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

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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

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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

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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

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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 gauze the depth of knowledge of the candidates? : Yes
9. Was the assessment done jointly by more than one Examiner? : Yes

10. How may 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).

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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.

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Doc-(1)

SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL, NANDYAL, AP.

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

		Office	Residence
4.	Address	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	Residence	Cell
0866-2351206	--	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	• Rangaraya Medical College, Kakinada (AP) • Andhra University.	Yes
II.	PG MD (Com. Med)	1991	• 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	• Rangaraya Medical College, Kakinada. • Gandhi Medical College, Hyderabad	Yes
II.	Associate Professor	01-09-1997	30-07-2002	5yrs	• Gandhi Medical College, Hyderabad. • Deccan College of Medical Sciences, Hyderabad.	Yes
III.	Professor	31-07-2002	Till Date	22yrs 9M	• 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, Nandyal

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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	Residence	Cell
		0866-2351206	--	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

Signature of the Doctor
(with office seal)

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

Professor
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	: Jayalalitha1130@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	NMC recog. (YES / NO)
		From	To	Period		
I.	Assistant Professor	1/10/2014 7/11/2016 3/12/2022	31/10/2016 15/5/2018 25/8/23	2yrs 1month 1yr 6month 9 Months	Shantiram Medical College Maheshwara Medical College Shantiram Medical college	yes
II.	Associate Professor	26/8/23	till date	1yr 6month	Shantiram Medical college	yes
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

T. Srigouri
Signature of the Doctor
(with office seal)

Associate Professor
Dept. of Community Medicine
Santhiram Medical College
NANDYAL

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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, Vinyaan Concord Condo	
5.	Phone No.	Office	Residence	Cell
				9491604756
6.	E-mail address	: lakshmidr.cms.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	4Y 3M	GMC, Kadapa	Yes
		23/08/2018	24/1/2019	5M	VBMCS Kurnool	Yes
II.	Associate Professor					
III.	Professor					

10.	Years of experience as UG Teacher 5Y 9 months including SR in both Private & Government College	
11.	Years of experience as UG Examiner 2Y	
12.	Years of experience as PG Teacher 1Year	
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	2Y

DECLARATION

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

Date: 15/02/25

V. Lakshmi

Signature of the Doctor
(with office seal)

PRINCIPAL
Santhiram Medical College &
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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
		VBMC, RT NAGAR KNL		VBMC, 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, NTRUH	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 Sri Satya Medical College Vishwa Bharathi med. col	YES
III.	Professor	2020		Till date	Vishwa 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 &
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NH-40,NANDYAL (Dist.)

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 21M102017014 21M102017015 21M102017016 21M102017017 21M102017018 21M102017019	21M102017020 21M102017022 21M102017023 21M102017024 21M102017025 21M102017026 21M102017027	21M102017028 21M102017029 21M102017030 21M102017031 21M102017032 21M102017033 21M102017034	21M102017035 21M102017036 21M102017037 21M102017038 21M102017039 21M102017040
EPID EXER	21M102017020 21M102017022 21M102017023 21M102017024 21M102017025 21M102017026 21M102017027	21M102017028 21M102017029 21M102017030 21M102017031 21M102017032 21M102017033 21M102017034	21M102017035 21M102017036 21M102017037 21M102017038 21M102017039 21M102017040	21M102017013 21M102017014 21M102017015 21M102017016 21M102017017 21M102017018 21M102017019
STAT EXER	21M102017028 21M102017029 21M102017030 21M102017031 21M102017032 21M102017033 21M102017034	21M102017035 21M102017036 21M102017037 21M102017038 21M102017039 21M102017040	21M102017013 21M102017014 21M102017015 21M102017016 21M102017017 21M102017018 21M102017019	21M102017020 21M102017022 21M102017023 21M102017024 21M102017025 21M102017026 21M102017027
CSC	21M102017035 21M102017036 21M102017037 21M102017038 21M102017039 21M102017040	21M102017013 21M102017014 21M102017015 21M102017016 21M102017017 21M102017018 21M102017019	21M102017020 21M102017022 21M102017023 21M102017024 21M102017025 21M102017026 21M102017027	21M102017028 21M102017029 21M102017030 21M102017031 21M102017032 21M102017033 21M102017034

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
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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 21M102017042 21M102017043 21M102017044 21M102017045 21M102017046 21M102017047	21M102017048 21M102017049 21M102017050 21M102017051 21M102017052 21M102017053 21M102017054	21M102017055 21M102017057 21M102017058 21M102017059 21M102017060 21M102017061 21M102017062	21M102017063 21M102017064 21M102017066 21M102017067 21M102017068 21M102017069
EPID EXER	21M102017048 21M102017049 21M102017050 21M102017051 21M102017052 21M102017053 21M102017054	21M102017055 21M102017057 21M102017058 21M102017059 21M102017060 21M102017061 21M102017062	21M102017063 21M102017064 21M102017066 21M102017067 21M102017068 21M102017069	21M102017041 21M102017042 21M102017043 21M102017044 21M102017045 21M102017046 21M102017047
STAT EXER	21M102017055 21M102017057 21M102017058 21M102017059 21M102017060 21M102017061 21M102017062	21M102017063 21M102017064 21M102017066 21M102017067 21M102017068 21M102017069	21M102017041 21M102017042 21M102017043 21M102017044 21M102017045 21M102017046 21M102017047	21M102017048 21M102017049 21M102017050 21M102017051 21M102017052 21M102017053 21M102017054
CSC	21M102017063 21M102017064 21M102017066 21M102017067 21M102017068 21M102017069	21M102017041 21M102017042 21M102017043 21M102017044 21M102017045 21M102017046 21M102017047	21M102017048 21M102017049 21M102017050 21M102017051 21M102017052 21M102017053 21M102017054	21M102017055 21M102017057 21M102017058 21M102017059 21M102017060 21M102017061 21M102017062

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 &
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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 21M102017071 21M102017072 21M102017073 21M102017074 21M102017075 21M102017076	21M102017077 21M102017078 21M102017079 21M102017080 21M102017081 21M102017082 21M102017083	21M102017084 21M102017085 21M102017086 21M102017087 21M102017088 21M102017089 21M102017090	21M102017091 21M102017092 21M102017093 21M102017094 21M102017095 21M102017096
EPID EXER	21M102017077 21M102017078 21M102017079 21M102017080 21M102017081 21M102017082 21M102017083	21M102017084 21M102017085 21M102017086 21M102017087 21M102017088 21M102017089 21M102017090	21M102017091 21M102017092 21M102017093 21M102017094 21M102017095 21M102017096	21M102017070 21M102017071 21M102017072 21M102017073 21M102017074 21M102017075 21M102017076
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EPID EXER	21M102017106 21M102017107 21M102017108 21M102017109 21M102017110 21M102017111 21M102017112	21M102017113 21M102017114 21M102017115 21M102017116 21M102017117 21M102017118 21M102017119	21M102017120 21M102017121 21M102017122 21M102017123 21M102017124 21M102017125	21M102017097 21M102017098 21M102017100 21M102017101 21M102017102 21M102017103 21M102017105
STAT EXER	21M102017113 21M102017114 21M102017115 21M102017116 21M102017117 21M102017118 21M102017119	21M102017120 21M102017121 21M102017122 21M102017123 21M102017124 21M102017125	21M102017097 21M102017098 21M102017100 21M102017101 21M102017102 21M102017103 21M102017105	21M102017106 21M102017107 21M102017108 21M102017109 21M102017110 21M102017111 21M102017112
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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
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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

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

FINAL M.B.B.S. EXAMINATION - PART – I

COMMUNITY MEDICINE (Paper – II)

(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) Describe Epidemiological determinants, Clinical features and management of Dengue
2) Classify Hypertension by blood pressure levels. Describe risk factors for Hypertension and add a note on Prevention of Hypertension

WRITE SHORT ESSAY QUESTIONS: 10X5=50

3) Screening for cancer cervix
4) Diagnosis of Tuberculosis
5) Describe Demographic cycle with special emphasis on our country
6) Post Partum Haemorrhage
7) Define and classify Low birth Weight and its prevention
8) Describe Principles of Health Education
9) Describe Health Planning Cycle
10) Describe the principles of Primary Health care
11) Concept of essential medicine
12) Functions of World Health Organization

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SANTHIRAM MEDICAL COLLEGE AND GENERAL HOSPITAL
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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): Rifampicin600 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 chorine 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

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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. 2nd & 3rd 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

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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: - Xeropthalmia (Night Blindness, conjuctival 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 imporatnce
Answer	Ans Copper sulphate Ans it can destroy Algae in water so that it removes unpleasant taste and odur . 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

Spotter no: 20 **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 :21 **GREEN GRAM**	1) Identify The Spotter 2) Any two Amino acid Rich in it
	Ans. Green Gram Ans. Arginine, Lysine, Tryptophan, Phenylalanine, Methonine, Crystine, Theonine, Cystine, Threonine, Leucine, Isoleucine and Valine
Spotter no: 22 **Savlon**	IDENTIFY THE SPOTTER 1) **What are the ingredients in it?** 2) **What are the uses?**
	Ans: 5mg of cetrimide (0.5%) and 1mg of chlorhexidine Ans: popular cleansing, disinfecting and sanitizing agent. Disinfection of clinical thermometers and plastic appliances
Spotter no: 23 **Katadyn Filter**	1. Identify the spotter 2. Public health importance
	Ans Katadyn filter Ans. Ceramic filter, surface is coated with silver catalyst Purification of water in small scale
Spotter No 24 **JE vaccine**	1. Identify the Spotter. 2. What type of vaccine? 3. Write down the dose and route of Administration?
Answer	1. JE Vaccine 2. Live attenuated vaccine 3. 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	Identify the spotter? 1. What is the use of iron and folic Tablets? 2. What is the dosage of Iron and folic acid tablets for pregnant women under national programmes?
	Iron and Folic acid tablets Ans: For correction of Iron deficiency Anaemia and to reduce the risk of low birth weight Ans: Daily oral supplementation of 100 mg of elemental Iron and 500 micrograms of folic acid for 100 days to prevent Iron deficiency anaemia and various foetal developmental disorders in pregnant women.
Spotter. No. 26. **Bengal Gram**	1. Identify the spotter. 2. Mention two amino acids in it?
Answer	1. Bengal gram. 2. Methionine and cysteine

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Spotter No: 27 KMnO4	1. Identify the spotter 2. Public health importance
	Ans KMnO4 Ans oxidising agent that destroys organic matter used in disinfection of vegetables and fruits Used to disinfect water but not used now a days since it produces unacceptable colour.
Spotter no: 28 Alum	1. Identify the spotter 2. Public health importance
	Ans Alum Ans chemical used for sterilization of water. Used in Nalgonda technique and defluorination technique for drinking water.
Spotter No: 29 Tetanus toxoid	Identify the spotter 1) Type of vaccine 2) Route of administration and Dose
	Ans killed (inactivated) vaccine Ans 0.5ml , Intramuscular (IM)
Spotter. No 30 Oral Rehydration solution	1. Identify the spotter? 2. What is composition of ORS? 3. What are benefits of oral rehydration therapy?
Answer	Ans: Oral rehydration therapy 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 Ans: ORT is cheap, effective and easy to administer A homemade solution reduced severity and duration of symptoms and risk of recurrence

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SPOTTERS :: Dt 16.02.2025

Spotter. No. 1. Bengal Gram	1. Identify the spotter. 2. Mention two amino acids in it?
Answer	1. Bengal gram. 2. Methionine and cysteine
Spotter no 2 Spirit	1. Identify the spotter. 2. What is its public health importance?
	Ans: spirit Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment
Spotter. No. 3. Slaughterhouse	1. Identify the spotter. 2. Public health importance
Answer	Ans: Slaughterhouse Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases
Spotter. No. 4. Rota Vaccine	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	1. Rota Vaccine. 2. Live attenuated vaccine 3. Oral route; Dose: 5drops
Spotter. No. 5. Copper T	1. Identify the spotter. 2. What is the mechanism of action?
Answer	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	1. Identify the spotter. 2. Identify and mention which group it belongs to? 3. What is the nutritive value?
Answer	1. Ragi 2. belongs to Millets group 3. Rich in protein, calcium, potassium and iron.
Spotter. No. 7. Oral Rehydration Salts	1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	1. Oral Rehydration Salts. 2. Composition: 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.

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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. **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
Spotter. No. 10 MCP CARD	1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	1. MCP Card 2. Uses: a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight
Spotter No 11 **EGG**	1. Identify the spotter. 2. Why is it called Reference protein? 3. What are the nutrients deficient in it?
Answer	1. Egg 2. It's a complete protein with NPU 100% 3. Deficient in Carbohydrates and vit C
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

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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: O.5ml
Spotter No. 15 **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 :16 Ground Nuts	1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	1. Ground nuts 2. Fats and proteins 3. Aflatoxin
Spotter No: 17 **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 :18 **Rapid Sand Filter**	1. Identify the spotter. 2. What is Back washing?
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.

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Spotter No 19 **BCG vaccine**	1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration and dosage according to NIS?
	1. BCG Vaccine 2. Live attenuated vaccine 3. 0.1ml, ID, left deltoid
Spotter No: 20 **Male Condom (Nirodh)**	1. Identify the spotter. 2. What type of Contraceptive? 3. What are its Non contraception advantages?
Answer	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**	1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it?
Answer	1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium 3. Vitamin A
Spotter no. 22 **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. 23 **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 24 **JE vaccine**	1. Identify the Spotter. 2. What type of vaccine? 3. Write down the dose and route of Administration?
Answer	1. JE Vaccine 2. Live attenuated vaccine 3. b. 0.5ml, Sub cutaneous route c. 1st dose : 9months – 12months d. 2nd dose : 16 –24 months

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Spotter no. 25 **Formaldehyde/formalin**	1. Identify the spotter 2. Public health importance
Answer	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**	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. 27 **Crude oil**	1. Identify the spotter 2. Public health importance
Answer	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**	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 mouths of susceptible host.
Spotter. No. 29 **MMR Vaccine:**	1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	1. Live attenuated 2. 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**	1. Identify the spotter. 2. Mechanism of action?
Answer	1. NISHCHAY KIT 2. Used to detect Pregnancy; identifies the H**CG** in a woman's urine.

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

Spotter no. 1 **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. 2 **Crude oil**	1. Identify the spotter 2. Public health importance
Answer	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	1. Identify the spotter 2. Public health importance
	Ans Katadyn filter Ans. Ceramic filter, surface is coated with silver catalyst Purification of water in small scale
Spotter. No. 4 **MMR Vaccine:**	1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	1. Live attenuated 2. 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**	1. Identify the spotter. 2. Mechanism of action?
Answer	1. NISHCHAY KIT Used to detect Pregnancy; identifies the HCG in a woman's urine.
Spotter. No. 6. **Par boiled rice**	1. Identify the spotter. 2. Identify and mention which group it belongs to? 3. What is the nutritive value?
Answer	1. Parboiled rice 2. belongs to cereals group 3. 0.9 grams of dietary fiber and starch and carbohydrates, protein, fats

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Spotter. No. 7. Oral Rehydration Salts	1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	1. Oral Rehydration Salts. 2. Composition: 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	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. 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
Spotter. No. 10 MCP CARD	1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	1. MCP Card 2. Uses: a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight

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: O.5ml

T. Srigoni V. Lavanya

Spotter No. 15 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 16 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: 17 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 :18 Rapid Sand Filter	1. Identify the spotter. 2. What is Back washing?
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 19 BCG vaccine	1. Identify the spotter. 2. What type of vaccine? 3. Write the route of administration and dosage according to NIS?
	1. BCG Vaccine 2. Live attenuated vaccine 3. 0.1ml, ID, left deltoid

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Spotter No: 20 **Male Condom** **(Nirodh)**	1. Identify the spotter. 2. What type of Contraceptive? 3. What are its Non contraception advantages?
Answer	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**	1. Identify the spotter. 2. Mention two amino acids in it?
Answer	1. Bengal gram. 2. Methionine and cysteine
Spotter no. 22 **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
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a. Rifampicin : hepatotoxic
b. Isoniazid : Peripheral Neuropathy, Hyperglycemia
c. Pyrazinamide: Hepatotoxic and Hyperuricemia
d. Ethambutol : Retrobulbar Neuritis

Spotter no. 23 **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 24 **JE vaccine**	1. Identify the Spotter. 2. What type of vaccine? 3. Write down the dose and route of Administration?
Answer	1. JE Vaccine 2. Live attenuated vaccine 3. b. 0.5ml, Sub cutaneous route c. 1st dose : 9months – 12months d. 2nd dose : 16 –24 months

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Spotter no. 25 Formaldehyde/formalin	1. Identify the spotter 2. Public health importance
Answer	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	1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it?
Answer	1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter no 27 Spirit	1. Identify the spotter. 2. What is its public health importance?
	Ans: spirit Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment
Spotter. No. 28. Slaughterhouse	1. Identify the spotter. 2. Public health importance
Answer	Ans: Slaughterhouse Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases
Spotter. No. 29 PCV(Pneumococcal Vaccine)	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	1. PCV 2. Killed vaccine 3. 0.5 ml, IM , 6th and 14th week booster at 9-12months
Spotter. No.30 Copper T	1. Identify the spotter. 2. What is the mechanism of action?
Answer	1. Intra uterine device/ Copper-T cause foreign body reaction, resulting in cellular and biochemical changes in uterus; thus prevents Pregnancy.

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Subject: COMMUNITY MEDICINE
Date:18-02-2025

Spotter no 1 **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. 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. 2nd & 3rd 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

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Spotter. No. 5 MCP CARD	1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	1. MCP Card 2. Uses: a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation 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	1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	1. Ground nuts 2. Fats and proteins 3. Aflatoxin
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 Alum	1. Identify the spotter 2. Public health importance
	Ans Alum Ans Chemical used for sterilization of water. Used in Nalgonda technique and defluorination technique for drinking water.
Spotter No: 9 Tetanus toxoid Vaccine	Identify the spotter 1) Type of vaccine 2) Route of administration and Dose
	Ans killed (inactivated) vaccine Ans 0.5ml , Intramuscular (IM)
Spotter. No.10 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.

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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 **KMnO4**	1. Identify the spotter 2. Public health importance
	Ans KMnO4 Ans oxidising agent that destroys organic matter used in disinfection of vegetables and fruits Used to disinfect water but not used now a days since it produces unacceptable colour.
Spotter No :13 **Rapid Sand Filter**	1. Identify the spotter. 2. What is Back washing?
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
Spotter no: 15 **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 :16 **GREEN GRAM**	1) Identify The Spotter 2) Any two Amino acid Rich in it
	Ans. Green Gram Ans. Arginine, Lysine, Tryptophan, Phenylalanine, Methionine, Crystine, Thionine, Cystine, Threonine, Leucine, Isoleucine and Valine
Spotter no 17 **Spirit**	1. Identify the spotter. 2. What is its public health importance?
	Ans: spirit Ans: It is only bactericidal and fungicidal used to disinfect skin and surfaces of laboratory equipment

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Spotter. No. 18. Slaughterhouse	1. Identify the spotter. 2. Public health importance
Answer	Ans: Slaughterhouse Ans: Ensures safety of meat and help control the spread of animal and zoonotic diseases
Spotter. No. 19 PCV(Pneumococcal Vaccine)	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	1. PCV 2. Killed vaccine 3. 0.5 ml, IM, 6th and 14th week booster at 9-12months
Spotter no. 20 Formaldehyde/formalin	1. Identify the spotter 2. Public health importance
Answer	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	1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it?
Answer	1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter No: 22 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. 23 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. 24. Oral Rehydration Salts	1. Identify the spotter. 2. What is the composition? 3. What are its benefits?
Answer	1. Oral Rehydration Salts. 2. Composition: 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. 25 **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 26 **GREEN LEAFY VEGETABLES**	1) Identify the spotter 2) Which Nutrient rich in it 3) Recommended daily intake of green leafy vegetables?
	Ans: Green leafy vegetables Ans: Dietary fibre Ans: about 40 gm for adult per day
Spotter. No. 27 **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. 28. **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 chorine content on exposure to air and light
Spotter. No. 29. **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: 30 **Nishchay Pregnancy kit**	1. Identify the spotter. 2. Mechanism of action?
Answer	1. NISHCHAY KIT **2.** Used to detect Pregnancy; identifies the HCG in a woman's urine.

SANTHIRAM MEDICAL COLLEGE, NANDYAL
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Subject: COMMUNITY MEDICINE
Date:19-02-2025

Spotter No 1 **EGG**	1. Identify the spotter. 2. Why is it called Reference protein? 3. What are the nutrients deficient in it?
Answer	1. Egg 2. It's a complete protein with NPU 100% 3. Deficient in Carbohydrates and vit C
Spotter No 2: **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 3 **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 4 **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

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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

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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

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Spotter. No. 15 **MCP CARD**	1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	1. MCP Card 2. Uses: a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight
Spotter No.16 **MANGO**	1. Identify the spotter 2. Write down its nutritive value? 3. Which vitamin is rich in it? 4.
Answer	1. Mango 2. Sodium, Potassium, Carbohydrate, Dietary Fibre, Vitamin C , Iron , Vitamin B-6 and Magnesium Vitamin A
Spotter No 17: **Bleaching powder**	1. identify the spotter 2. Public health importance
Answer	1. Bleaching powder 2. 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
Spotter No 18 **Septic tank**	1. Identify the spotter. 2. What is its public health importance?
Answer	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)**	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage. 4.
Answer	1. PCV 2. Killed vaccine 3. 0.5 ml, IM , 6th and 14th week booster at 9-12months

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Spotter. No 20 **Oral Rehydration solution**	1. Identify the spotter? 2. What is composition of ORS? 3. What are benefits of oral rehydration therapy?
Answer	Ans: Oral rehydration therapy 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 Ans: ORT is cheap, effective and easy to administer A homemade solution reduced severity and duration of symptoms and risk of recurrence
Spotter no. 21 **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. 22 **Crude oil**	1. Identify the spotter 2. Public health importance
Answer	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**	1. Identify the spotter 2. Public health importance
	1. Chloroscope 2. this test is done to measure rapidly, Free chlorine and combined chlorine of water
Spotter No 24 **JE vaccine**	1. Identify the Spotter. 2. What type of vaccine? 3. Write down the dose and route of Administration?
Answer	1. JE Vaccine 2. Live attenuated vaccine 3. 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**	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.

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Spotter no 26 **LEMON**	1. Identify the spotter 2. What is the vitamin rich in it and Deficiency disease due to that vitamin?
	1. Lemon 2. Vitamin C and Scurvy
Spotter No: 27 **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: 28 **Katadyn Filter**	1. Identify the spotter 2. Public health importance
	1. Katadyn filter 2. Ceramic filter, surface is coated with silver catalyst Purification of water in small scale
Spotter. No. 29 **MMR Vaccine:**	1. What type of Vaccine? 2. Write route of administration and dosage according to NIS?
Answer	1. Live attenuated 2. 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 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: - Xeropthalmia (Night Blindness, conjuctival 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.

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Subject: COMMUNITY MEDICINE
DATE: 20-02-2025

Spotter No :1 **Ground Nuts**	1. Identify the spotter. 2. What is it rich in? 3. Name the toxin which is produced due to its improper storage?
Answer	1. Ground nuts 2. Fats and proteins 3. Aflatoxin
Spotter No: 2 **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 :3 **Rapid Sand Filter**	1. Identify the spotter. 2. What is Back washing?
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. 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
Spotter. No. 5 **Nirodh**	1) Type of contraception? 2) What are the non contraception advantage of it ?

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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

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	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. 2nd & 3rd 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 mouths of susceptible host.

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

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	ii. DPT-2: 10 weeks iii. DPT-3: 14 weeks b. Booster dose: 15-18 months 4. Dose: O.5ml
Spotter no 20 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: - Xeropthalmia (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. 21. 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: 22 KMnO4	1. Identify the spotter 2. Public health importance
	Ans KMnO4 Ans oxidising agent that destroys organic matter used in disinfection of vegetables and fruits Used to disinfect water but not used now a days since it produces unacceptable colour.
Spotter no: 23 Alum	1. Identify the spotter 2. Public health importance
	Ans Alum Ans chemical used for sterilization of water. Used in Nalgonda technique and defluorination technique for drinking water.
Spotter. No. 24. **Rota Vaccine**	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	1. Rota Vaccine. 2. Live attenuated vaccine 3. Oral route; Dose: 5drops
Spotter No: 25	1. Identify the spotter. 2. Mechanism of action?

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Nishchay Pregnancy kit	
Answer	1. NISHCHAY KIT 2. Used to detect Pregnancy; identifies the HCG in a woman's urine.
Spotter. No. 26 Bengal Gram	1. Identify the spotter. 2. Mention two amino acids in it?
Answer	1. Bengal gram. 2. Methionine and cysteine
Spotter No 27: 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. 28. 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. 29 PCV(Pneumococcal Vaccine)	1. Identify the spotter 2. What is the type of Vaccine? 3. Write down route of administration and dosage.
Answer	1. PCV 2. Killed vaccine 3. 0.5 ml, IM, 6th and 14th week booster at 9-12months
Spotter. No. 30 **MCP CARD**	1. Identify the spotter. 2. What are uses of MCP card? 3. How do you interpret growth charts?
Answer	1. MCP Card 2. Uses:

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	a. Immunization b. antenatal check-up c. growth monitoring 3. Standard Deviation a. Green > -2 SD : Normal weight for Age b. Yellow -2SD to -3SD : Undernutrition c. Red > -3 SD : Severely underweight

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Doc (6)

SANTHIRAM MEDICAL COLLEGE, NANDYAL
Department of Community Medicine

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

Dt. 15-02-2025

Max. Marks: 40
Duration: 45 minutes

Answer all Questions

EPIDEMIOLOGICAL EXERCISES (2 X 10 = 20 Marks)

1. A blood smear of a patient who attended the O.P.D of a P.H.C. was found to be positive for Plasmodium falciparum. Describe the measures to be taken by the medical officer of P.H.C. to Control the outbreak of Malaria.

2. A class teacher is diagnosed as a case of pulmonary tuberculosis. How does she manage the case?

STATISTICAL EXERCISE (2 X 10 = 20 Marks)

3. Calculate the amount of bleaching powder required to chlorinate a rectangular Tank of 8 meters length, 6 meters breadth, and 5 meters depth of water column. The Horrock's test showed blue colour in the 2nd cup.

4. Recurrence of a certain condition following two types of surgical procedures is given below. Find out whether the difference in the two groups is significant?

Treatment group	No. of patients with recurrence	No. of patients with no recurrence
A	60	40
B	50	50

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SANTHIRAM MEDICAL COLLEGE, NANDYAL
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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.

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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 chloral 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?

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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

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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.

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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 causality 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

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Final MBBS (Part-1) Practical Examinations
Subject: COMMUNITY MEDICINE

CLINICO-SOCIAL CASE STUDIES

Long 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

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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 controlof community infections, the education of the individual in principles of personal hygiene, theorganization of medical and nursing services for the early diagnosis and preventive treatment ofdiseases and the development of social machinery which will ensure to every individual, in thecommunity, 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 theformer 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 ceasesto be a public health problem

Disease elimination: Is complete interruption of transmission of disease in a defined geographicalarea, 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 instate medicine), but the programme is operated and regulated by professional groups rather thanby government

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

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

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CONCEPTS OF HEALTH AND DISEASE

Definition of health

Health is the state of complete physical, mental and social well-beeing and not merely of diseasean 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 mindSpectrum of health
- 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 healthan alternation 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 fortraining 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 insuch 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 maynot 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

- Longetivity – 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 ofhospital stay
- Spells of sickness

Case Fatality Rate (CFR)

CFR represents 'killing power of a disease
It is 'closely related to virulence of organism
CFR = Total no. of deaths due to a disease/ Total no. of cases due to a disease X 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 inapparentinfections
- Epidemiologist is concerned with Hidden portion of iceberg' whereas Clinician is concerned withTip 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 environmentor health status of a population
- One Time linear activityNo feedback present
- No inbuilt action component present
- Stops once disease is eliminated/eradicatedSmaller concept

Surveillance:

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

- Continuous CycleFeedback present
- Inbuilt action component present
- Continues even after disease is eliminated/ eradicatedBroader 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 dur- ing aspecified period of time
For a given period
Incidence = No. of new cases of a disease Ina given year /total population at risk × 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-exposedQ RR = I exposed/I-non-exposed

Attributable risk (AR) = (Incidence among exposed — Incidence among non- exposed)/ Incidence among exposed × 100
AR = (I exposed – I non-exposed)/ I exposed × 100

13. **Population attributable risk (PAR)** = (Incidence among total – Incidence among non- exposed)/ Incidence among total × 100
PAR = (I-total – I-non-exposed)/ I-tot × 100
Cohort Studies

- Only exposure has occurredProspective 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

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- Retrospective study
- Backward looking study
- Effect to cause to study
- Outcome to exposurestudy, 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 independenteffect 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 regardto 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 gastragedy
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)

T. Srigouri

- – Examples: HIV, tuberculosis

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)

Secondary Attack Rate (SARQ): Is no. of exposed persons developing the disease within range of incubation period (IP), following exposure to the primary case

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
Types: Human reservoir, animal reservoir

Carriers: Infected person or animal that harbors a specific agent in the absence of discernibleclinical disease, & serves as a potential source of infection for others
Types
Incubatory carrier, Convalescence carrier, Healthy carrier, Chronic carrier

Incubation period: is the time interval between invasion by an infectious agent and appearance ofthe first sign or symptom of the disease in question

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

- Is roughly equal to the incubation period of the disease

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

Serial interval : is the gap in onset between primary case and secondary case

Period of communicability: is the time during which an infectious agent may be transferred directly/indirectly from an infected person to another person, from infected animal toman or from an infected person to animal, including arthropods – An important measure of communicability is secondary attack rate

Live 'attenuated' vaccines

- 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

Killed 'inactivated' vaccines Pertussis

- 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

Vaccine Vial Monitor:

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- 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 tothe 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 againstdisease is passive immunity

Herd immunity

It is a type of immunity that occurs when the vaccination of portion of a population providesprotection to unprotected individual
Open vial policy open vial policy allows reuse of partially used multidose vials of applicablevaccines 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 orother 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 ofmeasurement
Reliability/ Precision/ Repeatability/ Consistency/ Reproducibility
Test gives consistent results when repeated more than once on the same individualor material, under the same conditions

Sensitivity: Ability of a screening test to identify correctly all those who have the disease (cases)
Sensitivity = a/ (a + c) × 100 = TP/ (TP + FN) × 100
Specificity: Ability of a screening test to identify correctly all those who do not have the disease (healthy)
Specificity = d/ (b + d) × 100 = TN/ (TN + FP) × 100
Positive predictive value (PPV): Ability of a screening test to identify correctly all those who havethe disease, out of all those who test positive on a screening test
PPV = a/ (a + b) × 100 = TP/ (TP + FP) × 100
Negative predictive value (NPV): Ability of a screening test to identify correctly all those who donot have the disease, out of all those who test negative on a screening test
NPV = d/ (c + d) × 100 = TN/ (FN + TN) × 10

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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 Jhunjhunia which contain pyrsolizidinealkaloids which are hepatotoxins

Epidemic dropsy

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

Food fortification

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

Methods of pasteurization

- Holder or vat method _ milk heated for for >30min 63-66°C
- TST method- milk heated to 72°C for 15 seconds sec
- HHST method- milk heated to 68 ç 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 lathyrusseeds 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 cholesterol70 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 qualify, putting up decomposed food, misbranding, or giving false labels and addition of toxicants.

MEDICINE AND SOCIAL SCIENCES

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 withdifferent types cult re of there is diffusion of culture both way

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

Family
Group of biologically related individuals living together and eating a from 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 the family where the parents have separated or where death has occurred to one or bothparents
Problem families
These families lag behind the rest of community standards of life are far below the acceptedminimum, 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
- Kuppuswamy 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 ratesfertility rates
Dependency ratio
Ratio of financially dependent individuals (above 65 years age and children below 15 -years) tothe economically productive individuals (15 -- 65 years of age)
Gross reproductive rate
Average no. Of girls that would be born to the women if the experiences that current fertilitypattern through out her reproductive span assuming no mortality
Net reproductive rate

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

Eligible couples

Currently married couples where in wife is in the reproductiveAge(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 & lowestrogen)

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)

- 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
- Antiprogestogen (Mifepristone RU 486): 600 mg stat within 72 hours of coitus

Types of hormonal contraceptives

- Oral pills
- combined pill

- 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, Nonethisterone 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 diseasescardiovascular diseases
- Treatment for infertility three or more spontaneous abortion

objectives of antenatal check up
- To promote protect and maintain health of mother during pregnancyTo 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 healthTo check adequacy of breast feeding
- To provide family planning to provide basic health education to mother and family

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
- Intro 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 monitoringDiagnostic tool
- Planning and policy makingTool for action
- evaluation
- Tool for teaching

Maternal mortality ratio

Total no. of female deaths due to complications of pregnancy, childb hood 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 1000*g at birth during the year* ÷
Total live and still births weighing over 1000*g at birth during the year* × 1000

Causes of perinatal mortality rate
Antenatal causes:

- Maternal diseases - hypertension, CVD diabetes TB, uterine myomasMalnutrition

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- antenatal haemorrhage
- Toxaemias of pregnancyIntranatal 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 newbornTetanus
- Diarrhoeal diseasesMalnutrition
- 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 thoseaware 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 individualalso 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

I) BMI (quetelets' index)
BMI= weight in kg/ height in m2Ponderal index
Lorentz formula Corpulence index, Skin fold thickness, Waist circumference,Waist hip ratio
BMI
BMI < 18. 5_ underweight BMI 18-5-249 - normal BMI
BMI 25 - 29.9 - over weightBMI z 30- obesity

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 systemBan 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 tuberculosisGoal: 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, 1501U) with in 6hours of birth.

Post exposure prophylaxis in rabies

Is local treatment of wound- cleansing, chemical treatment, immunizationIntro 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 – 201U/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

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 thanisoniazid and rifampin

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

Classification of pneumonicNo pneumonia

Pneumonia

Severe or very serve pneumonia

Classification of leprosy

Pauci-bacillary

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

Multibacillary leprosy

Skin lesions (6 and above)

Peripheral nerves more than one involvedSkin smear positive at any site

Treatment of leprosy Paucibacillary leprosy

Rifampicin - 600 mg once a monthDapsone: 100mg daily Multibacillary leprosy

Rifampicin - 450 once a monthDapsone - 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**
spares palms and soles	**Affect psalms 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 72hours of exposureDose: 1925 - 5.0ml I'm

Congenital rubella syndrome

Congenital heart defects1 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

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 beencompletely 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- <4NTV
- Color- upto 15TCU chlorides: 200 mg/litpH6.5 to 8.5
- Hydrogen sulphide- 0.05 ma/lit Total dissolved solids- 600 mg/lit
- E. Cool or thermotolerant coliform bacteria - not be detectable in any 100 ml sample
- Aluminum - less than 0.2 m efflit
- Manganese - less than 0.1 ng/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 feels

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 itis respiratoryallergies

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 sothat 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 properdisposal so that disease agent can not reach new host directly or indirectly by sanitary latrine and disposal pit

Modern sewage treatment steps

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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) _ tubbing, 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 thelikely effects of emergencies
Disaster preparedness
Programme of long- term development activities whose goals are to strengthen the overallcapacity 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 pnemoconiosis
Ergonomics
Placing the right man in sight job
So that worker can perform his duties efficiently without detriment to his health is calledergonomics
Sickness absenteeism
It is useful index in industry to assess the state of health of workers and their physical, mental andsocial wellbeing
Causes:
- economic causes
- Social causes - festivals, wedding repair of ancestral house
- Medical causes
- Non occupational causes: alcoholism drug abuse

ESI Act
- Medical benefit

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- 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 rupeesrehabilitation '

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

- 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 preambleof 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 healthChild nutrition
- Family and child welfareeducation

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EVALUATION OF CLINICO-SOCIAL CASE

Doc (9)

1. Identify the following case scenario and discuss under the following questions: 30M
   a. Identify the case with relevant socio-demographic and geographic information
   b. List and comment on the following
      i. Present, past and family history relevant to the case
      ii. Environmental factors relevant to case
      iii. Socio-economic, cultural and behavioural factors relevant to case
      iv. Evaluate the dietary intake and comment.
   c. Demonstrate thorough clinical examination necessary for this case iv.
   d. Suggest appropriate control measures for this disease at individual, family and community levels
   e. 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)

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Doc (10)

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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		
5	21M102017017	BASIRAJU V GHNANESH	B V Gh	B V Gh
6	21M102017018	BATHALA RAJESH	B. Rajesh	B. Rajesh
7	21M102017019	BATYAL SAI KIRAN	B. Sai kiran	B Sai kiran
8	21M102017020	BAVIKATI JYOTHISWAROOP	B. Jyothi	B. J Swarp
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		
13	21M102017026	BUNGA SHINY PRUDVILA	B. Shinyprudvila	B. Shinyprudvila
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. S. Md. Thanveer Khalid	C. S. Md. Thanveer Khalid
19	21M102017032	CHILAMAKURI VENKATA SUDHATHRI	C. V. Sudhathri	C. V. Sudhathri
20	21M102017033	DACHIRI VAMSHI	D. Vamshi	D Vamshi
21	21M102017034	DALAL VINEETHA		
22	21M102017035	DARSIGUNTA SAI HARSHITHA	D. Sai harshitha	D. Saiharshitha
23	21M102017036	DASARI SAGAR KRISHNA		
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

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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		
5	21M102017045	GANDLA 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	G. Vamsi
13	21M102017053	GUNIPALLI HARSHITHA PRIYANKA	G. Harshitha Priyanka	G. Harshitha Priyanka
14	21M102017054	INNAMALA PRANAY MOURYA	Pranay	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		
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. krishnakishore	K. krishnakishore
27	21M102017069	KARRE ABHIRAM GOUD	Abhiram	Abhiram

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S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017070	KASTURI YASHWANTH		
2	21M102017071	KATAM TEJESWAR REDDY		
3	21M102017072	KATTUBADI PRABHA TEJ DEEP		
4	21M102017073	KAVALI BHANU TEJA		
5	21M102017074	KEDAS JAYASREE		
6	21M102017075	KETHIREDDY KHYATHI PRASANNA		
7	21M102017076	KOPPULA DAYA SRI		
8	21M102017077	KOTHAKOTA CHARITHA		
9	21M102017078	KOTTAPALLI ANEELA		
10	21M102017079	KOVVURU MAHALAKSHMI		
11	21M102017080	KUMMATHI VYSHNAVI REDDY		
12	21M102017081	KUNDURTHI ALEKHYA		
13	21M102017082	KUNTENNA GARI DIVYA SREE		
14	21M102017083	KURUVA SATHISH		
15	21M102017084	KURUVA SUSEELA		
16	21M102017085	LANKELA SAI ROHITH		
17	21M102017086	LAVADIVAGANE NOUSHITHA		
18	21M102017087	M ALICE JERUSHA		
19	21M102017088	M BHANU PRASAD		
20	21M102017089	M BLESSON CAREY FRANCIS		
21	21M102017090	M FEROZ		
22	21M102017091	MADIGA SWARNA		
23	21M102017092	MALLA UMA SHANKAR		
24	21M102017093	M CHAITANYA VENKATA SIVA RAM		
25	21M102017094	MANNAVARAM GOPIKA PRIYA		
26	21M102017095	MARAMREDDY TEJESWARA REDDY		
27	21M102017096	MARAPUREDDY THANMAI REDDY		

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S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	21M102017097	MEKALA CHETHANA	M. Chethana	M. Chethana
2	21M102017098	METHUKUMELLI VASAVI	M. Vasavi	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	Meghanandhini	Meghanandhini
7	21M102017105	N V RAMYASREE	N. V. Ramyasree	Ramyasree
8	21M102017106	NAIK FARHEEN BANU	Farheen Banu	Farheen Banu
9	21M102017107	NALLAM LIKHITESWAR	N. Likhiteshwar	N. Likhiteshwar
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	Nilakshi P.S	Nilakshi P.
14	21M102017112	O GOPI SHARNAYA	Gopi Sharnaya	Gopi Sharnaya
15	21M102017113	PAKEER MOHAMMED AFZAL	P. Afzal	P. Afzal
16	21M102017114	PANDI VENKATA SAI CHARAN RAJ	P. V. Scharan	P. V. S Charan
17	21M102017115	PAPIREDDY MOKSHITHA	P. Mokshitha	Mokshitha
18	21M102017116	PATNAMBHALA VIGNESH SANJEEV	P. Vignesh	P. Vignesh
19	21M102017117	POLU SAI SREENIVASA REDDY	P. Saisreenivas Reddy	P. Saisreenivas Reddy
20	21M102017118	PORALA LALITH KUMAR	Lalith	Lalith
21	21M102017119	PRIYA DHARSHINI K	K. Priyadharshini	K. Priyadharshini
22	21M102017120	PUTLURU SANNIDH	P. Sannidh	P. Sannidh
23	21M102017121	RAGIRI BHUVANESH	R. Bhuvanesh	R. Bhuvanesh
24	21M102017122	RAGULA SAI GEETHANAJALI	Geethanjali	Geeth
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

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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 Ahammad	S.Jameel Ahammad
8	21M102017131	SHAIK MANIYAR FATHIMA SAFREEN	M.Fathima Safreen	M.Fathima Safreen
9	21M102017133	SHAIK MUZAHITHULLA	S.Muzahithulla	S.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	Abhigna	Abhigna
15	21M102017139	SUDDULA KAVYA	S.Kavya	S.Kavya
16	21M102017140	SURA SAI DEEPIKA	Saideepika.	Saideepika.
17	21M102017141	SYED ABDUS SAMEE	Abdu. Samee	Abdus Samee
18	21M102017142	TG DEEKSHITA YADAV	T.yadav	T.yadav
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.K.Purushotham	V.K.Purushotham
23	21M102017147	VINUTHA ATHIKARI	Vinutha.A	Vinutha.A
24	21M102017148	YADALAM PRANAV	Y.Pranav	Y.Pranav
25	21M102017149	YASHWANTH P	Yashwanth.P	Yashwanth.P
26	21M102017150	YERVA VARSHA	Y.Varsha	Y.Varsha

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S.No	REGD. No	NAME OF THE STUDENT	PRACTICAL	VIVA
1	20M102017006	BANDI SREE VIDYA	B. Sreevidya	B. Sreevidya
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. Sarvagna.	J. Sarvagna.
5	20M102017042	KOMMAKA INDU	K. Indu	K. Indu
6	20M102017060	M. JAYAVARDHAN NAIK	[illegible]	[illegible]
7	20M102017065	N.V. VICTOR BALAN KUMAR	Vincey	Vincey
8	20M102017076	P. MOUNIKA	P. Mounika	Mounika. P
9	20M102017079	S. MERCY LEONA	S. Mercyleona	[illegible]
10	20M102017080	S. DENY KAMALA	S. Deny.	S. Deny
11	20M102017082	S. ROTHITH SAI KUMAR	S. Rothith	S. [illegible]
12	20M102017090	T. RAHUL	T. Rahul	T. Rahul
13	20M102017095	V. SUHA	V. Suha	V. Suha
14	20M102017098	V. SREE SAILNIVAS PONNAMPALLI	[illegible]	[illegible]
15	20M102017099	YEKKALA LAHARI	Y. Lahari	Y. Lahari
16	20M102017100	Y. LIKHITHA	Y. Likhitha	Y. Likhitha
17	21M102017002	A SIREESHA	A. Sirisha	A. Sirisha
18	21M102017003	ABDUL GANI SHAIK	[illegible]	[illegible]
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	Chaitanya	Chaitanya
27	21M102017012	B S MADHU SUDHAN REDDY	BS Madhusudhan	BS Madhusudhan

AL EXAMINERS

EXTERNAL EXAMINERS

V. Lakshmi

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Dr.NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
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PRACTIICAL EXAMINATIONS :: Dt. 15-02-2025 :: 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 I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
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

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PRACTIICAL 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 I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
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

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PRACTIICAL 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 I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	TOTAL (Marks: 20)	GRAND TOTAL (Marks: 100)
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

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PRACTIICAL 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 TOTAL	VIVA					
						I-Int	II-Int	I-Ext	II-Ext	TOTAL	GRAND TOTAL
	(Marks: 20)	(Marks: 20)	(Marks: 10)	(Marks: 30)	(Marks: 80)	(M:5)	(M:5)	(M:5)	(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

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FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	2 Epid. Exercises	2 Statistical Exercises	5 Spotters	1 CSC Study	PRACTICALS TOTAL	VIVA					
						I-Int	II-Int	I-Ext	II-Ext	TOTAL	GRAND TOTAL
	(Marks: 20)	(Marks: 20)	(Marks: 10)	(Marks: 30)	(Marks: 80)	(M:5)	(M:5)	(M:5)	(M:5)	(Marks: 20)	(Marks: 100)
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

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PRACTIICAL 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					GRAND TOTAL (Marks: 100)
						I-Int (M:5)	II-Int (M:5)	I-Ext (M:5)	II-Ext (M:5)	TOTAL (Marks: 20)	
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**

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PRACTIICAL EXAMINATIONS :: Dt. 15-02-2025
FINAL MBBS (PART-I) COMMUNITY MEDICINE

Reg. No.	PRACTICALS TOTAL (Marks: 80)	VIVA TOTAL (Marks: 20)	GRAND TOTAL (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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. Afsar Fatima	Dr. V. Lakshmi Devi	Dr. B. Sudhakar Babu

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

Reg. No.	PRACTICALS TOTAL (Marks: 80)	VIVA TOTAL (Marks: 20)	GRAND TOTAL (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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. Afsar Fatima	Dr. V. Lakshmi Devi	Dr. B. Sudhakar Babu

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Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTIICAL 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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. Afsar Fatima	Dr. V. Lakshmi Devi	Dr. B. Sudhakar Babu

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SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTIICAL 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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. T. Srigouri	Dr. V. Lakshmi Devi	Dr. B. Sudhakar Babu

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SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTIICAL 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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. T. Srigouri	Dr. V. Lakshmi Devi	Dr. B. Sudhakar Babu

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Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
SANTHIRAM MEDICAL COLLEGE, NANDYAL
PRACTIICAL 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)	(Int Examiner-II)	(Ext Examiner-I)	(Ext Examiner-II)
Dr. M.A.M. Pasha	Dr. T. Srigouri	Dr. V. Lakshmi Devi	Dr. B. Sudhákar Babu

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Doc (13)

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

GUIDELINES FOR THE SCHEME OF UNIVERSITY EXAMINATION

Community Medicine

PRINCIPAL
Santhiram Medical College &
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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.

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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

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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

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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 medicine1st& 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

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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

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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

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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

- 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