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प्रश्न-पुस्तिका संख्या व बारकोड /
Question Booklet No. & Barcode

MPA-25

इस प्रश्न-पुस्तिका को तब तक न खोलें जब तक
कहा न जाए। Do not open this Question
Booklet until you are asked to do so.

पुस्तिका में पृष्ठों की संख्या : 24
Number of Pages in Booklet : 24
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150



Paper Code : 60

Sub : Ophthalmology

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त * Exam Date 03/07/2025.
Time : 02:30 Hours + 10 Minutes Extra *

अधिकतम अंक : 150

Maximum Marks : 150

प्रश्न-पुस्तिका के पेपर की सील/पॉलिथीन बैग को खोलने पर प्रश्न-पत्र हल करने से पूर्व परीक्षार्थी यह सुनिश्चित कर लें कि :

- प्रश्न-पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड संख्या समान हैं।
- प्रश्न-पुस्तिका एवं ओ.एम.आर. उत्तर-पत्रक के सभी पृष्ठ व सभी प्रश्न सही मुद्रित हैं। समस्त प्रश्न, जैसा कि ऊपर वर्णित है, उपलब्ध हैं तथा कोई भी पृष्ठ कम नहीं है / मुद्रण त्रुटि नहीं है। किसी भी प्रकार की विसंगति या दोषपूर्ण होने पर परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। यह सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी। परीक्षा प्रारम्भ होने के 5 मिनट पश्चात् ऐसे किसी दावे/आपत्ति पर कोई विचार नहीं किया जायेगा।

On opening the paper seal/polythene bag of the Question Booklet before attempting the question paper, the candidate should ensure that :

- Question Booklet Number and Barcode Number of OMR Answer Sheet are same.
- All pages & Questions of Question Booklet and OMR Answer Sheet are properly printed. All questions as mentioned above are available and no page is missing/misprinted.

If there is any discrepancy/defect, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this. No claim/objection in this regard will be entertained after five minutes of start of examination.

परीक्षार्थियों के लिए निर्देश

1. प्रत्येक प्रश्न के लिये एक विकल्प भरना अनिवार्य है।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का मात्र एक ही उत्तर दीजिए। एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
4. OMR उत्तर-पत्रक इस प्रश्न-पुस्तिका के अन्दर रखा है। जब आपको प्रश्न-पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल पॉइंट पेन से विवरण भरें।
5. कृपया अपना रोल नम्बर ओ.एम.आर. उत्तर-पत्रक पर सावधानीपूर्वक सही भरें। गलत रोल नम्बर भरने पर परीक्षार्थी स्वयं उत्तरदायी होगा।
6. ओ.एम.आर. उत्तर-पत्रक में करेक्शन पेन/व्हाइटनर/सफेदा का उपयोग निषिद्ध है।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है।
8. प्रत्येक प्रश्न के पाँच विकल्प दिये गये हैं, जिनमें क्रमशः 1, 2, 3, 4, 5 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले (बबल) को उत्तर-पत्रक पर नीले बॉल पॉइंट पेन से गहरा करना है।
9. यदि आप प्रश्न का उत्तर नहीं देना चाहते हैं तो उत्तर-पत्रक में पाँचवें (5) विकल्प को गहरा करें। यदि पाँच में से कोई भी गोला गहरा नहीं किया जाता है, तो ऐसे प्रश्न के लिये प्रश्न अंक का 1/3 भाग काटा जायेगा।
- 10.* प्रश्न-पत्र हल करने के उपरांत अभ्यर्थी अनिवार्य रूप से ओ.एम.आर. उत्तर-पत्रक जाँच लें कि समस्त प्रश्नों के लिये एक विकल्प (गोला) भर दिया गया है। इसके लिये ही निर्धारित समय से 10 मिनट का अतिरिक्त समय दिया गया है।
11. यदि अभ्यर्थी 10% से अधिक प्रश्नों में पाँच विकल्पों में से कोई भी विकल्प अंकित नहीं करता है तो उसको अयोग्य माना जायेगा।
12. मोबाइल फोन अथवा अन्य किसी इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए राजस्थान सार्वजनिक परीक्षा (भर्ती में अनुचित साधनों की रोकथाम अध्याय) अधिनियम, 2022 तथा अन्य प्रभावी कानून एवं आयोग के नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही आयोग ऐसे अभ्यर्थी को भविष्य में होने वाली आयोग की समस्त परीक्षाओं से विवर्जित कर सकता है।

उत्तर-पत्रक में दो प्रतियाँ हैं - मूल प्रति और कार्बन प्रति। परीक्षा समाप्ति पर परीक्षा कक्ष छोड़ने से पूर्व परीक्षार्थी उत्तर-पत्रक की दोनों प्रतियाँ वीक्षक को सौंपेंगे, परीक्षार्थी स्वयं कार्बन प्रति अलग नहीं करें। वीक्षक उत्तर-पत्रक की मूल प्रति को अपने पास जमा कर, कार्बन प्रति को मूल प्रति से कट लाइन से मोड़ कर सावधानीपूर्वक अलग कर परीक्षार्थी को सौंपेंगे, जिसे परीक्षार्थी अपने साथ ले जायेंगे। परीक्षार्थी को उत्तर-पत्रक की कार्बन प्रति चयन प्रक्रिया पूर्ण होने तक सुरक्षित रखनी होगी एवं आयोग द्वारा माँगे जाने पर प्रस्तुत करनी होगी।

INSTRUCTIONS FOR CANDIDATES

1. It is mandatory to fill one option for each question.
2. All questions carry equal marks.
3. Only one answer is to be given for each question. If more than one answers are marked, it would be treated as wrong answer.
4. The OMR Answer Sheet is inside this Question Booklet. When you are directed to open the Question Booklet, take out the Answer Sheet and fill in the particulars carefully with Blue Ball Point Pen only.
5. Please correctly fill your Roll Number in OMR Answer Sheet. Candidates will themselves be responsible for filling wrong Roll No.
6. Use of Correction Pen/Whitener in the OMR Answer Sheet is strictly forbidden.
7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question.
8. Each question has five options marked as 1, 2, 3, 4, 5. You have to darken only one circle (bubble) indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
9. If you are not attempting a question then you have to darken the circle '5'. If none of the five circles is darkened, one third (1/3) part of the marks of question shall be deducted.
- 10.* After solving question paper, candidate must ascertain that he/she has darkened one of the circles (bubbles) for each of the questions. Extra time of 10 minutes beyond scheduled time, is provided for this.
11. A candidate who has not darkened any of the five circles in more than 10% questions shall be disqualified.
12. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt with as per rules.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would be liable to be prosecuted under Rajasthan Public Examination (Measures for Prevention of Unfair means in Recruitment) Act, 2022 & any other laws applicable and Commission's Rules-Regulations. Commission may also debar him/her permanently from all future examinations.

1. A person on roplas test finding in patient with dacryocystitis with atonic sac will have
 - (1) Clear, mucoid or mucopurulent regurgitation on pressure over the sac
 - (2) Regurgitation test positive with bloodtinged fluid
 - (3) No regurgitation of fluid through the punctum while pressing over a distended sac and the sac remains dilated
 - (4) No regurgitation of fluid through the punctum while pressing over a distended sac but the sac empties into the nose
 - (5) Question not attempted
2. In which of this condition Pseudoptosis is present ?
 - (1) Hyperthyroidism
 - (2) Dermatochalasis
 - (3) Myasthenia gravis
 - (4) Horner syndrome
 - (5) Question not attempted
3. The most common tumor that spreads into the orbit from the intracranial cavity is -
 - (1) Astrocytoma
 - (2) Pituitary adenoma
 - (3) Sphenoid wing meningioma
 - (4) Neurofibroma
 - (5) Question not attempted
4. A 72 year old female presents with normal visual acuity, diminished corneal sensation & global impairment of ocular motility of right eye. MRI shows enhancing mass within Rt. cavernous sinus. Condition respond dramatically to corticosteroid therapy. What is the most likely diagnosis ?
 - (1) Carotid-cavernous sinus fistula
 - (2) Meningioma of cavernous sinus
 - (3) Internal carotid aneurysm
 - (4) Tolosa-Hunt syndrome
 - (5) Question not attempted
5. Which of the retinoblastoma are predisposed to nonocular tumors like pinealoblastoma ?
 - (1) Non heritable
 - (2) Risk in family members
 - (3) Heritable
 - (4) None of these
 - (5) Question not attempted
6. The direction of nasolacrimal duct is
 - (1) Downward forwards and backwards
 - (2) Downward outwards and backward
 - (3) Backwards downward outwards
 - (4) Straight
 - (5) Question not attempted

7. A feasible alternative to surgery in extensive Ocular Surface Squamous Neoplasia (OSSN) is
- (1) 5 fluorouracil
 - (2) Mitomycin
 - (3) Interferon alpha-2b
 - (4) Cyclosporine 1%
 - (5) Question not attempted
8. What is the most accurate diagnostic investigations for dry eye syndrome?
- (1) Fluorescein clearance test
 - (2) Tear film osmolarity
 - (3) Tear constituent
 - (4) Phenol red test
 - (5) Question not attempted
9. Which statement does not characterise scleromalacia perforans?
- (1) Accounts for 5% cases of scleritis.
 - (2) More common in elderly women.
 - (3) It is progressive scleral thinning with inflammation.
 - (4) Patch grafting done for repair of scleral perforation.
 - (5) Question not attempted
10. Choose the incorrect option for conjunctival follicles –
- (1) Conjunctiva of new born does not produce follicles till 2 – 3 months of age
 - (2) Follicles are present in subepithelial adenoid layer of conjunctiva.
 - (3) Slit lamp may be needed to differentiate between follicles and papillae.
 - (4) Follicles are Hyperplasia of normal vascular system.
 - (5) Question not attempted
11. All are characteristic features of ligneous conjunctivitis, except –
- (1) Pseudomembranous lesions of wood like consistency present on tarsal conjunctiva.
 - (2) Pulmonary involvement is life threatening.
 - (3) Recurrences are rare after surgical removal.
 - (4) None of these
 - (5) Question not attempted
12. What will be the prognosis if the patient with alkali burn has clinical finding (clock hours of limbal involvement) > 3-6 clock hours and conjunctival involvement > 30-50%?
- (1) Very good
 - (2) Good
 - (3) Poor
 - (4) Very poor
 - (5) Question not attempted

13. In VKC keratopathy is seen in form of recurrent disease with paralimbal band of superficial scarring resembling arcus senilis is term

- (1) Shield ulcers
- (2) Pseudogerontoxon
- (3) Horner trantas dots
- (4) Giant papillae
- (5) Question not attempted

14. Sclera is thinnest at

- (1) Point of ocular muscle insertion
- (2) Posterior pole
- (3) Pars plana
- (4) Equator
- (5) Question not attempted

15. Which of the following is not a correct statement for nodular Episcleritis ?

- (1) Females are more affected.
- (2) Underlying scleritis is common.
- (3) Commonly self resolving condition.
- (4) Anterior chamber reaction is uncommon.
- (5) Question not attempted

16. A patient underwent phacoemulsification who had already undergone in both eye PRK patient, extra caution is needed in calculating IOI power by which formula ?

- (1) Barrett's true K formula
- (2) Holladays
- (3) SRK-T formula
- (4) Hoffer Q
- (5) Question not attempted

17. Which systemic disease is not correctly matched with type of cataract ?

- (1) Dystrophia myotonica — Christmas tree
- (2) Atopic dermatitis — Shield cataract
- (3) Down syndrome — Snowflakes cataract
- (4) Nonionising radiation — Posterior Subcapsular cataract
- (5) Question not attempted

18. Which is not a feature of BSS plus ?

- (1) Physiologically similar to Aqueous & vitreous.
- (2) Glucose & Glutathione are important ingredients.
- (3) Sodium acetate and citrate are buffers.
- (4) Bicarbonates are buffers.
- (5) Question not attempted

19. Choose the correct statement for Sub-Tenon's block
- (1) Profound Akinesia
 - (2) Risk of globe perforation
 - (3) High rate of chemosis and sub-conjunctival haemorrhage.
 - (4) Myotoxicity
 - (5) Question not attempted
20. Which statement is not correct in Pseudophatic dysphotopsia ?
- (1) Associated with uncomplicated cataract surgery.
 - (2) Square-edge IoL's cause positive dysphotopsia
 - (3) Secondary reverse optic capture can increase dysphotopsia.
 - (4) Diffractive optic dysphotopsia manifest as star-bursts or spider-web.
 - (5) Question not attempted
21. Which of the following is false about Anterior Capsular Opacification (ACO) ?
- (1) ACO occurs earlier than PCO.
 - (2) More common with Silicone IoL's.
 - (3) More chances of ACO if capsulorrhexis size is larger than size of optic of IoL.
 - (4) Less common with hydrophobic acrylic lenses.
 - (5) Question not attempted
22. Which is not correct for anatomy of lens ?
- (1) Lens epithelium is single layered.
 - (2) Youngest lens fibers are most superficial.
 - (3) Lens epithelial cells are interconnected by zona occludeus.
 - (4) 90% mass of lens fibers madeup of crystallins proteins.
 - (5) Question not attempted
23. Which is not a characteristic feature of lens metabolism ?
- (1) Metabolism of lens is mainly anaerobic.
 - (2) Lactate produced by anaerobic metabolism diffuses into vitreous.
 - (3) Lens composed of 64% of water.
 - (4) Major lens proteins are alpha & beta crystallins.
 - (5) Question not attempted
24. According to Moorfields eye hospital, high risk patient with neovascular glaucoma the concentration of mitomycin should be
- (1) 0.2 mg/ml for 3 min
 - (2) 0.5 mg/ml for 3 min
 - (3) 0.7 mg/ml for 3 min
 - (4) 1 mg/ml for 3 min
 - (5) Question not attempted

25. Which of the following is not a punctate cataract ?
- (1) Cataracta coerulea
 - (2) Sutural cataract
 - (3) Coralliform cataract
 - (4) Blue dot cataract
 - (5) Question not attempted
26. Which of this condition will not be relieved by iridotomy ? Also usually the intraocular pressure in this condition is on lower side.
- (1) Aqueous misdirection syndrome
 - (2) Pupillary block
 - (3) Suprachoroidal hemorrhage
 - (4) Serous choroidal effusions
 - (5) Question not attempted
27. A true diabetic cataract is also known as
- (1) Sunflower cataract
 - (2) Rosette-shaped cataract
 - (3) Snow-storm cataract
 - (4) Corneal cataract
 - (5) Question not attempted
28. Which one is not a cause of nonglaucomatous optic neuropathy ?
- (1) Dominant optic atrophy
 - (2) Prior nonarteritic or arteritic ischemic optic neuropathy
 - (3) Superior segmental optic nerve hypoplasia
 - (4) Drug induced like (INH)
 - (5) Question not attempted
29. What is Glaucomflecken ?
- (1) Glaucoma due to acute Uveitis
 - (2) Corneal opacity due to glaucoma
 - (3) Lens opacities due to glaucoma
 - (4) Retinal detachment due to glaucoma
 - (5) Question not attempted
30. A patient has following parameter that is Intraocular pressure greater than or equal to 21 – 28 mmHg. No evidence of optic neuropathy, Normal visual fields, Open and normal angle anatomy, perimetry was within normal limit. What will you do ?
- (1) Observe
 - (2) Start antiglaucoma medication
 - (3) Do CCT and nerve fibre analysis
 - (4) Screen for diabetes and hypertension
 - (5) Question not attempted
31. Microperimetry is a visual field test that measures
- (1) Advance glaucoma
 - (2) Retinal sensitivity with macular disease
 - (3) Retinal detachment
 - (4) Non glaucoma changes
 - (5) Question not attempted

32. The most important summary values ('global indices' on the HFA) is
- (1) Visual field index
 - (2) Mean deviation
 - (3) Gray scale
 - (4) Pattern standard deviation
 - (5) Question not attempted
33. The treatment of choice for advance congenital glaucoma is
- (1) MIGS
 - (2) Istent
 - (3) GATT
 - (4) Trabeculotomy + trabeculectomy
 - (5) Question not attempted
34. The best site for migs surgery according to aqueous drainage is
- (1) Inferonasal quadrant
 - (2) Supronasal quadrant
 - (3) Inferotemporal quadrant
 - (4) Suprotemporal quadrant
 - (5) Question not attempted
35. The most common cause of opticociliary shunt is
- (1) Glaucoma
 - (2) Idiopathic intracranial hypertension
 - (3) Central retinal vein occlusion
 - (4) Optic nerve sheath meningioma
 - (5) Question not attempted
36. All are features of rosacea keratitis except –
- (1) Cornea heavily vascularised
 - (2) Associated Blepharo conjunctivitis
 - (3) Central superficial ulcer
 - (4) Progresses to involve whole cornea
 - (5) Question not attempted
37. All are true for Mooren's ulcer except
- (1) Peripheral ulcerative keratitis
 - (2) Advancing edge is undermined
 - (3) Perforation is common
 - (4) Floor of ulcer quickly vascularised
 - (5) Question not attempted
38. Which statement is true about Keratoglobus ?
- (1) Butterfly appearance on topography
 - (2) Inferior corneal thinning
 - (3) Limbus to limbus thinning with irregular astigmatism
 - (4) Against the rule astigmatism
 - (5) Question not attempted

39. Which of the following is not a feature of limbal stem cells ?
- (1) Life span is life-long
 - (2) Express 64-K0 protein K3
 - (3) Express Keratin-19
 - (4) They do not have direct cell to cell communication by Gap junctions.
 - (5) Question not attempted
40. Viral disciform keratitis has which type of hypersensitivity reaction ?
- (1) Type 1
 - (2) Type 2
 - (3) Type 3
 - (4) Type 4
 - (5) Question not attempted
41. Which of the following is not a component of Urrets-Zavalía syndrome ?
- (1) Stromal atrophy of Iris
 - (2) Ectropion Uvea
 - (3) Discrete capsular opacities
 - (4) Multiple posterior synechiae
 - (5) Question not attempted
42. Under hypoxic conditions, which of the following substances is strongly implicated as a cause of corneal edema ?
- (1) Lactate
 - (2) Glycogen
 - (3) Carbon dioxide
 - (4) Pyruvate
 - (5) Question not attempted
43. If a patient's age is around 80 years, what is normal endothelial cell count ?
- (1) 1500-2000
 - (2) 1000-1500
 - (3) 2500
 - (4) 3000
 - (5) Question not attempted
44. In which of the condition specular microscopy with polymorphism, polymegathism, decreased endothelial cell count is seen ?
- (1) Posterior Polymorphous Corneal Dystrophy (PPCD)
 - (2) Congenital Hereditary Endothelial Dystrophy (CHED)
 - (3) Iridocorneal polymorphous corneal dystrophy (Chandler's syndrome) (ICE)
 - (4) Fuch's Endothelial Corneal Dystrophy (FECD)
 - (5) Question not attempted
45. Forme fruste keratoconus is
- (1) Normal cornea with fellow eye having keratoconus
 - (2) Family history of keratoconus
 - (3) Corneal hysteresis on ocular response analyzer is abnormal but there are no obvious clinical sign of keratoconus
 - (4) None of these
 - (5) Question not attempted

46. Eibos system or biom system in operating microscope for surgery is used for

- (1) Cataract surgery
- (2) Retinal surgery
- (3) Laser surgery
- (4) Glaucoma surgery
- (5) Question not attempted

47. Senile Retinoschisis is characterised by all, except –

- (1) Splitting of retina at outer plexiform layer
- (2) Occurs most commonly in lower nasal quadrant
- (3) More common in hypermetropes
- (4) It produces absolute field defects
- (5) Question not attempted

48. According to international classification for intraocular retinoblastoma, Group-E very high risk group, features are all, except –

- (1) Tumor necrosis with aseptic orbital cellulitis
- (2) Neovascular glaucoma
- (3) Tumor touching the lens
- (4) Diffuse or massive vitreous disease
- (5) Question not attempted

49. All of the following retinal diseases are autosomal recessive except

- (1) Oguchi disease
- (2) Wagner's disease
- (3) Gyrate atrophy
- (4) Achromatopsia
- (5) Question not attempted

50. Which of the following is autosomal recessive hereditary macular dystrophy ?

- (1) North Carolina macular dystrophy
- (2) Sorsby fundus dystrophy
- (3) Stargardt disease
- (4) Alport syndrome
- (5) Question not attempted

51. A patient if on fundal examination glow is brown there are jiggly movements and ultra sonography shows the typical double peaked sign of a membrane arising from the equator till ora the most likely diagnosis is

- (1) Retinal detachment
- (2) Choroidal detachment
- (3) Retinosehsis
- (4) Retinal dialysis
- (5) Question not attempted

52. A patient had neovascular glaucoma on examination fundus he had diabetic retinopathy with CSME. What is sequence treatment plan which you should start ?

- (1) Filtration surgery followed by PRP followed by antivegf
- (2) Antivegf followed by filtration surgery followed by PRP
- (3) Filtration surgery followed by antivegf followed by PRP
- (4) PRP followed by filtration surgery followed by antivegf
- (5) Question not attempted

53. What clinical test can differentiate a macular pseudo-hole from a full-thickness macular hole that complicates an ERM ?

- (1) The Watzke-Allen (slit beam)
- (2) Fundus photography
- (3) Ophthalmoscopy
- (4) Transillumination
- (5) Question not attempted

54. Which is the drug strongly contra indicated in CSR ?

- (1) Bromifenc
- (2) Nepafenac
- (3) Prednisolone
- (4) Dorzolamide
- (5) Question not attempted

55. The selection of external drainage site of subretinal fluid is most preferable

- (1) To drain just above or below the horizontal meridian either temporally or nasally
- (2) Near the major choroidal vessels and vortex veins.
- (3) To drain where the amount of fluid is greatest
- (4) Drainage inside the bed of the buckle
- (5) Question not attempted

56. All the following are true for Vogt-Koyanagi-Harada syndrome, except-

- (1) More common in Japanese people who are usually positive for HLA-B27.
- (2) Ocular lesions are - chronic exudative iridocyclitis with exudative choroiditis.
- (3) CSF abnormalities like pleocytosis.
- (4) Cutaneous lesions are Alopecia, Poliosis, Vitiligo
- (5) Question not attempted

57. All are characteristic features of Fuch's heterochromic iridocyclitis except -

- (1) Presence of few keratic precipitates.
- (2) Associated with disturbance of sympathetic nerve supply
- (3) Cataract development is not common.
- (4) Amsler sign is associated with this condition.
- (5) Question not attempted

58. Most common ocular features of cat scratch disease is :

- (1) Neuroretinitis
- (2) Focal Retinochoroiditis
- (3) Optic nerve head angiomatous lesion
- (4) Conjunctival granuloma with associated preauricular lymphadenopathy.
- (5) Question not attempted

59. What is the grading if number of cells/field is 16-25 as per Standardization of Uveitis Nomenclature (SUN) workshop (2004) consensus for an anterior chamber ?

- (1) 1+
- (2) 3+
- (3) 2+
- (4) 4+
- (5) Question not attempted

60. Which is not secondary causes of choroidal neovascularization ?

- (1) Pathological myopia
- (2) Angioid streaks
- (3) Inflammatory causes like panuveitis
- (4) Central serous chorioretinopathy
- (5) Question not attempted

61. Which is not a feature of Fuch's hetrochromic iridocyclitis ?

- (1) Presence of patchy atrophy of iris & sphincter
- (2) Small fine peripheral anterior synechia
- (3) Formation of posterior synechia
- (4) Small round discrete keratitic precipitate
- (5) Question not attempted

62. Which of the following is not a feature of intermediate Uveitis ?

- (1) Females are more commonly affected.
- (2) In 80% of cases it is unilateral.
- (3) Floaters are common.
- (4) Snow ball like exudates present near ora serrata.
- (5) Question not attempted

63. Granulomatous Uveitis associated with all except -

- (1) Syphilis
- (2) Herpes simplex
- (3) Sarcoidosis
- (4) Posner-Schlossman syndrome
- (5) Question not attempted

64. Which is not true for Bechet's syndrome ?
- (1) Associated with obliterative retinal vasculitis.
 - (2) Low grade iridocyclitis is seen.
 - (3) Associated with HLA-B5 Antigen
 - (4) Oral & Genital ulcers are common.
 - (5) Question not attempted
65. Amsler sign is seen in
- (1) Fuch's uveitis
 - (2) Chronic tuberculosis
 - (3) Endophthalmitis
 - (4) Pars planitis
 - (5) Question not attempted
66. Which HLA phenotype not causing uveitis ?
- (1) HLA - 10
 - (2) HLA - B27
 - (3) HLA - B-5
 - (4) HLA - BW54
 - (5) Question not attempted
67. Puff balls opacities are seen in vitreous in
- (1) Pars planitis
 - (2) Bacterial endophthalmitis
 - (3) Traumatic vitreous detachment
 - (4) Fungal endophthalmitis
 - (5) Question not attempted
68. Brown's syndrome simulates which muscle palsy ?
- (1) Superior oblique
 - (2) Superior rectus
 - (3) Inferior oblique
 - (4) Inferior rectus
 - (5) Question not attempted
69. Which one of is not paired agonists in opposite eye ?
- (1) Left inferior rectus - right superior oblique
 - (2) Left superior oblique - right inferior rectus
 - (3) Left inferior oblique - right superior rectus
 - (4) Left superior rectus - right superior oblique
 - (5) Question not attempted
70. The limits bounded by the equator to which certain extracocular muscles may be recessed is
- (1) 5 mm for the medial rectus, 7 mm for the lateral rectus and 3 mm for inferior and superior rectus
 - (2) 6 mm for the medial rectus, 8 mm for the lateral rectus and 4 mm for inferior and superior rectus
 - (3) 7 mm for the medial rectus, 9 mm for the lateral rectus and 5 mm for inferior and superior rectus
 - (4) 8 mm for the medial rectus, 10 mm for the lateral rectus and 6 mm for inferior and superior rectus
 - (5) Question not attempted

71. Paralytic squint present with all except –

- (1) Deviation
- (2) False orientation
- (3) Stereopsis
- (4) Diplopia
- (5) Question not attempted

72. A 3 year old child present with right convergent squint of 6 months duration. Choose the most appropriate treatment strategy –

- (1) Immediate surgical correction followed by Amblyopia therapy.
- (2) Proper refractive correction, Amblyopia therapy followed by surgical correction.
- (3) Prescription of spectacles and defer surgery until 5 yrs.
- (4) Botulinum toxin injection followed by occlusion therapy.
- (5) Question not attempted

73. Which of the following is not a motor adaptation to strabismus ?

- (1) A face turn
- (2) Supression
- (3) Head tilt
- (4) Chin elevation/depression
- (5) Question not attempted

74. Microtropia is not characterised by which of the following ?

- (1) It is a small angle squint
- (2) Anomalous retinal correspondence is present
- (3) Usually not associated with anisometropia
- (4) Also known as monofixation syndrome
- (5) Question not attempted

75. Uncrossed diplopia seen in

- (1) Exophoria
- (2) Exotropia
- (3) Esophoria
- (4) Esotropia
- (5) Question not attempted

76. Type of miner's nystagmus is

- (1) Lateral (2) Rotatory
- (3) Vertical (4) Inferior
- (5) Question not attempted

77. Most common type of optic nerve glioma is

- (1) Pilocytic (2) Fibrous
- (3) Gemio cytic (4) Mixed
- (5) Question not attempted

78. Multiple Endocrine Neoplasia Syndrome type 1 does not involve

- (1) Pituitary
- (2) Thyroid
- (3) Parathyroid
- (4) Pancreas
- (5) Question not attempted

79. Which of the following chemotherapy commonly used in Retinoblastoma ?

- (1) Vinblastine, Etoposide and Bleomycin
- (2) Vinblastine, Vincristine and Etoposide
- (3) Vincristine, Carboplatin and Etoposide
- (4) Vinblastine, Vincristine and Cisplatin.
- (5) Question not attempted

80. Infantile Nystagmus syndrome characterise by all, except

- (1) Most common form of Nystagmus
- (2) It is a high frequency horizontal Nystagmus
- (3) Associated with other central nervous system disorders.
- (4) Patients with congenital motor Nystagmus exhibit a head turn.
- (5) Question not attempted

81. A patient had sudden third nerve palsy, on examination his vision in right eye is 6/12, iop was normal and the pupillary reaction was normal, fundus was normal, the other eye was normal. What is your probable diagnosis ?

- (1) Diabetes (2) Aneurysm
- (3) Vasculitis (4) Syphilis
- (5) Question not attempted

82. Relative Afferent Pupillary Defects (rAPD). Which is not correct ?

- (1) Swinging flashlight test used to assess rAPD.
- (2) Bilateral symmetrical damage does not produce rAPD.
- (3) rAPD is proportional to amount of visual loss.
- (4) Significant rAPD indicate optic neuropathy.
- (5) Question not attempted

83. In herpes zoster ophthalmicus least involved nerve is

- (1) Facial nerve
- (2) Intraorbital
- (3) Lacrimal
- (4) Nasociliary
- (5) Question not attempted

84. Which is not a manifestation of orbital apex syndrome ?

- (1) Complete ophthalmoplegia
- (2) Ptosis
- (3) Incomplete ophthalmoplegia
- (4) Decreased corneal sensation
- (5) Question not attempted

85. Occipital lobe tumors may produce

- (1) Crossed homonymous hemianopia
- (2) Crossed homonymous quadrantanopia
- (3) Crossed homonymous hemianopia and Crossed homonymous quadrantanopia
- (4) None of these
- (5) Question not attempted

86. Opticokinetic nystagmus is fully developed in the childhood by age of
- (1) 3 months (2) 6 months
 - (3) 9 months (4) 2 years
 - (5) Question not attempted
87. Choose incorrect option for optic atrophy –
- (1) Temporal pallor of optic disc indicate papillomacular fibres atrophy
 - (2) Paton lines are seen in secondary optic atrophy
 - (3) Toxic & nutritional optic neuropathy leads to consecutive optic atrophy.
 - (4) Waxy disc with preserved architecture seen in consecutive optic atrophy.
 - (5) Question not attempted
88. What are the exact contents of mydricine?
- (1) Phenylephrine, Adrenaline solution, 1 in 1000 0.12 ml, Procaine 6 mg, Diluent to 0.3 ml
 - (2) Tropicamide, Adrenaline solution, 1 in 1000 0.12 ml, Procaine 6 mg, Diluent to 0.3 ml
 - (3) Atropine 1 mg, Adrenaline solution, 1 in 1000 0.12 ml, Procaine 6 mg, Diluent to 0.3 ml
 - (4) Homatropine, Adrenaline solution, 1 in 1000 0.12 ml, Procaine 6 mg, Diluent to 0.3 ml
 - (5) Question not attempted
89. Dose of Ganciclovir is
- (1) 1 mg/kg body weight
 - (2) 3 mg/kg body weight
 - (3) 5 mg/kg body weight
 - (4) 10 mg/kg body weight
 - (5) Question not attempted
90. Soft contact lenses are not commonly used to deliver which of the following drugs?
- (1) Antibiotics for keratitis
 - (2) Pilocarpine 1% for angle closure glaucoma
 - (3) Antivirals for keratitis
 - (4) Antifungals for keratitis
 - (5) Question not attempted
91. Earliest clinical manifestation of siderosis is –
- (1) Heterochromia iridis
 - (2) Mydriasis
 - (3) Deposition of iron in anterior capsular cells of lens
 - (4) Secondary glaucoma
 - (5) Question not attempted
92. Which is incorrect for angle recession?
- (1) Rupture of ciliary body near its posterior attachment is defined as angle recession.
 - (2) Glaucoma occurs when recession involve more than three quadrants.
 - (3) On Gonioscopy irregular widening of ciliary body face is seen.
 - (4) Trabeculectomy is generally effective treatment.
 - (5) Question not attempted

93. Which of the following is not a mechanism of Alkali burns ?
- (1) Saponification of fatty acids of cell membranes.
 - (2) Denaturation & precipitation of proteins.
 - (3) Destruction of collagen & proteoglycan in stroma
 - (4) Necrosis of surface epithelium
 - (5) Question not attempted
94. First symptom of sympathetic ophthalmitis
- (1) Photophobia
 - (2) Loss of vision
 - (3) Diplopia
 - (4) Ptosis
 - (5) Question not attempted
95. Legal blindness is defined as vision in better eye less than –
- (1) 6/60 (2) 3/60
 - (3) 1/60 (4) 4/60
 - (5) Question not attempted
96. According to National Blindness and Visual Impairment Survey India 2015-2019, what percentage of blindness is due to cataract surgery complication ?
- (1) 7.4% (2) 7.2%
 - (3) 5.5% (4) 5.9%
 - (5) Question not attempted
97. Which is latest therapy for amblyopia ?
- (1) Patching (occlusion therapy)
 - (2) Atropine drops (pharmacological penalization)
 - (3) Software based dichoptic therapy
 - (4) Orthoptic exercises (vision therapy)
 - (5) Question not attempted
98. In vision 2020, Right to Sight in India has been adopted in which year ?
- (1) 2000 (2) 2001
 - (3) 2002 (4) 2005
 - (5) Question not attempted
99. Cataract is least common in which of the following disease ?
- (1) Wilson's disease
 - (2) Hypoparathyroidism
 - (3) Diabetes mellitus
 - (4) Hyperthyroidism
 - (5) Question not attempted
100. Bull's eye maculopathy is common after use of which drugs ?
- (1) Corticosteroids
 - (2) Chloroquine
 - (3) Chloramphenicol
 - (4) Chlorpropamide
 - (5) Question not attempted

101. Which of the following is a late manifestation of congenital syphilis ?

- (1) Microphthalmia
- (2) Chorio-retinitis
- (3) Congenital Glaucoma
- (4) Interstitial keratitis
- (5) Question not attempted

102. Which of the following is not used as a tissue adhesive ?

- (1) N-butyl cyanoacrylate
- (2) N-butyl ether cyanoacrylate
- (3) N-butyl ester cyanoacrylate
- (4) N-butyl 2-cyanoacrylate
- (5) Question not attempted

103. Which of the following is not correct for corneal inlays ?

- (1) Used to correct myopia or hyperopia
- (2) Placement in the stroma
- (3) Stromal opacities are major complication
- (4) Polysulfone & PMMA corneal inlays are better tolerated
- (5) Question not attempted

104. Which is not true for intra-lase FS ?

- (1) Clinically available femtosecond laser surgical system
- (2) Has low repetition rate
- (3) Used for posterior lamellar keratoplasty
- (4) Used for channel formation for intracorneal ring segments.
- (5) Question not attempted

105. Which statement is true for DEXYCU ?

- (1) It is a type of intracanalicular insert
- (2) Work for period of a month
- (3) Paced transzonularly
- (4) Intracameral dexamethasone drug delivery suspension
- (5) Question not attempted

106. All are true about CAPSU laser, except

- (1) It is a thermal laser
- (2) Acts in a continuous manner
- (3) Trypan blue staining of anterior capsule is not required
- (4) Purkinje images help to centralise the capsulectomy
- (5) Question not attempted

107. Factor that is not responsible for transparency of lens is

- (1) Lamellar arrangement of lens fibres.
- (2) Thin & Avascular epithelium
- (3) Low concentration of Glutathione
- (4) Alpha crystallins.
- (5) Question not attempted

108. The commonest site of retinal break

- (1) Upper temporal
- (2) Upper nasal
- (3) Lower temporal
- (4) Lower nasal
- (5) Question not attempted

109. Which of the following study is not related to haemorrhagic AMD ?

- (1) Marina study
- (2) Anchor study
- (3) Harbour study
- (4) MUTT study
- (5) Question not attempted

110. What is the cause that doesn't cause hypofluorescence on fluorescein angiography ?

- (1) Hyperplasia of RPE
- (2) Xanthophyll
- (3) Lipofuscin
- (4) Cystoid macular oedema
- (5) Question not attempted

111. BPES is a complex of eyelid malformation including all, except

- (1) Ptosis
- (2) Telecanthus
- (3) Hypertelorism
- (4) Blepharophimosis
- (5) Question not attempted

112. What is this stage when the child has retinopathy of prematurity with extraretinal fibrovascular proliferation which extends from the ridge into the vitreous ?

- (1) Stage 1 (2) Stage 2
- (3) Stage 3 (4) Stage 4
- (5) Question not attempted

113. False about Molluscum Contagiosum is –

- (1) Caused by POX virus
- (2) Henderson-Patterson inclusion bodies are present
- (3) May cause chronic follicular conjunctivitis
- (4) Spontaneous resolution is uncommon
- (5) Question not attempted

114. According to fundus finding in hypertensive eye disease grade 3 hypertensive retinopathy is

- (1) Retinal haemorrhages (dot, blot, flame), exudates (chronic retinal oedema may result in the deposition of hard exudates around the fovea as a macular star and cotton wool spots
- (2) Retinal haemorrhages + macular star + optic disc swelling
- (3) Focal arteriolar narrowing (copper wiring + arteriovenous nipping)
- (4) None of these
- (5) Question not attempted

115. When imaging of chloroquine retinopathy, the classical sign on Oct is

- (1) Flying saucer sign
- (2) Cherry red sign
- (3) Salt and pepper sign
- (4) Crystalline maculopathy
- (5) Question not attempted

116. Choose incorrect option for Age related macular degeneration (ARMD) –

- (1) It is nonhereditary
- (2) Drusen is earliest clinical finding.
- (3) 90% of acquired cases are exudative type.
- (4) FFA shows lace like appearance.
- (5) Question not attempted

117. Which retinal degeneration least likely to predispose retinal detachment ?

- (1) Lattice degeneration
- (2) Snail track degeneration
- (3) Focal pigment clumps
- (4) Paving stone degeneration
- (5) Question not attempted

118. Following structure does not participate in formation of blood ocular barrier in posterior segment ?

- (1) Walls of retinal vessels
- (2) Bruch's membrane
- (3) Ciliary epithelium
- (4) Retinal pigment epithelium
- (5) Question not attempted

119. What are the two most important treatment to be added if patient has hypopyon ulcer ?

- (1) Homatropine + gatifloxacin 0.3%
- (2) Atropine + fortified eye drops
- (3) Tropicamide + fortified eye drops
- (4) Homatropine + moxifloxacin eye drops
- (5) Question not attempted

120. If a patient has dry looking ulcer with feathery margins, satellite lesions, ring ulcer, endothelial plaque, pigmentation in keratitis, what disease specific keratitis it is ?

- (1) Fungal
- (2) Acanthamoeba
- (3) Pseudomonas
- (4) Atypical bacteria
- (5) Question not attempted

121. A corneal donor button can be stored in McCarey-Kaufman medium storage for how many days ?

- (1) 4 days
- (2) 10 days
- (3) 15 days
- (4) 20 days
- (5) Question not attempted

122. Normal range of central corneal thickness measured by pachymetry or by Orbscan is

- (1) $540 \pm 30 \mu\text{m}$
- (2) $510 \pm 30 \mu\text{m}$
- (3) $560 \pm 90 \mu\text{m}$
- (4) $580 \pm 60 \mu\text{m}$
- (5) Question not attempted

123. Corneal hysteresis is measured by

- (1) Pneumotonometry
- (2) Dynamic contour tonometry
- (3) Rebound tonometry
- (4) Ocular response analyser
- (5) Question not attempted

124. What is true about Hypotonic collagen cross linking?

- (1) If the cornea thickness is $<400 \mu$ ($320 - 400 \mu$)
- (2) Riboflavin 0.1% is used in 20% dextran
- (3) Corneal thickness increases
- (4) Epithelium may be removed or not removed
- (5) Question not attempted

125. The most common type of acquired melanocytic naevus is -

- (1) Junctional
- (2) Compound
- (3) Intradermal
- (4) Variant of naevus
- (5) Question not attempted

126. Limbal depigmentation (Sugiura's sign) is seen in

- (1) Behcet's disease
- (2) Vogt Koyanagi Harada disease
- (3) Multifocal choroiditis
- (4) Sarcoidosis
- (5) Question not attempted

127. Describe the incision of lacrimal sac surgery for dacryocystorhinostomy.

- (1) A straight incision of 20mm long about 3mm to the nasal side of the medial canthus.
- (2) An incision is made 20mm long about 6mm to the nasal side of the medial canthus.
- (3) A curved incision is made 20mm long beginning 3mm above the medial palpebral tendon and 3mm to the nasal side of the medial canthus, passing vertically for 5mm, then curving downwards and laterally along the anterior lacrimal crest.
- (4) A curved incision is made 10 mm long beginning 3mm above the medial palpebral tendon and 7 to 8mm to the nasal side of the medial canthus, passing vertically for 5mm, then curving downwards and laterally along the anterior lacrimal crest.
- (5) Question not attempted

128. All structures derived from neural crest, except –

- (1) Trabecular meshwork
- (2) Ciliary muscles
- (3) Orbital connective tissue
- (4) Ciliary Epithelium
- (5) Question not attempted

129. Starting from posterior to anterior, the angle recess is formed by following structures :

- (1) Ciliary band, Scleral spur, Trabecular meshwork, Schwalbe's line
- (2) Scleral spur, Trabecular meshwork, Ciliary band, Schwalbe's line
- (3) Schwalbe's line, Trabecular meshwork, Scleral spur, Ciliary band
- (4) Trabecular meshwork, Ciliary band, Schwalbe's line, Scleral spur
- (5) Question not attempted

130. The first to fully develop earliest after birth within 1 year is

- (1) Preferential looking
- (2) VEP
- (3) Ocular alignment
- (4) Optokinetic nystagmus
- (5) Question not attempted

131. Choose the incorrect statement about posterior ciliary veins (vortex veins)

- (1) Usually 4 in number
- (2) Superior temporal vortex vein is most anterior.
- (3) At choroidal end, they have ampulliform dilatation.
- (4) Drain blood from whole of choroid.
- (5) Question not attempted

132. The best incision for sics to cause least astigmatism is

- (1) Straight incision
- (2) Frown incision
- (3) Chevron incision
- (4) Trapezoid incision
- (5) Question not attempted

133. Tritanopia is

- (1) Absence of L (red) Cone Pigment
- (2) Absence of M (green) Cone Pigment
- (3) Absence of S (blue) Cone Pigment
- (4) All of these
- (5) Question not attempted

134. Which is not a cause of Plasmoid Aqueous ?

- (1) Vasodilator drugs
- (2) Iridocyclitis
- (3) Sudden rise in Intraocular pressure
- (4) Choroiditis
- (5) Question not attempted

135. ERG has important primary diagnostic role in

- (1) Diabetic retinopathy
- (2) Retinal detachment
- (3) Chloroquine toxicity
- (4) Leber's amaurosis
- (5) Question not attempted

136. What are konio cells involved in transmitting ?

- (1) Motion (2) Stereo
- (3) Form (4) Colour
- (5) Question not attempted

137. Among the Purkinje images in the eye, which image is inverted ?

- (1) Image 1 (2) Image 2
- (3) Image 3 (4) Image 4
- (5) Question not attempted

138. What is the angle formed between the optical axis and visual axis at the nodal point ?

- (1) Angle Alpha
- (2) Angle Lambda
- (3) Angle Kappa
- (4) Angle Gamma
- (5) Question not attempted

139. 2mm shortening of antero-posterior diameter of eye will result in which of the following refractive error?

- (1) 3D Myopia
- (2) 6D Myopia
- (3) 3D Hypermetropia
- (4) 6D Hypermetropia
- (5) Question not attempted

140. A 42 years old man with monocular Aphakia wears contact lenses. What is the approximate percentage of Aniseikonia in his eyes ?

- (1) 5% (2) 10%
- (3) 33% (4) 1%
- (5) Question not attempted

141. A 40 year old man wants to undergo surgery for Hypermetropia. Which of the following is not an option to correct his refractive error ?

- (1) Hyperopic photorefractive keratectomy
- (2) Photorefractive keratectomy
- (3) Conductive keratoplasty
- (4) Thermal laser keratoplasty
- (5) Question not attempted

142. While performing Retinoscopy of 20 year old man at a distance of 1 metre, there is no movement of red reflex with Retinoscope. What is the interpretation ?

- (1) Evometropia
- (2) Hypermetropia less than 1 D
- (3) Myopia of 1 D
- (4) Myopia less than 1 D
- (5) Question not attempted

143. A woman with pathological myopia visits ophthalmology OPD for annual eye check up. Which is least likely finding to be seen ?
- (1) Temporal myopic crescent
 - (2) Posterior staphyloma
 - (3) Foster fuchs spots
 - (4) Shallow anterior chamber
 - (5) Question not attempted
144. Which of the following is not a characteristic feature of symblepharon ?
- (1) Adhesions between lids
 - (2) Diplopia
 - (3) Lagophthalmos
 - (4) May be Congenital or Acquired
 - (5) Question not attempted
145. In which condition ptosis symptoms improve after exercise ?
- (1) Myasthenia gravis
 - (2) Kearns Sayre syndrome
 - (3) Lambert Eaton syndrome
 - (4) Blepharophimosis syndrome
 - (5) Question not attempted
146. Treacher Collins syndrome include all of the following congenital anomalies except
- (1) Lower eyelid coloboma
 - (2) Lacrimal atresia
 - (3) Microspherophakia
 - (4) Slanted palpebral aperture
 - (5) Question not attempted
147. Normal pH of tears is
- (1) 8.7
 - (2) 6.7
 - (3) 7.7
 - (4) 6.0
 - (5) Question not attempted
148. Nonarteritic anterior ischemic optic neuropathy is not associated with
- (1) Altitudinal field defect
 - (2) Oedematous optic disc
 - (3) Rapid onset
 - (4) Painful loss of vision
 - (5) Question not attempted
149. Thinnest layer of tear film is
- (1) Aqueous layer
 - (2) Lipid layer
 - (3) Mucin layer
 - (4) Oily layer
 - (5) Question not attempted
150. Choose the preferred investigation to assess tear drainage under physiological conditions :
- (1) Contrast dacryocystography
 - (2) CT & MRI
 - (3) Nuclear lacrimal scintigraphy
 - (4) Jones' dye testing
 - (5) Question not attempted

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143. A woman with psychological myopia visits ophthalmology OPD for annual eye check up. Which is least likely finding to be seen?
- (1) 8.5
 - (2) 6.5
 - (3) 7.5
 - (4) 9.0
 - (5) Question not attempted

144. Which of the following is not a characteristic feature of "amblyopia"
- (1) Adhesions between lids
 - (2) Diplopia
 - (3) Lagophthalmos
 - (4) May be Congenital or Acquired
 - (5) Question not attempted

145. In which condition plasma symptoms improve after exercise?
- (1) Myasthenia gravis
 - (2) Kearns Sayre syndrome
 - (3) Lambert Eaton syndrome
 - (4) Bpharaphimosis syndrome
 - (5) Question not attempted

146. Trichter Collins syndrome include all of the following congenital anomalies except
- (1) Lower eyelid coloboma
 - (2) Lacrimal atresia
 - (3) Microphthalmia
 - (4) Slanted palpebral aperture
 - (5) Question not attempted

147. Normal pupil size is
- (1) 8.5
 - (2) 6.5
 - (3) 7.5
 - (4) 9.0
 - (5) Question not attempted
148. Nonarteritic anterior ischemic optic neuropathy is not associated with
- (1) Altitudinal field defect
 - (2) Oedematous optic disc
 - (3) Rapid onset
 - (4) Painful loss of vision
 - (5) Question not attempted
149. Thinner layer of tear film is
- (1) Aqueous layer
 - (2) Lipid layer
 - (3) Mucin layer
 - (4) Oily layer
 - (5) Question not attempted
150. Choose the preferred investigation to assess tear drainage under physiological conditions
- (1) Contrast dacryocystography
 - (2) CT & MRI
 - (3) Nuclear lacrimal scintigraphy
 - (4) Jones dye testing
 - (5) Question not attempted