaccine? 2) Write down dosage schedule and route of administration?
Answer	Ans: Live attenuated vaccine Ans: Oral route. At Birth, 6, 10 and 14 weeks of age, booster dose given at 16 to 24 months age
Spotter. No.15 IRON AND FOLIC ACID (IFA) Tablets	1. Identify the spotter 2. What is the use of iron and folic Tablets? 3. What is the dosage of Iron and folic acid tablets for pregnant women?
Answer	1. Iron & Folic Acid Tablets. 2. For correction of Iron deficiency Anaemia. 100 mg of elemental Iron and 500 micrograms of folic acid for 100 days.
Spotter no. 16 Papaya	1. Identify the Spotter. 2. Write down nutritive value? 3. Which vitamin is rich in it?
Answer	1. Papaya 2. Calcium, Iron, Carotene and Vitamin C 3. Vit A
Spotter No: 17 Copper sulphate	1. Identify the spotter 2. Public health importance
	1. Copper sulphate 2. It is used to control and destroy algae in water and removes unpleasant taste and odour. It has no effect on typhoid, cholera or other pathogenic organisms.
Spotter no. 18 Pasteur Chamberland filter	1. Identify the spotter 2. Public health importance
Answer	1. Pasteur Chamberland filter 2. These are ceramic filter used for filtration of small quantity of water for household purposes
Spotter No 19 DPT vaccine	1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration; schedule and dosage according to NIS?
Answer	1. DPT Vaccine 2. It is killed vaccine. 3. IM, lateral aspect of thigh a. Primary doses: i. DPT-1: 6 weeks

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)


Handwritten signatures and initials:
 1. *me*
 2. *Dr. S. S. Srinivasan*
 3. *V. Lakshmi*
 4. *[Signature]*

Nishchay Pregnancy kit	
Answer	<ol style="list-style-type: none"> 1. NISHCHAY KIT 2. Used to detect Pregnancy; identifies the HCG in a woman's urine.
Spotter. No. 26 Bengal Gram	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Mention two amino acids in it?
Answer	<ol style="list-style-type: none"> 1. Bengal gram. 2. Methionine and cysteine
Spotter No 27: Anti- Leprosy Drugs	<ol style="list-style-type: none"> 1. Multi drug therapy for multi bacillary leprosy? 2. Multi drug therapy for Pauci- bacillary leprosy?
Answer	<ol style="list-style-type: none"> 1. Multi-bacillary Leprosy (12 months): <ol style="list-style-type: none"> a. once a month (First dose supervised) <ol style="list-style-type: none"> i. Rifampicin: 600 mg, ii. Clofazimine: 300 mg b. Once Daily: <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100mg 2. Pauci-bacillary Leprosy (6 months): <ol style="list-style-type: none"> a. Once a Month: <ol style="list-style-type: none"> i. Rifampicin 600mg ii. Clofazimine: 300 mg b. Daily <ol style="list-style-type: none"> i. Clofazimine 50mg ii. Dapsone 100 mg
Spotter. No. 28. Berkefeld filter	<ol style="list-style-type: none"> 1. Identify the spotter. 2. Write down its public health importance?
Answer	<ol style="list-style-type: none"> 1. Berkefeld filter 2. Used for Household purification of water
Spotter. No. 29 PCV(Pneumococcal Vaccine)	<ol style="list-style-type: none"> 1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	<ol style="list-style-type: none"> 1. PCV 2. Killed vaccine 3. 0.5 ml, IM, 6th and 14th week booster at 9-12months
Spotter. No. 30 MCP CARD	<ol style="list-style-type: none"> 1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	<ol style="list-style-type: none"> 1. MCP Card 2. Uses:

ame afafabua Frigor

PRINCIPAL
Santhiram Medical College &
General Hospital
NANDYAL (Dist.)

	<ul style="list-style-type: none"> a. Immunization b. antenatal check-up c. growth monitoring
	3. Standard Deviation <ul style="list-style-type: none"> a. Green > -2 SD : Normal weight for Age b. Yellow $-2SD$ to $-3SD$: Undernutrition c. Red > -3 SD : Severely underweight

dem afakhi T. Nigoni V. Laro 



PRINCIPAL
 Santhiram Medical College &
 General Hospital
 NH-40, NANDYAL (Dist.)

PRINCIPAL
Santhiram Medical Col
General Hospital
NH-40, NANDYAL (D

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

Dr. NTRUHS Examinations Final MBBS (Part-1)
Subject: Community Medicine
Practical Examination
Exercises

Dt. 16-02-2025

Max. Marks: 40
Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. A child aged 7 years is bitten by rabid dog and has five superficial wounds on the leg. Describe the measures to be adopted to rescue the child. Describe also measures to be taken by the Health Officer of the town to control rabies.
2. An outbreak of Gastroenteritis has been reported from a village. Describe the measures you would take as a Medical officer to control the outbreak.

STATISTICAL EXERCISE (2 X 10 = 20 Marks)

3. Mid year population of a PHC in the year 1990 was 40,000. Following events occurred during the same year in that PHC.

Total Births	: 1200	Total Deaths	: 400
Infant Deaths	: 120	Maternal Deaths	: 6

Calculate relevant vital indices.

4. In a city with a population of 6 lakhs, 1500 died of TB, 800 died of Tetanus, 300 died of Cancer, 2000 died of Coronary. Heart disease. Calculate 'cause-specific mortality rates' for 1 lakh population.

Dr. J. S. Srinivasan

[Signature]

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)
is

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

Dr. NTRUHS Examinations Final MBBS (Part-1)

Subject: Community Medicine

Practical Examination

Exercises

Dt. 17-02-2025

Max. Marks: 40

Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. Municipal Health officer of a Town received a report from Hospital authorities that there is an increase in the number of admission of Japanese encephalitis cases in the paediatric ward. Describe the measures to be taken by the MHO to control the spread of J.E. in the municipal area.
2. Prescribe a balanced diet for (a) Pregnant woman in the 2nd trimester of pregnancy, working as Primary School Teacher. (b) Lactating Mother of 2 months infant.

STATISTICAL EXERCISES (2 X 10 = 20 Marks)

3. In a cholera epidemic caused by Asiatic cholera vibrio, 64 cases died out of 160 attacks while in a typhoid epidemic 60 died out of 200. Find the case fatality rates of both and compare.
- 4.

	Primi	Multi	Total
Toxaemia	30	12	42
Non – Toxemia	450	198	648
Total	480	210	690

Is there any association between Toxaemia and gravida number?

ans. no association

v. Lakshmi
S. Srinivas

[Signature]

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

Dr. NTRUHS Examinations Final MBBS (Part-1)
Subject: Community Medicine
Practical Examination
EXERCISES

Dt. 18-02-2025

Max. Marks: 40
Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. A number of inmates of a remand home are suffering from scabies. Indicate the measures you would adopt to free them from infection. What advice you would give to prevent re-infestation.
2. In a village, untrained dai conducted delivery on a primigravida and the child who is normal upto a week, could not take feeds and developed convulsions. Discuss the health problem and its management.

STATISTICAL EXERCISES (2 X 10 = 20 Marks)

3. What is Maternal Mortality Rate? In the year 1992 in the district 'A' 30 women died due to puerperal sepsis and there were 8000 live births. Calculate the Maternal mortality of the district. Comment of MMR in the district.
4. From the following table, comparing the results of a screening test with a gold Standard test, calculate sensitivity, specificity, predictive values of positive and Negative tests, false positives and false negatives.

Screening Test Result	Gold Standard	
	Positive (disease present)	Negative (disease absent)
Positive	20	10
Negative	5	70

Dr. N. Srinivasan

[Signature]

[Green Stamp]

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

Dr. NTRUHS Examinations Final MBBS (Part-1)
Subject: Community Medicine
Practical Examination
EXERCISES

Dt. 19-02-2025

Max. Marks: 40
Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. A few cases of Typhoid fever are reported from a hostel. Mention the steps you would like to take to prevent further occurrence of the same.
2. A woman brought her two-year old child with diarrhea for the last 2 days with sunken eyes and dry tongue to the sub-centre. Discuss what the female health worker should do for the child.

STATISTICAL EXERCISES (2 X 10 = 20 Marks)

3. Calculate exposure rates for cases, controls and odd's ratio from the following data of a case control study of cancer.

	Cases (with lung cancer)	Controls (without lung cancer)
Smokers	33	55
Non-smokers	2	27
Total	35	82

4. Mid-arm circumference (in cms) of 25 male children is given below. Calculate the mean, median, mode and S.D.

14, 11, 11, 10, 12, 13, 10, 14, 11, 11, 10, 12, 12, 13, 13, 11, 14, 12, 12, 13, 12, 12, 12, 13, 12.
--

rem *Aparna Tongani v. Parthi*

B. Indira

PRINCIPAL
Santhiram Medical Co
General Hospital
NH-40, NANDYAL (D

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

Dr. NTRUHS Examinations Final MBBS (Part-1)
Subject: Community Medicine
Practical Examination
EXERCISES

Dt. 20-02-2025

Max. Marks: 40
Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. A person with crush injury is brought to the casualty after a road accident. How do you manage the situation to prevent Tetanus?
2. 16 adults and 3 children had sudden vomiting and abdominal colic within 12 hours of consuming food in a marriage party. Describe steps in investigation and control of food poisoning.

STATISTICAL EXERCISES (2 X 10 = 20 Marks)

3. In a town with population of 80000 there were 15,000 births. 1,340 infant deaths in the year 1989. 30 infants died in first 28 days of life and 20 died in first week of life. There were 100 stillbirths in the same year. Calculate infant mortality rate, Perinatal mortality rate, neonatal mortality rate and post neonatal rate?
4. Calculate incidence rates among exposed and non-exposed, relative risk and relative attributable risk from the following data of cohort study of cigarette Smoking and lung cancer.

Cigarette Smoking	Developed Lung Cancer	Did not develop Lung Cancer	Total
Yes	700	69,300	70,000
No	30	29,970	30,000

[Handwritten signatures and initials]

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA

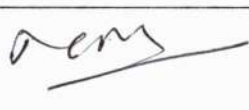
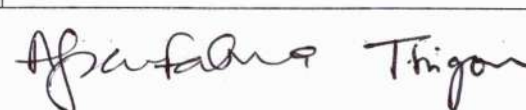
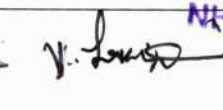

DEPT. OF COMMUNITY MEDICINE

Final MBBS (Part-1) Practical Examinations

Subject: COMMUNITY MEDICINE

CLINICO-SOCIAL CASE STUDIESLong Cases

S.No.	LONG CASE
1.	TB
2.	Leprosy
3.	Hypertension
4.	DM
5.	ARI
6.	Tetanus
7.	Cataract
8.	ANC
9.	PNC
10.	PEM
11.	Goitre
12.	Under – 5 age cases
13.	Gastro Enteritis
14.	Dehydration case (Recovered case also)
15.	Mumps
16.	Chicken Pox
17.	Measles
18.	Fever cases (Any fever), PUO
19.	Malaria
20.	Dengue Fever
21.	Immunization case

PRINCIPAL
 Santhiram Medical College
 General Hospital
 NH-40, SANGHAI (Dist.)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Dr. NTR UHS PRACTICAL EXAMINATION :: Final MBBS (Part-1)
Subject: COMMUNITY MEDICINE
VIVA-VOCE Questions
Dt. 15-02-2025 to 20-02-2025

MAN AND MEDICINE

Definition of public health

The science and art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of diseases and the development of social machinery which will ensure to every individual, in the community, a standard of living adequate for maintenance of health".

Definition of community medicine

it is defined as that branch of medicine, which addresses certain selected aspects of health promotion, disease prevention, health restoration (by curative steps) and rehabilitation of the former patients, in the community

Contribution of scientists to medical field

1. First vaccine developed: Small pox (Edward Jenner)
2. Term 'Vaccination': Edward Jenner
3. Term 'Vaccine': Louis Pasteur
4. Vaccines- Anthrax, Rabies: Louis Pasteur
5. First Polio Vaccine: Jonas Salk
6. Penicillin (First antibiotic): Alexander Fleming
7. Growth Chart: David Morley
8. Homeopathy: Samuel Hahnemann
9. Blood group types: Karl Landsteiner.
10. Citrus fruits in prevention of Scurvy: James Lind
11. Transmission of Yellow fever: Walter Reed
12. Life cycle of Plasmodium: Ronald Ross

Contribution of scientists in public health Hippocrates - first true epidemiologist

John snow: father of epidemiology

Louis Pasteur: Germ theory of disease

Sullivan's Index

Sullivan's Index = Life Expectancy MINUS Duration of disability (bed disability and inability to perform major activities)

- Is known as 'Disability free life expectancy (DFLE)

Disease control: Is reducing the transmission of disease agent to such a low level that it ceases to be a public health problem

Disease elimination: Is complete interruption of transmission of disease in a defined geographical area, but the causative organism may be persisting in environment

Disease eradication: Is complete 'extermination' of organism

State Medicine: Provision of free medical services to the people at government expense

Socialized Medicine: Provision of medical service and professional education by the State (as in state medicine), but the programme is operated and regulated by professional groups rather than by government

- Prevents competition between practitioners and clients
- Provision of medical services supported by state government
- Ensures social equity that is universally operated by professional health services

Social medicine: Study of the social, economical, environmental, cultural, psychological and genetic factors, which have a bearing on health

an Agudabie

T. Prigouri v. Lakshmi


PRINCIPAL
Santhiram Medical College
General Hospital
NH 48, NANDYAL (Dist

CONCEPTS OF HEALTH AND DISEASE

Definition of health

Health is the state of complete physical, mental and social well-being and not merely of disease absence or infirmity

Dimensions of health

- physical dimension
- Mental dimension
- Social dimension
- Spiritual dimension
- Emotional dimension
- Vocational dimension
- Socio economic dimension
- Cultural dimension

Positive health

- State of positive health implies the notion of perfect functioning of body and mind
- Health and disease lie along a continuum
- Lowest point on health_ disease spectrum is death and highest point corresponds to WHO definition of positive health

Spectrum of health

- Positive health
- Better health
- Freedom from sickness
- Un recognized sickness
- Mild sickness
- Death

Determinants of health

- 1) biological determinants
- 2) Behavioral and socio cultural conditions
- 3) Environment
- 4) Socio economic conditions
- 5) Health services
- 6) Aging of population
- 7) Gender

Concept of disease

a condition in which body health is impaired a departure from state of health an alteration of human body interrupting the performance of vital functions.

Natural history of disease

- 1) pre pathogenesis phase- primary prevention
- 2) Pathogenesis phase - secondary prevention, tertiary prevention

Rehabilitation

The combined and coordinated use of medical, social, educational and vocational measures for training and retraining the individual to highest possible level of functional ability

Isolation is the separation for the period of communicability, of infected persons from others in such places/ conditions as to prevent/limit transmission to those susceptible

- It applies to persons who are known to be ill with a contagious disease

'Quarantine' (meaning "40 Days") is the restriction of activities of apparently healthy persons who have been exposed to a case of communicable disease during its period of communicability

- It applies to those who have been exposed to a contagious disease but who may or may not become ill
- Quarantine was first applied for plague
- Quarantine period for Yellow fever: 6 days (maximum IP)
- Quarantine currently has been 'replaced with active surveillance'

HDI:

Components

an *Aprekabe*

T. Srigani

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, MANDYAL (Dist.)

- Longevity – Life expectancy at birth
- Income (Real GDP per capita in PPP US\$)
- Knowledge (Mean years of schooling, Expected years of schooling)
- Range: 0-1

PQLI:

- Life expectancy at 1 year age (LE1)
- Infant mortality rate (IMR)
- Literacy rate Range: 0 to 100

INDICATORS OF HEALTH

Mortality indicators

- Crude Death Rate
- Infant Mortality Rate
- Child Mortality Rate
- Under-5 proportionate mortality rate
- Maternal Mortality Rate
- Proportional Mortality Rate
- Disease-specific Mortality Rate

Morbidity indicators:

- Incidence & Prevalence,
- Notification Rates
- Attendance Rates at hospitals,
- Admission, readmission and discharge rates
- Duration of hospital stay
- Spells of sickness

Case Fatality Rate (CFR)

CFR represents 'killing power of a disease'

It is 'closely related to virulence of organism'

$CFR = \frac{\text{Total no. of deaths due to a disease}}{\text{Total no. of cases due to a disease}} \times 100$

Iceberg Phenomenon of disease: Disease in a community may be compared to an iceberg

- Floating tip: What physician sees in community (Clinical cases)
- Vast submerged portion: Hidden mass of disease (Latent, inapparent, pre-symptomatic and undiagnosed cases and carriers)
- Line of demarcation (water surface): Is between apparent and inapparent infections
- Epidemiologist is concerned with Hidden portion of iceberg' whereas Clinician is concerned with Tip of iceberg
- Screening is done for Hidden portion of Iceberg' whereas diagnosis is done for tip of iceberg

Surveillance: Is the ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to prevent and control a disease, usually one of an infectious nature

Monitoring

- Performance and analysis of routine measurements aimed at detecting changes in environment or health status of a population
- One Time linear activity No feedback present
- No inbuilt action component present
- Stops once disease is eliminated/eradicated Smaller concept

Surveillance:

- Continuous scrutiny of the factors that determine the occurrence and distribution of disease and other conditions of ill-health

[Signature]

[Signature]

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

- Continuous Cycle Feedback present
- Inbuilt action component present
- Continues even after disease is eliminated/ eradicated Broader concept

Levels of Prevention, Modes of Intervention

- Primordial Level of Prevention- Individual Education
- Mass Education
- Primary Level of Prevention-Health Promotion, Specific Protection:
- Secondary Level of Prevention-early diagnosis and treatment
- Tertiary Level of Prevention-Disability limitation and Rehabilitation

EPIDEMIOLOGY

Definition of Epidemiology :-

"The study of the occurrence and distribution of health related events ,states, and processes inspecified populations including the study of the determinants influencing such processes and application of this knowledge to control relevant health problems

MORBIDITY MEASUREMENTS

Incidence

Incidence: Is defined as the 'no. of new cases' occurring in a defined population during aspecified period of time

For a given period

Incidence = No. of new cases of a disease Ina given year /total population at risk $\times 1000$

Prevalence

Prevalence: Is total current (Old + New) cases in a given population over a point or period of time

Relative risk (RR) = Incidence among exposed/ Incidence among non-exposed
 $RR = I_{\text{exposed}} / I_{\text{non-exposed}}$

Attributable risk (AR) = (Incidence among exposed — Incidence among non- exposed)/ Incidence among exposed $\times 100$

$AR = (I_{\text{exposed}} - I_{\text{non-exposed}}) / I_{\text{exposed}} \times 100$

13. **Population attributable risk (PAR)** = (Incidence among total — Incidence among non- exposed)/ Incidence among total $\times 100$

$PAR = (I_{\text{total}} - I_{\text{non-exposed}}) / I_{\text{tot}} \times 100$

Cohort Studies

- Only exposure has occurred Prospective study
- Forward looking study
- Cause to effect study
- Exposure to outcome study
- Risk factor to disease study
- Incidence study
- Follow up study
- Provides Incidence, Relative risk
- Allows study of several etiological factors simultaneously
- No Recall bias
- Ethical problems
- Loss to follow up (attrition)
- Time consuming

Cohort study

Dr. A. K. S. S. S. S.

T. Srigouri V. Lakshmi


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

- Retrospective study
- Backward looking study
- Effect to cause to study
- Outcome to exposure study, disease to risk factor study
- TROHOC study
- Easy to carry out bias
- Strength of association: Odds ratio
- Strength of association in a case control study: 'Odds Ratio'

Bias:

Is any 'systematic error' in an epidemiological study, occurring during data collection, compilation, analysis and interpretation

Predominantly biases are of 3 types:

- Subject bias: Error introduced by study subjects. Examples:
 - Hawthorne effect
 - Recall bias
- Investigator bias: Error introduced by investigator
- Selection bias
- Analyzer bias: Error introduced by analyzer

Confounding:

Any factor associated with both exposure and outcome, and has an independent effect in causation of outcome is a confounder

- It is found unequally distributed between the study and control groups
- Is associated with both exposure and outcome
- Has an independent effect in causation of outcome (thus is a risk factor itself)

Matching:

- Process of selecting controls in a such a way that they are similar to cases (with regard to certain pertinent --selected variables which may influence the outcome of disease, thereby distorting the results)

- Matching eliminates confounding

- Matching distributes known confounding factors equally in two groups

1. **Criteria of Causal Association** Temporal association
2. Strength of association:
3. Specificity of association
4. Consistency of association
5. Biological plausibility:
6. Coherence of association
7. Dose-response relationship
8. Cessation of exposure
9. Reversibility
10. Study design
11. **Endemic:** refers to the 'usual or expected frequency of disease' within a population group; is the 'constant presence of a disease in a defined geographical area'

Types of Epidemics

- 1) Single exposure or 'Point source' epidemics:
 - 'Sharp rise and sharp fall' in no. of cases
 - Examples: Food poisoning, Measles, Chicken pox, Cholera, Bhopal gas tragedy
- 2) 'Common source', continuous or repeated exposure epidemics:
 - Examples: Contaminated well in a village, nationally distribute vaccine or food, prostitute in a gonorrhoea outbreak
- 3) Propagated epidemics:
 - 'Gradual rise and gradual fall' over a long time (Tail off)

[Signature]

T. Srigouri

V. Lakshmi

PRINCIPAL
Santhirani Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

- Pandemic:** An epidemic usually affecting a large proportion of the population, occurring over a large geographical area such as part of a nation, nation, continent or world (Country-to-countryspread)

Reservoir: Is any person, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent lives & multiplies, on which it primarily depends for survival, & where it reproduces itself in such a manner that it can be transmitted to a susceptible host

Carriers: Infected person or animal that harbors a specific agent in the absence of discernible clinical disease, & serves as a potential source of infection for others

Incubatory carrier, Convalescence carrier, Healthy carrier, Chronic carrier

Median incubation period: Is the time required for 50% of cases to occur following
Generation time: is the time taken for a person from receipt of infection to develop maximum infectivity

- Latent period:** Is the period from disease initiation to disease detection, used in non-infectious diseases as equivalent of incubation period

Period of communicability: is the time during which an infectious agent may be

- BCG
- OPV (Sabin – Oral polio vaccine)
- Measles vaccine,
- Mumps vaccine
- Rubella vaccine,
- Yellow fever vaccine,
- Typhoral
- Live plague vaccine
- LAIV (live attenuated influenza vaccine)
- Varicella vaccine
- Epidemic typhus vaccine

- IPV (Salk – Inactivated polio vaccine)
- Rabies vaccine
- Cholera vaccine
- Meningococcal vaccine
- Hepatitis B vaccine
- Typhim – Vi vaccine
- Killed plague vaccine
- Killed influenza vaccine
- JE (Japanese encephalitis)
- vaccine KFD (Kyasanur forest disease) vaccine

ausgabe

T. Srigouri

PRINCIPAL
Santhiram Medical College &
General Hospital
(NANDYAL Dist.)

- VVM is a marker of potency
- is a label containing a heat-sensitive material which is placed on a vac-cine vial to register cumulative heat exposure over time
- VVM indicates efficiency of cold chain (temperature maintenance)
- VVM is a mark on OPV vial consisting of:
 - An outer circle
 - An inner square (made of heat sensitive material)

Cold chain:

Is a system of storage and transportation of vaccines from the point of manufacture to the point of administration (actual vaccination site)

- Walk-in-cold rooms (WIC)
- Walk-in-freezers (WIF)
- Large ILRs (Ice-lined refrigerator)
- Large DFs (Deep freezers)
- PHC level
 - Small ILRs
 - Small DFs
- Vaccine carriers
- Day carriers
- Fully frozen icepack

Properties of Ideal Disinfectant

- Soluble in water
- Odourless
- Unaffected environmentally (active with organic matter; compatible with chemicals)
- Residual effect
- Cleaner
- Environmental friendly
- Stable in concentration and use-dilution
- Broad antimicrobial spectrum
- Easy to use
- • Economical
- • Nontoxic
- Fast acting
- Surface compatible (non-corrosive, no deterioration)

Verification of diagnosis:

- Confirmation of existence of an epidemic
- Defining the population at risk:
- Obtaining the map of the area
- Calculation of 'appropriate denominator of population at risk'
- Rapid search for all cases and their characteristics:
- Data analysis
- Formulation of hypothesis
- Testing of hypothesis
- Evaluation of ecological factor
- Further investigation of population at risk
- Writing the report

Active immunity:

- it is the immunity which an individual develops as a result of infection or by specific immunization acquired following clinical subclinical or inapparent infection following immunization with an antigen

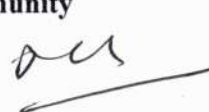
Passive immunity:

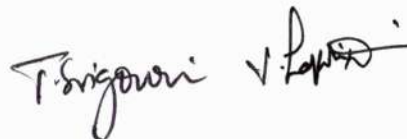
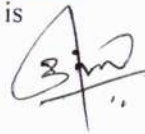
- When antibody produced in one body are transferred to another to induce protection against disease is passive immunity

Herd immunity



PRINCIPAL
Sankar Medical College
General Hospital
NH-40, NANDYAL (Dist.)



It is a type of immunity that occurs when the vaccination of portion of a population provides protection to unprotected individual

Open vial policy open vial policy allows reuse of partially used multidose vials of applicable vaccines under UIP in subsequent sessions upto 4 weeks

Adverse events following immunization Categorization

- vaccine product related reaction
- vaccine quality defect related reaction
- immunization error related reaction
- immunization anxiety related reaction
- coincidental event

SCREENING FOR DISEASE

Screening

The search for unrecognized disease or defect by means of rapidly applied tests examinations or other in procedures in apparently healthy individuals

	screening	Diagnosis
done one	Apparently healthy	Cases
Applied on	groups	individuals
Test results	Arbitrary	Not final
based on	criterion	signs symptoms
cost	cheaper	expensive
time	rapid	time consuming
Basic for treatment	not basis	useful for basis for treatment

Criteria for screening

Validity/ Accuracy

Refers to what extent the test measures which it purports to measure (adequacy of measurement)

Reliability/ Precision/ Repeatability/ Consistency/ Reproducibility

Test gives consistent results when repeated more than once on the same individual or material, under the same conditions

Sensitivity: Ability of a screening test to identify correctly all those who have the disease (cases)

$$\text{Sensitivity} = a / (a + c) \times 100 = TP / (TP + FN) \times 100$$

Specificity: Ability of a screening test to identify correctly all those who do not have the disease (healthy)

$$\text{Specificity} = d / (b + d) \times 100 = TN / (TN + FP) \times 100$$

Positive predictive value (PPV): Ability of a screening test to identify correctly all those who have the disease, out of all those who test positive on a screening test

$$PPV = a / (a + b) \times 100 = TP / (TP + FP) \times 100$$

Negative predictive value (NPV): Ability of a screening test to identify correctly all those who do not have the disease, out of all those who test negative on a screening test

$$NPV = d / (c + d) \times 100 = TN / (FN + TN) \times 100$$

Handwritten signature

Handwritten signature

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

NUTRITION

Nutritional problems in public health

- low birth weight
- under nutrition
- xerophthalmia
- iodine deficiency disorders
- endemic fluorosis
- Lathyrism
- iron deficiency anaemia

Food toxicants

- Neuro lathyrism
- Aflatoxins
- Ergot
- Epidemic dropsy
- Endemic Ascots
- Fusarium toxin

Endemic Ascites

Contamination of millets with weed seeds of *Crotalaria Jhunjhunja* which contain pyrrolizidinealkaloids which are hepatotoxins

Epidemic dropsy

Due to contamination of mustard oil with argemone oil Argentine oil contains toxic alkaloid sanguinarine

Food fortification

It is a public health measure where nutrients are added to food to maintain or improve the quality of diet of a group, community or a population

Methods of pasteurization

- Holder or vat method _ milk heated for >30min 63-66°C
- TST method- milk heated to 72°C for 15 seconds sec
- HHST method- milk heated to 68 °C for 30 min
- UHT method- milk heated to 125°C for few sec

Neuro lathyrism

Caused by consuming khesari dal (*Lathyrus sativus*) over a period of 2-6 months toxin in *Lathyrus* seeds is beta oxalyl amino alanine

Manifestations

- Latent stage
- No stick stage
- One stick stage
- two stick stage
- Crawler

Egg composition

60 grams egg contains, 6gm proteins, 6 gm fat, 30mg calcium, 1.5mg iron, 250 mg cholesterol 70 kcal energy
NPU is 96


Ocular manifestations of Vitamin A deficiency

- Conjunctival xerosis _ first clinical sign
- Night blindness _ first clinical symptom
- Bitot's spots
- corneal xerosis
- Keratomalacia - liquefaction of cornea

Food adulteration

Consists of mixing, substitution, concealing the quality, putting up decomposed foods for sale, misbranding, or giving false labels and addition of toxicants.

MEDICINE AND SOCIAL SCIENCES


PRINCIPAL
Santinandan Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

 T. Srinivas V. Lakshmi

Socialization

A man acquiring beliefs, customs, traditions and prejudices of a society by his everyday social interaction is socialization

Acculturation

Acculturation means culture contact when there is contact between two different people with different types of culture there is diffusion of culture both ways

- trade and commerce
- Industrialization
- Education
- Propagation of religion
- Conquest

Family

Group of biologically related individuals living together and eating from a common kitchen

Types of family

- nuclear family
- joint family
- three generation family

Functions of family

- Residence
- Division of labour
- Reproduction
- Socialization
- Economic functions
- Social care

Broken family

It is the family where the parents have separated or where death has occurred to one or both parents

Problem families

These families lag behind the rest of community standards of life are far below the accepted minimum, parents are unable to meet emotional and physical needs of children

Community

Group of individuals or families sharing common characteristics like Religion, customs beliefs, language geographical area

Socio economic status scales

- B G Prasad scale- urban and rural areas
- Kuppaswamy scale- urban areas
- Uday Pareek scale- rural areas

DEMOGRAPHY AND FAMILY PLANNING

Demographic cycle

- First stage- high stationary
- Second stage- early expanding
- third stage- late expanding
- Fourth stage - low stationary
- Fifth stage – declining

Demographic indicators

population statistics: population size, sex ratio, density, dependency ratio

Vital statistics: birth rate, death rate, growth rate, life expectancy at birth, mortality rates, fertility rates

Dependency ratio

Ratio of financially dependent individuals (above 65 years age and children below 15 -years) to the economically productive individuals (15 -- 65 years of age)

Gross reproductive rate

Average no. Of girls that would be born to the women if she experiences that current fertility pattern through out her reproductive span assuming no mortality

Net reproductive rate

Dr. Subash Tripathi v. Lakshmi

3/11

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

No. Of daughters a new born girl will bear during her lifespan assuming fixed age specific Fertility rates and mortality rates

Eligible couples

Currently married couples where in wife is in the reproductive Age (15 to 45 years)

Target couples

Couples who have had 2-3 living children and family planning is largely directed to such couples

Barrier methods of contraception

- condom
- Female condom
- Diaphragm
- Vaginal sponge
- Spermicides- chemical method

Types of Intrauterine Devices (IUDs)

- First generation IUD _ Lippes loop
- Second generation IUD _ CuT380A, CuT220B
- Third generation IUD _ progestasert, LNG-IUD

Mechanisms of Action of Intrauterine Devices (IUDs)

- 'Foreign body reaction':
- cellular/biochemical changes in endometrium/uterine fluids – impair viability of gamete
- reduces chances of fertilization, rather than implantation
- Copper in IUD:
- enhances cellular response in endometrium
- affects enzymes in uterus
- alter cervical mucus thus affecting sperm motility, capacitation & survival

Hormones in IUD:

- increase viscosity of cervical mucus
- prevent sperm from entering cervix
- make endometrium unfavorable to implantation (high progesterone & low estrogen)

Side effects of IUD

- 1) bleeding
- 2) pain
- 3) pelvic infection
- 4) uterine perforation
- 5) pregnancy
- 6) spontaneous expulsion

Contra indications of IUD


Absolute contra indications:

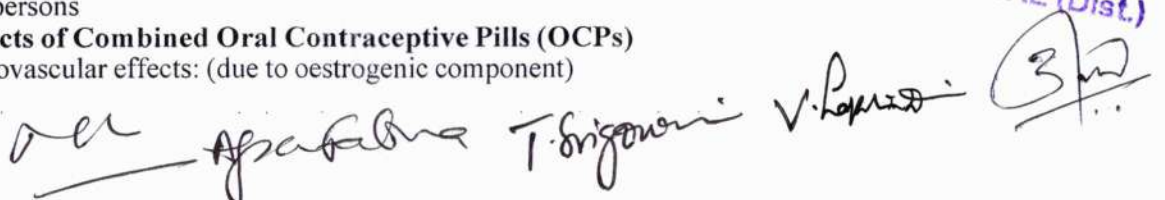
- -Suspected pregnancy
- PID
- Vaginal bleeding of undiagnosed etiology
- Cancer of cervix,
- uterus or adnexa and other pelvic tumors –
- Previous ectopic pregnancy
- Relative contraindications: –
- Anemia
- Menorrhagia
- History of PID since last pregnancy
- Purulent cervical discharge
- Distortions of uterine cavity due to congenital malformations, fibroids –

- Unmotivated persons

Adverse Effects of Combined Oral Contraceptive Pills (OCPs)

- Cardiovascular effects: (due to oestrogenic component)


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)



- Myocardial infarction
- Cerebral thrombosis
- Venous thrombosis (with or without pulmonary embolus) – Hypertension
- Carcinogenesis: Cervical cancer (increased risk) – Breast Cancer
- Metabolic Effects: (due to progesterone component)
- Elevated blood pressure (hypertension)
- Altered lipid profile (reduced HDL)
- Blood clotting
- Hyperglycemia and increased plasma insulin
- Hepatocellular adenoma
- Gall bladder disease
- Cholestatic jaundice
- Slight delay in return of fertility (upon discontinuation)
- Depression
- Fetal birth defects
- General effects:
- Breast tenderness
- Weight gain (due to water retention) – Headache & migraine
- Bleeding disturbances

Contraindications for Use of Combined Oral Contraceptive Pills (OCPs)

Relative contraindications*

- Breast Cancer
- Genital Cancer
- Liver disease
- History of thromboembolism
- Cardiac abnormalities
- Congenital hyperlipidemia
- Undiagnosed abnormal uterine bleeding
- Pregnancy

Relative contraindications


- Age > 40 years
- Smoking and age > 35 years
- Mild hypertension
- Chronic renal disease
- Epilepsy
- Migraine
- Nursing mothers (0 – 6 months)
- Diabetes mellitus
- Gall bladder disease
- History of infrequent bleeding
- Amenorrhoea Emergency contraception:

Emergency contraceptive:

- Yuzpe and Lancee Method: Combined oral pills are generally accepted as the preparation of choice for post-coital (emergency) contraception
- Regimens:
- (pills with 30 mcg estrogen): 4 pills immediately followed by 4 pills 12 hours later
- (pills with 50 mcg estrogen): 2 pills immediately followed by 2 pills 12 hours later
- Pills with 200 mcg estrogen: 1 pill immediately followed by 1 pill 12 hours later
- Regimens have to be 'completed within 72 hours of coitus'
- Mini Pills (POP): Progesterone only Pill (POP) 0.75 mg
- IUD Insertion: Must be 'inserted within 5 days of coitus'
- High dose estrogens: Estrogen 5mg OD X 5 days
- Antiprogesterone (Mifepristone RU 486): 600 mg stat within 72 hours of coitus

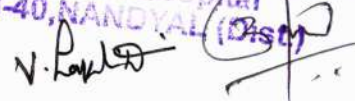
Types of hormonal contraceptives

- Oral pills
- combined pill


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist)







- Progestogen only pill
- Post coital pill
- once a month pill
- male pill
- Depot formulations
- injectables
- Subcutaneous implants
- Vaginal rings
- Injectable contraceptives
- Progestogen -only injectables
- Depot-medroxyprogesterone acetate, Norethisterone enantate
- DMPA-SC
- Combined injectable contraceptives _ cyclofem or cycloprovera and mesigyna

Menstrual regulation

Aspiration of uterine contents 6 -14 days of missed period but before most pregnancy tests can accurately determine whether or not a women is pregnant

Natural family planning methods:

- basal body temperature method
- Cervical mucus method
- Symptothermic method

PREVENTIVE MEDICINE IN OBSTETRICS, PAEDIATRICS AND GERIATRICS

Risk approach in pregnancy

- Elderly primi (> 30 years)
- Short statured primi (< 140 cms)
- Malpresentations (breech, transverse lie, etc.)
- Antepartum hemorrhage, threatened abortion – Preeclampsia, Eclampsia
- Anemia
- Twins, hydramnios
- Previous still birth,
- IUD, manual removal of placenta
- Elderly grand multipara (> 5 parity)
- Prolonged pregnancy (> 14 days after EDD)
- History of previous CS or instrumental delivery
- Pregnancy associated with general diseases (diabetes, TB, malaria, liver diseases, cardiovascular diseases)
- Treatment for infertility three or more spontaneous abortion

objectives of antenatal check up

- To promote protect and maintain health of mother during pregnancy To detect high risk cases and give special attention
- To foresee complications and prevent them to remove anxiety and dread associated pregnancy
- To teach mother elements of child are nutrition, personal hygiene and environmental sanitation
- To sensitive the mother to need of family planning
- To attend to the under-fives accompanying the mother

Objectives of postnatal care

- To prevent complications of postnatal period
- to provide care for rapid a restoration of the mother to optimum health To check adequacy of breast feeding
- To provide family planning to provide basic health education to mother and family

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten signature

PRINCIPAL
Santhirapalayam Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Low birth weight

Birth weight less than 2.5kg

Causes

- Adolescent pregnancy
- Multiple pregnancy
- Urinary tract infections,
- HIV, syphilis, malaria
- Diabetes
- Undernutrition
- Cervical incompetence
- Close birth spacing
- Intra uterine growth retardation
- Heavy physical work
- Hypertension
- High parity

Kangaroo mother care

Four components

- skin-to skin positioning of baby on mother's chest
- Adequate nutrition through breast feeding
- Ambulatory care as result of early discharge from hospital
- Support for mother and her family in caring for baby

Uses of growth chart

- For growth monitoring
- Diagnostic tool
- Planning and policy making
- Tool for action
- evaluation
- Tool for teaching

Maternal mortality ratio

Total no. of female deaths due to complications of pregnancy, childhood within 42 days of delivery from puerperal causes in a given year given area ÷ Total No. of live births in same area and year × 1,00,000

- Causes of maternal mortality

- Toxaemia's of pregnancy
- Haemorrhage
- Infection
- Obstructed labour
- Unsafe abortions
- Anaemia associated diseases cardiac, renal, hepatic
- Malignancies
- accidents
- family size
- Poverty
- Illiteracy ignorance
- Too close pregnancies

Still birth rate

Foetal deaths weighing over 1000g at birth during the year ÷

Total live and still births weighing over 1000g at birth during the year × 1000

Causes of perinatal mortality rate

Antenatal causes:

- Maternal diseases - hypertension, CVD diabetes TB, uterine myomas Malnutrition

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40 NANGYAL (Dist.)

Dr. Jayaraman

T. Srinivasan

V. Lakshmi

- antenatal haemorrhage
- Toxaemias of pregnancy
- Intranatal causes:
 - Birth injuries asphyxia, prolonged effort time,
 - post natal causes
- prematurity ,
- RDS,
- congenital anomalies
- Causes of infant mortality
 - Low birth weight
 - Prematurity
 - birth injury
 - Sepsis
 - Congenital anomalies
 - Haemolytic disease of newborn
 - Tetanus
 - Diarrhoeal diseases
 - Malnutrition
 - Acute respiratory infections
 - accidents

ICDS

Beneficiaries:

Pregnant women, nursing women, women aged 15-45 years, Children less than 3 years' children aged 3-6 adolescent girls

Services

Health checkups, immunization supplementary nutrition, nonformal education, referralservices

Health problems of aged

- 1) Degenerative diseases of heart and blood vessels
- 2) Cancer
- 3) accidents
- 4) Diabetes
- 5) Rheumatoid arthritis
- 6) Asthma

NON COMMUNICABLE DISEASES

Rule of Halves: Hypertension is an 'Iceberg disease'. Only about half of hypertensive subjects in general population of most of the developed countries are aware of condition, only half of those aware of the problem were being treated and only half of those treated were considered adequately treated

Tracking of Blood Pressure: If BP of individuals were followed up over a period of years from early childhood into adult life, then those having high BP would continue into same 'track' as adults

Low BP tends to remain low and high BP tends to become high as individual also grow older.

Prudent Diet (Dietary Goals)

Description: Dietary modification is the principal preventive strategy for prevention of CHD

WHO recommended changes: [GOAL: Cholesterol/HDL Ratio < 3.5]

- Reduction of fat intake to < 20 – 30 % of total energy intake
- Consumption of saturated fats < 10 % of total energy intake
- Reduction in dietary cholesterol to < 200 mg per day – Increase in complex carbohydrate consumption
- Reduction of salt intake to < 5 gms per day.
- Avoidance of alcohol consumption '

Assessment of obesity

1) BMI (quetelets' index)

BMI= weight in kg/ height in m² Ponderal index

Lorentz formula Corpulence index, Skin fold thickness, Waist circumference, Waist hip ratio

BMI

BMI < 18.5 - underweight BMI 18.5-24.9 - normal BMI

BMI 25 - 29.9 - over weight BMI ≥ 30- obesity

Santhiram Medical College
General Hospital
NH-40, NAMAYAL (Dist.)

over *[signature]* T. Srigani

Hazards of obesity

Increased mobility by hypertension diabetes, sleep apnea, insulin resistance, impaired fertility, polycystic ovary syndrome, gall bladder disease, coronary heart disease cancers
Increased mortality

HEALTH PROGRAMMES IN INDIA

New initiatives under NTEP

- NIKSHAY
- TB surveillance using case based, web based IT system Ban on T13 serology
- Direct benefit transfer schemes
- Daily regimen for all forms of Tb in country
- Universal drug susceptibility testing
- Shorter regimes and bedaquiline
- Campaign mode - Active case finding among high risk populations through house visits or target setting visits

Janani suraksha Yojana

Objective: reducing maternal mortality and neonatal mortality through encouraging delivery at health institutions and focusing at institutional care among women in below poverty line families

Janani shishu suraksha Karayakram

All pregnant women delivering in public health institutions to have absolutely free and no expense delivery including, Caesarean section

Includes free drugs, consumables, free diet for up to 3 days in normal delivery and up to 7 days in caesarean section, free diagnostics and free blood squired wherever

END TB strategy:

Vision: world free of tuberculosis _ zero deaths, disease and suffering due to tuberculosis Goal: and goal tuberculosis epidemic

Indicators

- 1) reduction in no. OF TB deaths compared WITH 2015- 95%
- 2) Reduction in TB incidence sate compared with 2015- 90%
- 3) Tb affected families facing catastrophic costs due to TB-zero

Vision 2020

Vision 2020— The Right To Sight: A global initiative by WHO and International NGOs to reduce avoidable (preventable and curable) blindness by 2020

- Vision centres - 20,000
- Service centres - 2000
- Training centres - 200
- Centres of excellence - 20

COMMUNICABLE DISEASES

Neonatal tetanus Prevention

- Educating pregnant women about five cleans-clean hands, clean delivery surface, clean tie, cleancord care, clean blade.
- Providing home delivery kits
- Tetanus toxoid immunization with two doses given 16 - 36 weeks of gestation with an interval of 4 weeks
- Infants both to mothers not received a doses of tetanus toxoid are at risk of neonatal tetanus ,they are given injection of antitoxin heterologous serum, (50IU) with in 6hours of birth.

Post exposure prophylaxis in rabies

Is local treatment of wound- cleansing, chemical treatment, immunization Intro dermal administration for post exposure prophylactic

2 site regimen - injection of 0.1 ml at a sites on 0,3,7 and 28 days

Immunoglobulins for category 3 sounds – 20IU/kg body wt of human rabies immunoglobulin

First line drugs in tuberculosis

Rifampicin, isoniazid, streptomycin, pyrazinamide, ethambutol,

Second line drugs in tuberculosis

Fluoroquinolone's, ethionamide, capreomycin, kanamycin, amikacin, cyclosporine, thioacetazone

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40 NANDYAL (Dist.)

oer

apafalo

T. Srinivasan

V. Lakshmi

macrolides, bedaquiline, delamanid

CBNAAT:

Catridge based nuclei acid amplification test, detects DNA sequences specific for mycobacterium tuberculosis complex and rifampicin resistance by polymerase chain reaction

Mono resistance

Resistance to one first line anti Tb drug only

Poly drug resistance- resistance to more than one first line anti tuberculous drug other than isoniazid and rifampin

Multi drug resistance : Resistance to any fluoroquinolones and at least one of three second line injectables

Classification of pneumonic No pneumonia

Pneumonia

Severe or very severe pneumonia

Classification of leprosy

Pauci-bacillary

- skin lesions (1-5)
- No nerve or only one nerve involvement
- Skin smear at negative all sites

Multibacillary leprosy

Skin lesions (6 and above)

Peripheral nerves more than one involved Skin smear positive at any site

Treatment of leprosy Paucibacillary leprosy

Rifampicin - 600 mg once a month Dapsone: 100mg daily Multibacillary leprosy

Rifampicin - 450 once a month Dapsone - 50 mg daily

Clofazimine: 150 mg once a month and 50 mg every other day.

Chicken pox rash	Small pox rash
Centripetal distribution	Centrifugal distribution
Pleomorphic rash	Non-pleomorphic
Superficial & Unilocular	Deep seated & Multilocular
Inflammation around vesicles present	No inflammation
sparing palms and soles	Affect palms and soles
Affect flexor surfaces	Affect extensor surfaces

Koplik: spots

Pathognomic feature of measles. They are present on buccal mucosa opposite 2nd molars.

WHO measles elimination strategy

Catch up: nationwide vaccination campaign targeting all children a months to 14 years of age irrespective of measles disease or vaccination status

Keep up: routine services aimed at vaccinating more than 95% of each successive whist

Follow up: nationwide campaigns conducted every 2-4 years tailgating usually children born after catch-up campaign

Post exposure prophylaxis of varicella zoster

Varicella zoster immunoglobulin given within 72 hours of exposure Dose: 1925 - 5.0ml I'm

Congenital rubella syndrome

Congenital heart defects | cataracts deafness

Period of communicability of mumps: 4-6 days before to 7 days after onset of symptoms

Period of communicability of measles: 4 days before to 5 days after appearance of rash

Strain in measles vaccine: Edmonton Zagreb strain

oey

gafine

T. Srinivasan

V. Lakshmi

Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

Principal

ENVIRONMENT AND HEALTH

Safe and wholesome

- water free from pathogenic agents "
- free from harmful chemical substances
- Free from color and odour, pleasant to taste
- Usable for domestic purposes

Break point chlorination

The point at which residual chlorine appears and when all combined chlorines have been completely destroyed is break point and corresponding dosage is break point chlorination.

House hold purification of water

- 1) boiling
- 2) Bleaching powder
- 3) Chlorine pollution
- 4) High test hypochlorite
- 5) Chlorine tablets
- 6) Iodine
- 7) Potassium permanganate
- 8) Filtration

Multistage reverse osmosis purification of water

Water quality standards

- Turbidity- <4NTU
- Color- upto 15TCU chlorides: 200 mg/lit pH 6.5 to 8.5
- Hydrogen sulphide- 0.05 mg/lit Total dissolved solids- 600 mg/lit
- E. Coli or thermotolerant coliform bacteria - not be detectable in any 100 ml sample
- Aluminum - less than 0.2 mg/lit
- Manganese - less than 0.1 mg/lit

Sources of air pollution

- 1) automobiles
- 2) Industries domestic sources
- 3) Pesticide spraying
- 4) Nuclear energy programmes

Causes of indoor air pollution

Combustion of solid fuels
Tobacco smoking
out door air pollutants emissions from construction materials and furnishing
Improper maintenance of ventilation and air conditioning system

Effects of air pollution

Linked with chronic bronchitis, lung cancer, bronchial asthma) emphysema and its respiratory allergies
Elevated lead levels in children associated with impaired neuropsychological development

Over crowding

It is the situation in which more people are living within a single dwelling than there is space for so that movement is restricted privacy secluded, hygiene impossible rest and sleep difficult

Criteria

- 1) Persons per room
- 2) Floor space criteria
- 3) Sex separation criteria

Methods of solid waste disposal

- 1) Dumping
- 2) Controlled tipping
- 3) Incineration
- 4) Composting
- 5) Manure pits's
- 6) Burial

Sanitation Barrier

Most effective step to break disease cycle is to segregate the faeces and arrange for its proper disposal so that disease agent can not reach new host directly or indirectly by sanitary latrine and disposal pit

Modern sewage treatment steps

per

gopal

Trigun V. Pant


PRINCIPAL
Santhiram Medical College & General Hospital
MD-40 MANDYAL (Dist.)

- 1) Primary treatment
- 2) Screening
- 3) Grit chamber
- 4) Primary sedimentation
- 5) Secondary treatment- trickling filter method, activated / sludge process
- 6) Secondary sedimentation.
- 7) Sludge digestion
- 8) Disposal of effluent

HOSPITAL WASTE MANAGEMENT

Bio medical waste management

Category - yellow

- human anatomy waste
- Animal anatomical waste
- Soiled waste
- Expired or discarded medicines. Chemical wastes
- Chemical liquid waste
- Discarded mattresses contaminated with blood
- Microbiology, biotechnology and other clinical laboratory waste

Category - red

Contaminated waste (recyclable) _ tubing, bottles, iv. Tubes and sets, catheters, urine bags, gloves

Category- white:

Waste sharps including metals

Category -blue:

Glass ware, metallic body implants

DISASTER MANAGEMENT

Disaster management

Three fundamental aspects

- 1) Disaster response
- 2) Disaster preparedness,
- 3) Disaster mitigation

Disaster mitigation

Involves measures designed either to prevent hazards from causing emergency or lessen the likely effects of emergencies

Disaster preparedness

Programme of long- term development activities whose goals are to strengthen the overall capacity and capability of a country to manage efficiently all types of emergencies

OCCUPATIONAL HAZARDS

Pneumoconiosis

Dust within the size

Range of 0.5 - 3 micron after a varied exposure leads to health hazard, lung disease called pneumoconiosis

Ergonomics

Placing the right man in right job

So that worker can perform his duties efficiently without detriment to his health is called ergonomics

Sickness absenteeism

It is useful index in industry to assess the state of health of workers and their physical, mental and social wellbeing

Causes:

- economic causes
- Social causes - festivals, wedding repair of ancestral house
- Medical causes
- Non occupational causes: alcoholism drug abuse

ESI Act

- Medical benefit

over

apabala

T. Srigani


PRINCIPAL
 Santhiram Medical College &
 General Hospital
 NH-40, NANDYAL (Dist.)

- Sickness benefit - 91 days maximum period with -0% average daily wage Extended sickness benefit- maximum period of year for long term diseases Enhanced sickness benefit _ vasectomy: 7 days ; tubectomy _ 14 days full wages
- Maternity benefit- confinement- 26 weeks; for miscarriage - 6 weeks; for sickness arising from confinement -30 days
- Disablement benefit - temporary disablement 90% of wages
- Dependent's benefit' - 90% of wages
- Funeral expenses - 15,000 rupees rehabilitation '

COMMUNICATION FOR HEALTH EDUCATION

Types of communication

- One way communication
- Two way communication
- Verbal communication
- nonverbal communication
- Formal and informal communication
- Visual communication
- telecommunication

- Methods in health communication

- Individual approach
- Group approach
- Lectures Demonstrations
- Group discussion, panel discussion, symposium, workshop, seminars, role play
- Mass approach: television radio, internet, newspaper printed material, posters, exhibition, folk media

Panel discussion

- In panel discussion, 4 to 8 persons who are qualified a to talk about a topic sit and discuss agiven problem in front of large group
- It consists of chairman Moderators and 4 to5 speakers

Symposium

- Series of speeches on a selected subject each person presents an aspect of the subject briefly

HEALTH PLANNING AND MANAGEMENT

Steps in planning cycle

- Analysis of a health situation Establishment of objectives and goals
- Assessment of resources
- Fixing priorities
- Write-up of. formulated plan
- Programming and implementation
- Monitoring
- Evaluation

Network analysis

A network is a graphic plan of all events and activities to be completed in order to reach an endobjective

Types:

- 1)PERT (Programme Evaluation and Review Technique)
- 2)Critical Path Method

HEALTH CARE OF COMMUNITY

Elements of primary health care

- Education concerning prevailing health problems and methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- Adequate supply of safe water and basic sanitation
- Maternal and child care including family planning
- Immunization against infection's diseases
- Prevention and control of locally endemic disease and injuries

PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

over *afabale*

T. Srigowri V. R.

- appropriate treatment of common diseases
- Provision of essential drugs

- Principles of primary health Care

- Equitable distribution
- Community participation
- Intersectoral coordination
- Appropriate technology

Duties of ASHA

- Creates awareness and provide information on health determinants, nutrition, sanitation, hygiene practices
- Mobilize the community in accessing health related services
- Provide DOTS under NTEP
- Provide ORS, IFA tablets , oral pills and condoms
- Inform about birth and deaths in her village

INTERNATIONAL HEALTH

WHO

Objective _ attainment by all people of the highest level of health which is set out in the preamble of the constitution.

Responsibilities :

- Prevention and control of specific diseases
- Development of comprehensive health services
- Family health
- Environmental health
- Health statistics
- biomedical research
- Health literature
- Cooperation with other organizations

UNICEF

United Nations international children's emergency fund

Services

- child health Child nutrition
- Family and child welfare education

over

Signature

V. Lakshmi

Signature

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Signature

T. Srigani

EVALUATION OF CLINICO-SOCIAL CASE

Doc 9



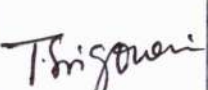
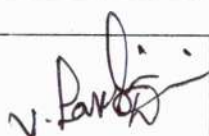

1. Identify the following case scenario and discuss under the following questions:

30M

- Identify the case with relevant socio-demographic and geographic information
- List and comment on the following
 - Present, past and family history relevant to the case
 - Environmental factors relevant to case
 - Socio-economic, cultural and behavioural factors relevant to case
 - Evaluate the dietary intake and comment.
- Demonstrate thorough clinical examination necessary for this case iv.
- Suggest appropriate control measures for this disease at individual, family and community levels
- Mention the relevant national health programme and how is it useful to this patient.

2. Assessment of CLINICO SOCIAL CASE STUDY:

DISTRIBUTION	MARKS
I. Identification Socio-Demographic Address Spot map	5
II. Clinical Factors Environmental Factors Socio-cultural Factors Nutritional Factors	5
III. Clinical Examination	5
IV. Disease Control Measures	5
V. Relevant National Health Programme and its usefulness	5
VI. Discussion	5
TOTAL	30

				
Dr. M.A.M. Pasha (Int Examiner-I)	Dr. Afsar Fatima (Int Examiner-II)	Dr. T. Srigouri (Int Examiner-II)	Dr. V. Lakshmi Devi (Ext Examiner-I)	Dr. B. Sudhakar (Ext Examiner-II)



PRINCIPAL
Santhiram Medical Coll
General Hospital
NH-40, NANDYAL (Dis

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Doc (10)

Date: 15-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017013	BANALA SANGEETHA	B. Sangeetha	B. Sangeetha
2	21M102017014	BANDI CHANDANA LAKSHMI	B. Chandana Lakshmi	B. Chandana Lakshmi
3	21M102017015	BANGARU SHARANYA	B. Sharanya	B. Sharanya
4	21M102017016	BANNOTH SAI LIKITH NAIK	B. Likith	B. Likith
5	21M102017017	BASIRAJU V GHANANESH	B. V. Cells	B. V. Cells
6	21M102017018	BATHALA RAJESH	B. Rajesh	B. Rajesh
7	21M102017019	BATYAL SAI KIRAN	B. Sai Kiran	B. Sai Kiran
8	21M102017020	BAVIKATI JYOTHSWAROOP	B. Jyothswaroop	B. Jyothswaroop
9	21M102017022	BOYA LASYA PRIYANKA	B. Lasya Priyanka	B. Lasya Priyanka
10	21M102017023	BOYA MOUNIKA	B. Mounika	B. Mounika
11	21M102017024	BUDDABATHUNI KRISHNA SINDHU	B. K. Sindhu	B. K. Sindhu
12	21M102017025	BUKKE SAI DINESH NAIK	B. S. D. N. Naik	B. S. D. N. Naik
13	21M102017026	BUNGA SHINY PRUDVILA	B. Shiny Prudvila	B. Shiny Prudvila
14	21M102017027	CHALLA CHARITHA REDDY	C. Charitha	C. Charitha
15	21M102017028	CHALLA SAI BHARGAVI	Ch. Sai Bhargavi	Ch. Sai Bhargavi
16	21M102017029	CHENNAPATNAM LAHARIKA	C. Laharika	C. Laharika
17	21M102017030	CHENNAPATNAM RUCHITHA	C. Ruchitha	C. Ruchitha
18	21M102017031	CHETTURU SHAIK THANVEER KHALID	C. Md. Thanveer Khalid	C. Md. Thanveer Khalid
19	21M102017032	CHILAMAKURI VENKATA SUDHATHRI	C. V. Sudhathri	C. V. Sudhathri
20	21M102017033	DACHIRI VAMSHI	D. Vamsi	D. Vamsi
21	21M102017034	DALAL VINEETHA	D. Vineetha	D. Vineetha
22	21M102017035	DARSIGUNTA SAI HARSHITHA	D. Sai Harshitha	D. Sai Harshitha
23	21M102017036	DASARI SAGAR KRISHNA	D. Sagar	D. Sagar
24	21M102017037	DAVULURI SOWMYA	D. Sowmya	D. Sowmya
25	21M102017038	DUDEKULA ANWAR BASHA	D. Anwar	D. Anwar
26	21M102017039	DULAM MOUNIKA	D. Mounika	D. Mounika
27	21M102017040	DUSTAKAR SHEETAL	D. Sheetal	D. Sheetal

INTERNAL EXAMINERS

EXTERNAL EXAMINERS

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Date: 16-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017041	E BHAVYA SWAROOPA	E. Bhavya Swaroopa	E. Bhavya Swaroopa
2	21M102017042	GADIKOTA SINDHURI	Sindhuri G	Sindhuri G
3	21M102017043	GANDIKOTA VENKATESH	G. Venkatesh	G. Venkatesh
4	21M102017044	GANDLA MANI CHANDU	G. Mani Chandu	G. Mani Chandu
5	21M102017045	GANDLA VIJAYA AKHIL SAKETH	G. Vijaya Akhil Saketh	G. Vijaya Akhil Saketh
6	21M102017046	GAVVALA JAHNAVI	G. Jahnavi	G. Jahnavi
7	21M102017047	GOLAMARU DEEKSHITHA	G. Deekshitha	G. Deekshitha
8	21M102017048	GOMARE SAINATH PANDURAGA	G. Sainath	G. Sainath
9	21M102017049	GORUMANUKONDA MADHULILLY	G. Madhu Lilly	G. Madhu Lilly
10	21M102017050	GRANDHE MAHESH	G. Mahesh	G. Mahesh
11	21M102017051	GUNDAJJIGARI BHAVISHYA	G. Bhavishya	G. Bhavishya
12	21M102017052	GUNDLA VAMSI KRISHNA	G. Vamsi Krishna	G. Vamsi Krishna
13	21M102017053	GUNIPALLI HARSHITHA PRIYANKA	G. Harshitha Priyanka	G. Harshitha Priyanka
14	21M102017054	INNAMALA PRANAY MOURYA	P. Pranay	P. Pranay
15	21M102017055	JAHNAVI REGATI	Jahnavi R	Jahnavi R
16	21M102017057	JANAPALA KASI KAVYA REDDY	J. Kavya Reddy	J. Kasi Kavya Reddy
17	21M102017058	JANAPATI PRAVEEN	J. Praveen	J. Praveen
18	21M102017059	JANAVATH SREENU NAIK	J. Sreenu Naik	J. Sreenu Naik
19	21M102017060	JILLELLAMUDI SUDEEPTI	J. Sudeepti	J. Sudeepti
20	21M102017061	J CHINNA LALITHA ADITHYA REDDY	J. C. Aditya	J. C. Aditya
21	21M102017062	K ANJALI	K. Anjali	K. Anjali
22	21M102017063	K GAYATHRI RAM	K. Gayathri	K. Gayathri
23	21M102017064	KALIKIRI SAI KUMAR	K. Sai Kumar	K. Sai Kumar
24	21M102017066	KANNELUR POOJITHA KOUSHIK	K. Poojitha Koushik	K. Poojitha Koushik
25	21M102017067	KAPPALA DIVAKAR	K. Divakar	K. Divakar
26	21M102017068	KAPPALA KRISHNA KISHORE	K. Krishna Kishore	K. Krishna Kishore
27	21M102017069	KARRE ABHIRAM GOUD	A. Abhiram	A. Abhiram

AL EXAMINERS

Key
Thirigani

EXTERNAL EXAMINERS

V. Lakshmi

3/2

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40 NANDYAL (Dist)

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Date: 17-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017070	KASTURI YASHWANTH	K. Yashwanth	K. Yashwanth
2	21M102017071	KATAM TEJESWAR REDDY	K. Tejeswar Reddy	K. Tejeswar Reddy
3	21M102017072	KATTUBADI PRABHA TEJ DEEP	Prabha	Prabha
4	21M102017073	KAVALI BHANU TEJA	K. Bhanu	K. Bhanu
5	21M102017074	KEDAS JAYASREE	K. Jayasree	K. Jayasree
6	21M102017075	KETHIREDDY KHYATHI PRASANNA	K. Khyathi	K. Khyathi
7	21M102017076	KOPPULA DAYA SRI	K. Daya S.	K. Daya S.
8	21M102017077	KOTHAKOTA CHARITHA	K. Charitha	K. Charitha
9	21M102017078	KOTTAPALLI ANEELA	Aneela	Aneela
10	21M102017079	KOVVURU MAHALAKSHMI	K. Mahalakshmi	K. Mahalakshmi
11	21M102017080	KUMMATHI VYSHNAVI REDDY	K. Vyshnavi Reddy	K. Vyshnavi Reddy
12	21M102017081	KUNDURTHI ALEKHYA	K. Alekha	K. Alekha
13	21M102017082	KUNTENNA GARI DIVYA SREE	K. Divyasree	K. Divyasree
14	21M102017083	KURUVA SATHISH	K. Sathish	K. Sathish
15	21M102017084	KURUVA SUSEELA	K. Suseela	K. Suseela
16	21M102017085	LANKELA SAI ROHITH	L. Sai Rohith	L. Sai Rohith
17	21M102017086	LAVADIVAGANE NOUSHITHA	L. G. Noushitha	L. G. Noushitha
18	21M102017087	M ALICE JERUSHA	M. Alice Jerusha	M. Alice Jerusha
19	21M102017088	M BHANU PRASAD	M. Bhanu Prasad	M. Bhanu Prasad
20	21M102017089	M BLESSON CAREY FRANCIS	M. Blesson	M. Blesson
21	21M102017090	M FERAZ	M. Feraz	M. Feraz
22	21M102017091	MADIGA SWARNA	M. Swarna	M. Swarna
23	21M102017092	MALLA UMA SHANKAR	M. Shekar	M. Shekar
24	21M102017093	M CHAITANYA VENKATA SIVA RAM	M. Chaitanya	M. Chaitanya
25	21M102017094	MANNAVARAM GOPIKA PRIYA	M. Gopikapriya	Gopikapriya
26	21M102017095	MARAMREDDY TEJESWARA REDDY	M. Teja	M. Teja
27	21M102017096	MARAPUREDDY THANMAI REDDY	M. Thanmai Reddy	M. Thanmai Reddy

INTERNAL EXAMINERS

[Signature]
[Signature]

EXTERNAL EXAMINERS

[Signature] *[Signature]*

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Date: 18-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017097	MEKALA CHETHANA	M. Chethana	M. Chethana
2	21M102017098	METHUKUMELLI VASAVI	M. Vasi	Vasavi
3	21M102017100	MOORAM VENKATA CHARITHA	M. V. Charitha	M. V. Charitha
4	21M102017101	MOPURI MEGHANA REDDY	M. Meghana Reddy	M. Meghana Reddy
5	21M102017102	MULLA SHAIK ROSHNI AFSANA	M. S. Roshni Afsana	M. S. Roshni Afsana
6	21M102017103	MULLANGI VENKATA MEGHANANDHINI	M. Meghanandhini	M. Meghanandhini
7	21M102017105	N V RAMYASREE	N. V. Ramyasree	Ramyasree
8	21M102017106	NAIK FARHEEN BANU	Farheen Banu	Farheen Banu
9	21M102017107	NALLAM LIKHITESWAR	N. L. Likhiteswar	N. L. Likhiteswar
10	21M102017108	NANDARAM KOWSHIKA	N. Kowshika	N. Kowshika
11	21M102017109	NENAVATH SAI GIRIJA	N. Sai Girija	N. Sai Girija
12	21M102017110	NICHENAMETLA RAJITHA	N. Rajitha	Rajitha N
13	21M102017111	NILAKSHI P.S	N. Lakshmi P.S	Nilakshmi P.
14	21M102017112	O GOPI SHARNAYA	O. Gopi Sharnaya	O. Gopi Sharnaya
15	21M102017113	PAKEER MOHAMMED AFZAL	P. Afzal	P. Afzal
16	21M102017114	PANDI VENKATA SAI CHARAN RAJ	P. V. Scharan	P. V. Scharan
17	21M102017115	PAPIREDDY MOKSHITHA	P. Mokshitha	Mokshitha
18	21M102017116	PATNAMBHALA VIGNESH SANJEEV	P. Vignesh	P. Vignesh
19	21M102017117	POLU SAI SREENIVASA REDDY	P. Sai Sreenivas Reddy	P. Sai Sreenivas Reddy
20	21M102017118	PORALA LALITH KUMAR	P. Lalith	Lalith
21	21M102017119	PRIYA DHARSHINI K	P. Priya Dharshini	P. Priya Dharshini
22	21M102017120	PUTLURU SANNIDH	P. Sannidh	P. Sannidh
23	21M102017121	RAGIRI BHUVANESH	R. Bhuvanesh	R. Bhuvanesh
24	21M102017122	RAGULA SAI GEETHANAJALI	R. Geethanajali	Geetha
25	21M102017123	RAJAMREDDY NIKHITHA	R. Nikhitha	R. Nikhitha
26	21M102017124	ROKKAM BHARADWAJ GUPTHA	R. Bharadwaj	R. Bharadwaj
27	21M102017125	SAMPANGI VENKATESH	S. Venkatesh	S. Venkatesh

INTERNAL EXAMINERS

afzal
afzal

T. Srigani

EXTERNAL EXAMINERS

V. Ravi

3/2
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Date: 19-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	0971075	SHERI REVATHI	S. Revathi	S. Revathi
2	0971080	SHERI SWATHI	S. Swathi	S. Swathi
3	21M102017126	SAMUDRIKA SREEMANI	S. Sreemani	S. Sreemani
4	21M102017127	SANNALA SAI CHAITANYA JYOTHI	S. Saichaitanya	S. Saichaitanya
5	21M102017128	SATYALA SUNIL KUMAR	S. Sunil Kumar	S. Sunil Kumar
6	21M102017129	SHAIK HARSHIYA BANU	S. Harshiya	S. Harshiya
7	21M102017130	SHAIK JAMEEL AHAMMAD	S. Jameel Ahamed	S. Jameel Ahamed
8	21M102017131	SHAIK MANIYAR FATHIMA SAFREEN	M. Fathima Safreen	M. Fathima Safreen
9	21M102017133	SHAIK MUZAHITHULLA	A. Muzahithulla	A. Muzahithulla
10	21M102017134	SHAIK N HUMERA SULTANA	N. Humera	N. Humera
11	21M102017135	SHAIK SANA THASNEEM	S. Sana	S. Sana
12	21M102017136	SHAIK THASKEEN FHARAHA	Fharaha	S. Fharaha
13	21M102017137	SOLLETI RUCHITHA	S. Ruchitha	S. Ruchitha
14	21M102017138	SRI ABHIGNA PATHIPATI	A. Bhigna	A. Bhigna
15	21M102017139	SUDDULA KAVYA	S. Kavya	S. Kavya
16	21M102017140	SURA SAI DEEPIKA	S. Saideepika	S. Saideepika
17	21M102017141	SYED ABDUS SAMEE	Abdo. Samee	Abdo. Samee
18	21M102017142	TG DEEKSHITA YADAV	T. Deekshita	T. Deekshita
19	21M102017143	T NIKHILA	T. Nikhila	T. Nikhila
20	21M102017144	TELUGU MANIDEEP	T. Manideep	T. Manideep
21	21M102017145	UPPALA CHARAN	U. Charan	U. Charan
22	21M102017146	VK PURUSHOTHAM	V. Purushotham	V. Purushotham
23	21M102017147	VINUTHA ATHIKARI	V. Vinutha A.	V. Vinutha A.
24	21M102017148	YADALAM PRANAV	Y. Pranav	Y. Pranav
25	21M102017149	YASHWANTH P	Y. Yashwanth P	Y. Yashwanth P
26	21M102017150	YERVA VARSHA	Y. Varsha	Y. Varsha

AL EXAMINERS

Dr. S. S. Srinivasulu Reddy
Dr. S. S. Srinivasulu Reddy

EXTERNAL EXAMINERS

V. Lakshmi

3/12
Santhiram Medical College & General Hospital
NH-40, NANDYAL (Dist.)

Dr. NTRUHS, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
DEPT. OF COMMUNITY MEDICINE
FINAL M.B.B.S., PART - I, EXAMINATIONS, FEB-2025
ATTENDANCE SHEET

Date: 20-02-2025

S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	20M102017006	BANDI SREE VIDYA	B. Sreenidya	B. Sreenidya
2	20M102017020	DAGGUMATI VISWA SAI	D. Vishwasai	D. Vishwasai
3	20M102017034	GADDAM PHANIDHAR REDDY	Phanidhar Reddy G	Phanidhar Reddy G.
4	20M102017037	JILLELLA SARVAGNA	J. Saravarna	J. Saravarna
5	20M102017042	KOMMAKA INDU	K. Indu	K. Indu
6	20M102017060	M. JAYAVARDHAN NAIK	M. Jayvardhan	M. Jayvardhan
7	20M102017065	N.V. VICTOR BALAN KUMAR	N. V. Victor	N. V. Victor
8	20M102017076	P. MOUNIKA	P. Mounika	Mounika P.
9	20M102017079	S. MERCY LEONA	S. Mercy	S. Mercy
10	20M102017080	S. DENY KAMALA	S. Deny	S. Deny
11	20M102017082	S. ROTHITH SAI KUMAR	S. Rothith	S. Rothith
12	20M102017090	T. RAHUL	T. Rahul	T. Rahul
13	20M102017095	V. SUHA	V. Suha	V. Suha
14	20M102017098	V. SREE SAILNIVAS PONNAMPALLI	V. Sree	V. Sree
15	20M102017099	YEKKALA LAHARI	Y. Lahari	Y. Lahari
16	20M102017100	Y. LIKHITHA	Y. Likhitha	Y. Likhitha
17	21M102017002	A SIREESHA	A. Sireesha	A. Sireesha
18	21M102017003	ABDUL GANI SHAIK	A. Gani Shaik	A. Gani Shaik
19	21M102017004	AKULA SREE DURGA GEETHIKA	A. Sree Durga	A. Sree Durga
20	21M102017005	AMMINENI SUSHUMASREE	A. Sushumasree	A. Sushumasree
21	21M102017006	AMMITI SAVIOLA	A. Saviola	A. Saviola
22	21M102017007	ARASARI YASHASWINI	A. Yashaswini	A. Yashaswini
23	21M102017008	ATHURU TEJASWINI	A. Tejaswini	A. Tejaswini
24	21M102017009	AVULURI SATEESH	A. Sateesh	A. Sateesh
25	21M102017010	B S ZAID IMROSE	Bs Zaid Imrose	Bs Zaid Imrose
26	21M102017011	B SUGYANA CHAITANYA	B. Sugyana	B. Sugyana
27	21M102017012	B S MADHU SUDHAN REDDY	Bs Madhusudan	Bs Madhusudan

AL EXAMINERS

EXTERNAL EXAMINERS

[Signature]
A. Sateesh
T. Suganya

[Signature]
V. Lakshmi

[Signature]
PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL

DR. AIR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 15-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid.	2 Statistical	5 Spotters	1 CSC Study	PRACTICALS	VIVA					TOTAL	GRAND TOTAL
	Exercises (Marks: 20)	Exercises (Marks: 20)	(Marks: 10)	(Marks: 30)	TOTAL (Marks: 80)	I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	TOTAL (Marks: 20)		
21M102017013	16	17	9	20	62	3.5	4	3.5	3	14	76	
21M102017014	16	16	9	18	59	2.5	3	3	3	12	71	
21M102017015	16	15	9	18	58	3.5	4	2.5	4	14	72	
21M102017016	16	13	9	20	58	3	4	3	3	13	71	
21M102017017	12	11	8	18	49	2.5	3	3	3	12	61	
21M102017018	16	14	9	24	63	2.5	3	2	3	11	74	
21M102017019	18	15	9	24	66	3	4	3.5	4	15	81	
21M102017020	16	16	9	25	66	3	3	4	4	14	80	
21M102017022	16	20	8	20	64	3	3	2.5	3	12	76	
21M102017023	16	18	7	24	65	2.5	3	2.5	3	11	76	
21M102017024	17	20	7	26	70	3	3	3.5	3	13	83	
21M102017025	18	20	8	28	74	3.5	4	4	4	16	90	
21M102017026	17	20	7	22	66	3	4	3.5	4	15	81	
21M102017027	18	20	8	25	71	3	4	4	4	15	86	
21M102017028	14	20	8	27	69	3	4	3	4	14	83	
21M102017029	16	16	8	26	66	2.5	3	4	4	14	80	
21M102017030	14	15	9	25	63	2.5	3	3	3	12	75	
21M102017031	16	15	8	24	63	4.5	4.5	4	4	17	80	
21M102017032	16	20	9	20	65	3	4	3	4	14	79	
21M102017033	16	19	9	24	68	3	3	4	3	13	81	
21M102017034	16	20	9	26	71	3	3	3	4	13	84	
21M102017035	15	20	10	23	68	4	3	3.5	4	15	83	
21M102017036	12	18	10	22	62	4	3	2.5	4	14	76	
21M102017037	14	18	10	22	64	4	3	2.5	4	14	78	
21M102017038	15	18	9	21	63	4.5	3	4	4	16	79	
21M102017039	16	10	8	22	56	3.5	3	2	4	13	69	
21M102017040	15	18	10	24	67	3.5	3	4.5	4	15	82	

Marks submitted online on 15-02-2025

rem
(Int Examiner-I)
Dr. M.A.M. Pasha

Afsar Fatima
(Int Examiner-II)
Dr. Afsar Fatima

V. Lakshmi Devi
(Ext Examiner-I)
Dr. V. Lakshmi Devi

Dr. B. Sudhakar
(Ext Examiner-II)
Dr. B. Sudhakar

SIGNATURES

Principal
PRINCIPAL

Santhiram Medical Co
General Hospital
NH-40, NANDYAL (D)


Doc (11)

Dr.NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 16-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises (Marks: 20)	2 Statistical Exercises (Marks: 20)	5 Spotters (Marks: 10)	1 CSC Study (Marks: 30)	PRACTICALS TOTAL (Marks: 80)	VIVA				TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
						I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)		
21M102017041	15	19	9	18	61	3	3	4	4	14	75
21M102017042	15	13	9	18	55	4	3	3.5	3.5	14	69
21M102017043	15	12	8	22	57	4	3	3	3.5	14	71
21M102017044	14	12	10	20	56	4	3	4.5	4	16	72
21M102017045	15	13	8	20	56	3.5	3	4	4	15	71
21M102017046	16	12	9	20	57	4.5	4	3.5	4	16	73
21M102017047	13	15	9	20	57	4	4	3	4	15	72
21M102017048	16	15	9	24	64	3.5	3	3	3	13	77
21M102017049	12	14	8	25	59	3.5	3	4	4	15	74
21M102017050	11	15	9	20	55	2.5	3	4	3.5	13	68
21M102017051	13	16	6	23	58	3.5	3	2.5	4	13	71
21M102017052	14	13	9	20	56	2	3	3	3	11	67
21M102017053	13	11	9	19	52	2.5	3	3	3.5	12	64
21M102017054	10	12	6	18	46	4	2.5	2.5	3.5	13	59
21M102017055	13	16	9	20	58	3	3	3	4	13	71
21M102017057	15	17	8	20	60	4	3	3	3.5	14	74
21M102017058	15	13	9	21	58	4	3	3.5	4	15	73
21M102017059	10	12	9	16	47	2.5	3	3	3	12	59
21M102017060	17	14	9	19	59	3	3	3.5	4	14	73
21M102017061	14	16	10	15	55	2.5	2.5	3.5	3	12	67
21M102017062	14	16	9	21	60	4	4	4	3.5	16	76
21M102017063	17	11	8	23	59	2.5	2.5	4	3.5	13	72
21M102017064	15	11	7	15	48	2	3	3	3.5	12	60
21M102017066	17	11	10	22	60	3	3.5	3	4	14	74
21M102017067	15	10	10	25	60	4	3	4	4	15	75
21M102017068	15	11	9	25	60	3	3	3	3.5	13	73
21M102017069	15	11	10	25	61	4	3	3	4	14	75

Marks submitted online on 16-02-2025


 (Int Examiner-I)
 Dr. M.A.M. Pasha


 (Int Examiner-II)
 Dr. Afsar Fatima

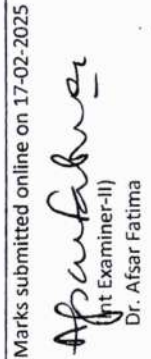

 (Ext Examiner-II)
 Dr. B. Sudhakar

Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 17-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises (Marks: 20)	2 Statistical Exercises (Marks: 20)	5 Spotters (Marks: 10)	1 CSC Study (Marks: 30)	PRACTICALS TOTAL (Marks: 80)	VIVA					TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
						I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)			
21M102017070	12	13	9	18	52	4	2.5	3.5	4	14	66	
21M102017071	15	16	9	18	58	3	3	3.5	4	14	72	
21M102017072	14	17	9	18	58	3.5	2.5	3.5	3	13	71	
21M102017073	13	12	9	18	52	3	2.5	3	3.5	12	64	
21M102017074	15	18	10	22	65	4	4	4	3.5	16	81	
21M102017075	14	16	9	20	59	3	3.5	3	3.5	13	72	
21M102017076	14	17	9	23	63	4	4	3.5	4	16	79	
21M102017077	17	12	9	24	62	3.5	3	3.5	3	13	75	
21M102017078	16	13	6	22	57	2.5	3	3.5	4	13	70	
21M102017079	17	13	7	25	62	2.5	3	3.5	3	12	74	
21M102017080	16	12	9	25	62	3	3	3	3	12	74	
21M102017081	15	9	7	24	55	2.5	3	3	3	12	67	
21M102017082	12	12	8	20	52	3.5	3	3	3	13	65	
21M102017083	15	12	8	26	61	3.5	3.5	4	3.5	15	76	
21M102017084	14	20	10	20	64	3.5	3	4	4	15	79	
21M102017085	14	18	10	21	63	4	3	4	4	15	78	
21M102017086	15	16	10	17	58	4	3	3	3	13	71	
21M102017087	8	14	10	18	50	3.5	3	3	2.5	12	62	
21M102017088	14	18	10	20	62	3	3	4	4	14	76	
21M102017089	14	16	10	20	60	3.5	3	4	4	15	75	
21M102017090	13	15	10	21	59	2.5	3.5	3.5	3.5	13	72	
21M102017091	16	15	8	23	62	3.5	2.5	3	4	13	75	
21M102017092	17	12	9	22	60	4	3	4	3.5	15	75	
21M102017093	17	17	8	23	65	3	3	3	3	12	77	
21M102017094	15	18	8	22	63	3	3	3	3.5	13	76	
21M102017095	15	16	9	25	65	3	3.5	3.5	3.5	14	79	
21M102017096	14	16	10	25	65	4	4	4	4	16	81	


 (Ext Examiner-III)
 Dr. B. Sudhakar


 (Ext Examiner-I)
 Dr. V. Lakshmi Devi

Marks submitted online on 17-02-2025

 (Int Examiner-II)
 Dr. Afsar Fatima


 (Int Examiner-I)
 Dr. M.A.M. Pasha

SIGNATURES

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 18-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises	2 Statistical Exercises	5 Spotters	1 CSC Study	PRACTICALS	VIVA					TOTAL	GRAND TOTAL
	(Marks: 20)	(Marks: 20)	(Marks: 10)	(Marks: 30)	TOTAL (Marks: 80)	I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	(Marks: 20)	(Marks: 100)	
21M102017097	15	18	7	23	63	4	4	4	4	16	79	
21M102017098	14	16	7	22	59	4	3.5	3.5	3	14	73	
21M102017100	14	17	5	20	56	4	3.5	3	3.5	14	70	
21M102017101	15	18	7	24	64	4	4	4	4	16	80	
21M102017102	13	18	6	21	58	4.5	4	4	4	17	75	
21M102017103	13	16	6	21	56	3.5	3	2.5	3.5	13	69	
21M102017105	17	16	6	18	57	3	3	3	3	12	69	
21M102017106	15	15	8	20	58	4	4	4	4	16	74	
21M102017107	15	14	9	21	59	2.5	3	3	3	12	71	
21M102017108	13	13	9	20	55	4	3.5	3	3.5	14	69	
21M102017109	16	11	9	17	53	3	2.5	3	3	12	65	
21M102017110	14	11	10	18	53	3	2.5	2.5	3.5	12	65	
21M102017111	14	15	10	17	56	3	4	3	3.5	14	70	
21M102017112	14	12	9	17	52	2.5	3	3	3	12	64	
21M102017113	18	18	9	22	67	4	4	4	4	16	83	
21M102017114	18	10	9	22	59	2.5	3	3	3	12	71	
21M102017115	19	18	10	25	72	3	4	3	4	14	86	
21M102017116	17	8	9	19	53	3	2.5	3	3	12	65	
21M102017117	18	11	9	18	56	2.4	2.4	3	3.5	11	67	
21M102017118	15	17	7	25	64	3	3.5	3.5	3.5	14	78	
21M102017119	17	16	8	23	64	3	3	3	3.5	13	77	
21M102017120	17	17	10	26	70	4.5	3.5	3.5	4	16	86	
21M102017121	12	13	6	17	48	3	3	3	3	12	60	
21M102017122	17	17	8	23	65	3.5	3	3	3	13	78	
21M102017123	17	19	10	23	69	3.5	3.5	3.5	4	15	84	
21M102017124	17	19	7	23	66	3	3.5	3	3.5	13	79	
21M102017125	17	19	8	21	65	3.5	3	3	3	13	78	

SIGNATURES


(Int Examiner-I)
Dr. M.A.M. Pasha


(Int Examiner-II)
Dr. T. Srigouri


(Ext Examiner-I)
Dr. V. Lakshmi Devi


(Ext Examiner-II)
Dr. B. Sudhakār

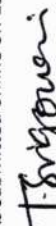
Marks submitted online on 18-02-2025


Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 19-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises (Marks: 20)	2 Statistical Exercises (Marks: 20)	5 Spotters (Marks: 10)	1 CSC Study (Marks: 30)	PRACTICALS		VIVA			TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
					TOTAL (Marks: 80)	I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)		
971075	11	9	5	15	40	2.5	2	2	3.5	11	51
971080	11	12	6	20	49	2.5	3	2.5	3.5	13	62
21M102017126	16	16	8	22	62	3	3.5	4	4	15	77
21M102017127	16	17	8	23	64	4.5	4	4	4	16	80
21M102017128	12	16	7	23	58	3	3	3.5	4	14	72
21M102017129	16	18	6	20	60	4.5	3	3.5	4	17	77
21M102017130	19	19	8	25	71	4.5	4.5	5	5	19	90
21M102017131	11	13	10	22	56	4.5	4.5	4.5	4	17	73
21M102017133	12	15	9	23	59	4	4	4	4	16	75
21M102017134	12	15	9	25	61	4.5	4	4	4	17	78
21M102017135	13	14	9	26	62	4.5	4	4	4	17	79
21M102017136	15	13	10	25	63	4.5	4	4	4	17	80
21M102017137	15	13	10	28	66	3.5	3.5	4	4	15	81
21M102017138	14	16	10	28	68	3.5	3.5	4	3.5	15	83
21M102017139	18	18	10	18	64	3	3	3.5	3	13	77
21M102017140	18	15	9	17	59	3	3.5	4	3.5	14	73
21M102017141	15	16	8	16	55	4.5	3	4	3.5	15	70
21M102017142	17	18	10	18	63	3	3	3.5	3.5	13	76
21M102017143	18	19	9	19	65	3	3.5	3	3.5	13	78
21M102017144	15	18	10	18	61	3	3	3.5	3	13	74
21M102017145	16	19	8	22	65	3.5	3.5	4	3	14	79
21M102017146	16	16	8	23	63	3.5	3	3	3	13	76
21M102017147	17	18	8	25	68	3	3.5	4	4	15	83
21M102017148	16	15	9	23	63	3.5	3	3.5	3.5	14	77
21M102017149	13	19	7	21	60	4	3	3.5	3	14	74
21M102017150	15	19	7	22	63	4	4	3.5	4	16	79

SIGNATURES


(Int Examiner-I)
Dr. M.A.M. Pasha


(Int Examiner-II)
Dr. T. Srigouri


(Ext Examiner-I)
Dr. V. Lakshmi Devi


(Ext Examiner-II)
Dr. B. Sudhakar

Marks submitted online on 19-02-2025


Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 20-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises (Marks: 20)	2 Statistical Exercises (Marks: 20)	5 Spotters (Marks: 10)	1 CSC Study (Marks: 30)	PRACTICALS TOTAL (Marks: 80)	VIVA					TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
						I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)			
20M102017006	10	16	7	20	53	3	3	3	3.5	13	66	
20M102017020	12	14	6	19	51	3	2.5	3.5	3.5	13	64	
20M102017034	13	16	7	18	54	4	4	3.5	3.5	15	69	
20M102017037	15	17	8	22	62	4.5	3.5	3	3.5	15	77	
20M102017042	18	16	8	18	60	4.5	3	3	3.5	14	74	
20M102017060	12	16	7	18	53	2	3	3	3	11	64	
20M102017065	16	17	9	21	63	2.5	3.5	2.5	3.5	12	75	
20M102017076	15	14	9	20	58	3.5	3	3.5	3	13	71	
20M102017079	15	14	10	19	58	3	3.5	3	3.5	13	71	
20M102017080	15	14	10	20	59	3.5	3.5	3	3.5	14	73	
20M102017082	14	14	8	18	54	2.5	3	3	3	12	66	
20M102017090	15	10	9	24	58	2.5	3.5	4	3.5	14	72	
20M102017095	15	12	9	19	55	3	3	2.5	3.5	12	67	
20M102017098	12	9	9	16	46	3	3	3	4	13	59	
20M102017099	16	10	9	20	55	2.5	3	3	3.5	12	67	
20M102017100	17	16	9	22	64	4.5	3.5	3	3.5	15	79	
21M102017002	16	15	8	15	54	3	3.5	3	3	13	67	
21M102017003	15	16	9	19	59	4	3	4	3.5	15	74	
21M102017004	17	15	9	16	57	4	3.5	3.5	3.5	15	72	
21M102017005	18	16	10	21	65	4.5	4	4	4	17	82	
21M102017006	16	16	10	16	58	3.5	3.5	3	3.5	14	72	
21M102017007	17	20	10	24	71	4.5	4	3	4	16	87	
21M102017008	15	20	9	23	67	3.5	3.5	3	3.5	14	81	
21M102017009	14	20	8	18	60	3.5	4	3	4	15	75	
21M102017010	15	20	8	25	68	4.5	3	3	4	15	83	
21M102017011	14	12	8	23	57	4	3.5	3	4	15	72	
21M102017012	15	17	8	24	64	4.5	4	4.5	4	17	81	


Marks submitted online on 20-02-2025

SIGNATURES


(Int Examiner-I)
Dr. M.A.M. Pasha


(Int Examiner-II)
Dr. T. Srigouri



(Ext Examiner-I)
Dr. V. Lakshmi Devi



(Ext Examiner-II)
Dr. B. Sudhakar


Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 15-02-2025
FINAL MBBS (PART-I) COMMUNITY MEDICINE


Reg. No.	PRACTICALS	VIVA	GRAND
	TOTAL	TOTAL	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
21M102017013	62	14	76
21M102017014	59	12	71
21M102017015	58	14	72
21M102017016	58	13	71
21M102017017	49	12	61
21M102017018	63	11	74
21M102017019	66	15	81
21M102017020	66	14	80
21M102017022	64	12	76
21M102017023	65	11	76
21M102017024	70	13	83
21M102017025	74	16	90
21M102017026	66	15	81
21M102017027	71	15	86
21M102017028	69	14	83
21M102017029	66	14	80
21M102017030	63	12	75
21M102017031	63	17	80
21M102017032	65	14	79
21M102017033	68	13	81
21M102017034	71	13	84
21M102017035	68	15	83
21M102017036	62	14	76
21M102017037	64	14	78
21M102017038	63	16	79
21M102017039	56	13	69
21M102017040	67	15	82


SIGNATURES


 (Int Examiner-I)
 Dr. M.A.M. Pasha


 (Int Examiner-II)
 Dr. Afsar Fatima


 (Ext Examiner-I)
 Dr. V. Lakshmi Devi



 (Ext Examiner-II)
 Dr. B. Sudhakara Babu



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

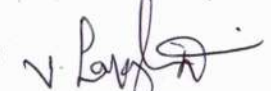
Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 16-02-2025
FINAL MBBS (PART-I) COMMUNITY MEDICINE


Reg. No.	PRACTICALS	VIVA	GRAND
	TOTAL	TOTAL	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
21M102017041	61	14	75
21M102017042	55	14	69
21M102017043	57	14	71
21M102017044	56	16	72
21M102017045	56	15	71
21M102017046	57	16	73
21M102017047	57	15	72
21M102017048	64	13	77
21M102017049	59	15	74
21M102017050	55	13	68
21M102017051	58	13	71
21M102017052	56	11	67
21M102017053	52	12	64
21M102017054	46	13	59
21M102017055	58	13	71
21M102017057	60	14	74
21M102017058	58	15	73
21M102017059	47	12	59
21M102017060	59	14	73
21M102017061	55	12	67
21M102017062	60	16	76
21M102017063	59	13	72
21M102017064	48	12	60
21M102017066	60	14	74
21M102017067	60	15	75
21M102017068	60	13	73
21M102017069	61	14	75

SIGNATURES


(Int Examiner-I)
Dr. M.A.M. Pasha


(Int Examiner-II)
Dr. Afsar Fatima


(Ext Examiner-I)
Dr. V. Lakshmi Devi

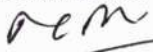

(Ext Examiner-II)
Dr. B. Sudhakar Babu



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

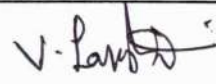
Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 17-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

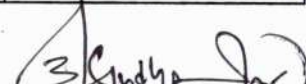
Reg. No.	PRACTICALS	VIVA	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
21M102017070	52	14	66
21M102017071	58	14	72
21M102017072	58	13	71
21M102017073	52	12	64
21M102017074	65	16	81
21M102017075	59	13	72
21M102017076	63	16	79
21M102017077	62	13	75
21M102017078	57	13	70
21M102017079	62	12	74
21M102017080	62	12	74
21M102017081	55	12	67
21M102017082	52	13	65
21M102017083	61	15	76
21M102017084	64	15	79
21M102017085	63	15	78
21M102017086	58	13	71
21M102017087	50	12	62
21M102017088	62	14	76
21M102017089	60	15	75
21M102017090	59	13	72
21M102017091	62	13	75
21M102017092	60	15	75
21M102017093	65	12	77
21M102017094	63	13	76
21M102017095	65	14	79
21M102017096	65	16	81

SIGNATURES


(Int Examiner-I)
Dr. M.A.M. Pasha


(Int Examiner-II)
Dr. Afsar Fatima


(Ext Examiner-I)
Dr. V. Lakshmi Devi

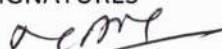

(Ext Examiner-II)
Dr. B. Sudhakar Babu

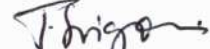

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

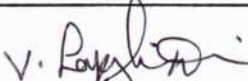
Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 18-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

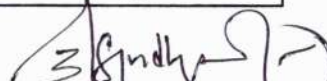
Reg. No.	PRACTICALS	VIVA	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
21M102017097	63	16	79
21M102017098	59	14	73
21M102017100	56	14	70
21M102017101	64	16	80
21M102017102	58	17	75
21M102017103	56	13	69
21M102017105	57	12	69
21M102017106	58	16	74
21M102017107	59	12	71
21M102017108	55	14	69
21M102017109	53	12	65
21M102017110	53	12	65
21M102017111	56	14	70
21M102017112	52	12	64
21M102017113	67	16	83
21M102017114	59	12	71
21M102017115	72	14	86
21M102017116	53	12	65
21M102017117	56	11	67
21M102017118	64	14	78
21M102017119	64	13	77
21M102017120	70	16	86
21M102017121	48	12	60
21M102017122	65	13	78
21M102017123	69	15	84
21M102017124	66	13	79
21M102017125	65	13	78

SIGNATURES


 (Int Examiner-I)
 Dr. M.A.M. Pasha


 (Int Examiner-II)
 Dr. T. Srigouri


 (Ext Examiner-I)
 Dr. V. Lakshmi Devi

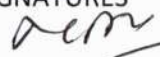

 (Ext Examiner-II)
 Dr. B. Sudhakar Babu

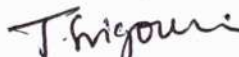

PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

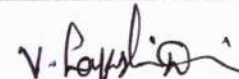
Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 19-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

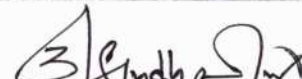
Reg. No.	PRACTICALS	VIVA	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
971075	40	11	51
971080	49	13	62
21M102017126	62	15	77
21M102017127	64	16	80
21M102017128	58	14	72
21M102017129	60	17	77
21M102017130	71	19	90
21M102017131	56	17	73
21M102017133	59	16	75
21M102017134	61	17	78
21M102017135	62	17	79
21M102017136	63	17	80
21M102017137	66	15	81
21M102017138	68	15	83
21M102017139	64	13	77
21M102017140	59	14	73
21M102017141	55	15	70
21M102017142	63	13	76
21M102017143	65	13	78
21M102017144	61	13	74
21M102017145	65	14	79
21M102017146	63	13	76
21M102017147	68	15	83
21M102017148	63	14	77
21M102017149	60	14	74
21M102017150	63	16	79


SIGNATURES


 (Int Examiner-I)
 Dr. M.A.M. Pasha


 (Int Examiner-II)
 Dr. T. Srigouri


 (Ext Examiner-I)
 Dr. V. Lakshmi Devi


 (Ext Examiner-II)
 Dr. B. Sudhakar Babu


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTICAL EXAMINATIONS :: Dt. 20-02-2025 :: Batch: 2021
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	PRACTICALS	VIVA	TOTAL
	(Marks: 80)	(Marks: 20)	(Marks: 100)
20M102017006	53	13	66
20M102017020	51	13	64
20M102017034	54	15	69
20M102017037	62	15	77
20M102017042	60	14	74
20M102017060	53	11	64
20M102017065	63	12	75
20M102017076	58	13	71
20M102017079	58	13	71
20M102017080	59	14	73
20M102017082	54	12	66
20M102017090	58	14	72
20M102017095	55	12	67
20M102017098	46	13	59
20M102017099	55	12	67
20M102017100	64	15	79
21M102017002	54	13	67
21M102017003	59	15	74
21M102017004	57	15	72
21M102017005	65	17	82
21M102017006	58	14	72
21M102017007	71	16	87
21M102017008	67	14	81
21M102017009	60	15	75
21M102017010	68	15	83
21M102017011	57	15	72
21M102017012	64	17	81



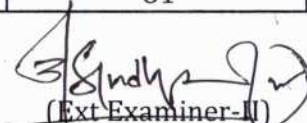
(Int Examiner-I)
Dr. M.A.M. Pasha



(Int Examiner-II)
Dr. T. Srigouri



(Ext Examiner-I)
Dr. V. Lakshmi Devi



(Ext Examiner-II)
Dr. B. Sudhakar Babu



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P.:VIJAYAWADA -
520 008**



**GUIDELINES FOR THE SCHEME OF UNIVERSITY EXAMINATION
Community Medicine**

**PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)**

SCHEME OF SUMMATIVE ASSESSMENT/UNIVERSITY EXAMINATION**MBBS-COMMUNITY MEDICINE- PHASE 3 part 1**

Theory	Max. Marks	Practicals	Max Marks
Paper-I	100	Practical exam	80
Paper-II	100	Viva/Orals	20
Total	200	Total	100

Theory**Paper-I****Time allotted-3 hours****Max.marks-100**

S.No	Type of questions	Marks
I	Long Answer questions (structured questions)	2x 15 = 30 marks
II	Ten (10) short answer questions, including Two (2) problem-based questions.	10 x 5 = 50 marks
III	Objective type Questions- (i) MCQs	20 marks 20x1=20M

Paper-II**Time allotted-3 hours****Max.marks-100 marks**

S.No	Type of questions	Marks
I	Long Answer questions (structured questions)	2x 15 = 30 marks
II	Ten(10) short answer questions, including Two (2) problem-based questions.	10 x 5 = 50 marks
III	Objective type Questions- (i) MCQs	20 marks 20x1=20M

The final Theory assessment examinations should be in the lines of university/summative assessment examination.


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40,NANDYAL (Dist.)

MARKS WEIGHTAGE: PAPER I

S no	TOPIC	Minimum	Maximum	Nature of question
1.	Man and medicine: towards health for all	2	2	Only objective
2.	Concept of health & disease	12	15	LAQ, SAQ, Objective
3.	Principles of epidemiology and epidemiologic methods	12	15	LAQ, SAQ, Objective
4.	Screening for disease	2	5	SAQ, objective
5.	Nutrition and health	12	15	EQ, SAQ, Objective
6.	Medicine and social sciences	12	15	LAQ, SAQ Objective
7.	Environment and health	12	18	LAQ, SAQ, Objective
8.	Hospital waste management			
9.	Disaster management			
10.	Occupational health	8	10	SAQ, Objective
11.	Health information and basic medicine statistics	2	5	SAQ, Objective
12.	TOTAL		100	

Special note: Demarcation of topics is tentative only; as some amount of overlapping is unavoidable between these topics. Deviation up to 25% is acceptable



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

MARKS WEIGHTAGE : PAPER II

S no	TOPIC	Minimum	Maximum	Nature of question
1.	Epidemiology of communicable diseases	12	15	LAQ, SAQ, Objective
2.	Epidemiology of chronic non communicable disease and conditions	12	15	LAQ , SAQ, Objective
3	Demography and family planning	10	10	SAQ, objective
4.	Preventive medicine in Obstetrics, Paediatrics and Geriatrics	12	15	LAQ , SAQ, Objective
5.	Essential medicine and counterfeit medicine, Mental health, Recent advances	2	2	Objective
6.	Communication for health education	8	8	SAQ Objective
7.	Health planning and management	2	6	SAQ Objective
8.	Health care of the community	10	12	SAQ, Objective
9.	National Health programmes in India	5	12	LAQ, SAQ, Objective
10	International health	2	5	SAQ, Objective

Special note: Demarcation of topics is tentative only; as some amount of overlapping is unavoidable between these topics. Deviation up to 25% is acceptable



PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Scheme of University examination- III MBBS part-1


Theory	Max Marks	Practicals	Max Marks
Paper -1	100	Practical exam	80
Paper -2	100	Viva	20
Total	200	Total	100

Format for community medicine 1st & 2nd Internal Assessment Practical examination

Marks: Practical: 70, Logbook+ Record: 10,viva;20

Total: 100

S.No	Category	Marks
1.	Clinico-social cases ---1	30
2	Epidemiology exercises-----1	10
3	Statistical Exercises-----1	10
4	Ospe/osce-----1	10
5	Spotters-----5*2	10
6	Practical Record/log book	10


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40,NANDYAL (Dist.)

7	Viva -----	20
	Total	100

1AND 2ND INTERNAL ASSESSMENT WILL BE SIMILIAR PATTERN AND MAY BE DONE AS PER THE CHOICE OF THE COLLEGE.

3RD INTERNAL ASSESMENT WILL BE SIMILAR TO FINAL UNIVERSITY EXAMINATION PATTERN.

Format for community medicine 3rd Internal Assessment Practical examination

Marks: Practical: 80, VIVA:20

Total: 100

S.No	Category	Marks
1.	Clinico-social case ---1	30
2	Epidemiology exercises-----2	20
3	Statistical Exercises-----2	20
4	Spotters-----5*2	10
5	Viva -----	20
6	Total	100


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)

Format for community medicine Final University Practical examination

Marks: Practical: 80,

Viva: 20

Total: 100

S.No	Category	Marks
1.	Clinico-social case ---1	30
2	Epidemiology exercises-----2	20
3	Statistical Exercises-----2	20
4	Spotters-----5*2	10
5	Viva -----	20
6	Total	100

Scheme for Internal Assessment marks to be sent to university
(Average of 1st, 2nd and 3rd internals to be taken for calculation of theory and Practical marks)

Theory	Max Marks	Practicals	Max Marks
Theory	25	Practical exam	25
		Record	5
		Logbook	5
Total	25	Total	35

Total: 25+35=60 Marks


PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

3rd Internal Assessment- Must be conducted as PRE- FINAL examination on the lines of the university examination.

Statistics: measures of central tendency, measures of dispersion, vital statistics, indicators of morbidity and mortality.

Epidemiological exercises: measurement of risk in various study designs, screening tests, investigation of epidemic, assessment of vaccine requirement, indicators of specific diseases like malaria, filarial, tuberculosis, calculation of chlorine demand.

Spotters: nutrition, vaccines, entomology, pesticides, disinfectants, drugs used for common illnesses like TB, diabetes, hypertension, diarrhoeal diseases, and conditions like anaemia, contraceptives, records and cards used in National Health programmes.


Questions for the spotters should be designed to assess understanding and application of the knowledge in a particular topic and not just recall.

OSCE/OSPE: communication skills to elicit specific history, Counselling skills for eg. Contraceptives, complementary nutrition, before performing lab tests, clinical skills of measuring blood pressure, measurement of height & weight and calculation & interpretation of BMI in adults, nutritional assessment in children using anthropometry and growth charts, assessment of pallor and interpretation, assessment of dehydration, examination of diabetic foot, administration of a vaccine through a specific route of administration in a simulated environment (model/ mannequin if available).

EVALUATION OF CLINICO-SOCIAL CASE;-

Identify the following case scenario and discuss under the following questions: 30M

- i. Identify the case with relevant socio-demographic and geographic information.
- ii. List and comment on the following :
 - Present, past and family history relevant to the case
 - Environmental factors relevant to case
 - Socio-economic, cultural and behavioural factors relevant to case




PRINCIPAL
Santhiram Medical College
General Hospital
NH-40, NANDYAL (Dist.)

- Evaluate the dietary intake and comment.
- iii. Demonstrate thorough clinical examination necessary for this case
 - iv. Suggest appropriate control measures for this disease at individual, family and community levels
 - v. Mention the relevant national health programme and how is it useful to this patient.

Assessment:

1. Identification, socio-demographic, address, spot map	5M
2. Clinical, Environmental, Socio-cultural, nutritional factors	5M
3. Clinical Examination	5M
4. Disease control measures	5M
5. Relevant National Health programme and its usefulness	5M.
6. Discussion	5M
TOTAL	30M


PRINCIPAL
Santhiram Medical College &
General Hospital
NH-40, NANDYAL (Dist.)