

**RPSC Asst.
Professor
(Medical Edu.)**

**Previous Year Paper
(Ophthalmology - BS) 2022**

पुस्तिका में पृष्ठों की संख्या-24
No. of Pages in Booklet -24
पुस्तिका में प्रश्नों की संख्या-180
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Paper Code : 05

SUBJECT : Ophthalmology
(Broad Speciality)

BSAP-22

11/5/22

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प्रश्न पुस्तिका संख्या/
Question Booklet No.

समय : 3.00 घण्टे
Time: 3.00 Hours

अधिकतम अंक : 180
Maximum Marks: 180

प्रश्न-पत्र पुस्तिका के पेपर सील/ पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी।

On opening the paper seal /polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

1. सभी प्रश्नों के उत्तर दीजिए।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
4. एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले अथवा बबल को उत्तर-पत्रक पर नीले बॉल प्वाइंट पेन से गहरा करना है।
6. **OMR** उत्तर-पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल प्वाइंट पेन से विवरण भरें।
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। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोड़ना गलत उत्तर नहीं माना जायेगा।
8. मोबाइल फोन अथवा 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।
9. कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानीपूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर 5 अंक कुल प्राप्तांकों में से काटे जा सकते हैं।
10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रुटि हो, तो प्रश्न के हिन्दी तथा अंग्रेजी रूपान्तरों में से अंग्रेजी रूपान्तर मान्य होगा।

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 विविध नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. Answer all questions.
2. All questions carry equal marks.
3. Only one answer is to be given for each question.
4. If more than one answers are marked, it would be treated as wrong answer.
5. Each question has four alternative responses marked serially as 1, 2, 3, 4. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using **BLUE BALL POINT PEN**.
6. The **OMR** Answer Sheet is inside this Test Booklet. When you are directed to open the Test Booklet, take out the Answer Sheet and fill in the particulars carefully with **blue ball point pen** only.
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. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
8. 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 as per rules.
9. Please correctly fill your Roll Number in O.M.R. Sheet. **5 Marks** can be deducted for filling wrong or incomplete Roll Number.
10. If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as standard.

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 liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

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

OPHTHALMOLOGY

1. The volume of the orbit is about –
(1) 30 cc (2) 50 cc
(3) 40 cc (4) 60 cc
2. Incorrect about Xanthelasma is –
(1) Commonly bilateral condition.
(2) Typically affecting middle aged and elderly individual.
(3) Hyperlipidemia is found in about $\frac{1}{3}$ rd of patients.
(4) Fat in Xanthelasmata is mainly extracellular.
3. Anterior uveitis is characterised by all, except –
(1) Aqueous flare (2) Shallow anterior chamber
(3) Circumcorneal congestion (4) Miosis
4. Ocular lesions of Gout include all of the following, except –
(1) Episcleritis (2) Scleritis
(3) Keratitis (4) Uveitis
5. Optical coherence tomography is most useful in disorder of –
(1) Macula (2) Crystalline lens
(3) Refractive errors (4) Intraocular tumours
6. Angiography is the investigation of choice in –
(1) Posterior vitreous detachment (2) Rhegmatogenous retinal detachment
(3) Retinoschisis (4) Central serous retinopathy
7. Most common primary intraocular tumour in children is–
(1) Retinoblastoma (2) Malignant melanoma of choroid
(3) Malignant melanoma of ciliary body (4) Rhabdomyosarcoma
8. Bilateral granulomatous panuveitis is seen in –
(1) Heerfordt's syndrome (2) Reiter's syndrome
(3) Behcet's disease (4) Toxoplasmosis
9. All of the following are anterior dystrophies, except –
(1) Reis – Bucklers' dystrophy (2) Meesmann's dystrophy
(3) Schnyder's dystrophy (4) Stocker – Holt's dystrophy

10. Cogan's syndrome is associated with -
- (1) Keratitis – Interstitial type
 - (2) Conjunctivitis
 - (3) Iritis
 - (4) Myopia
11. Axenfeld anomaly is seen in glaucoma associated with -
- (1) Aniridia
 - (2) Phakomatosis
 - (3) Ectopia lentis
 - (4) Iridocorneal dysgenesis
12. All of the following are seen in Favre – Goldmann syndrome, except -
- (1) Ectopia lentis
 - (2) Retinoschisis
 - (3) Nyctalopia
 - (4) Pigmentary changes similar to retinitis pigmentosa
13. Which of the following is true regarding Mittendorf dot?
- (1) Glial tissue project from optic disc
 - (2) Obliterated vessel run forward into the vitreous
 - (3) Associated with posterior polar cataract
 - (4) Commonest congenital anomaly of hyaloid system
14. In hypermetropic anisometropia, aniseikonia can be reduced by which one of these methods?
- (1) Decreasing the distance between the spectacle lens and cornea.
 - (2) Increasing the front curvature of the spectacles lens without changing the lens power.
 - (3) Reducing the thickness of the spectacle lens without changing the lens power.
 - (4) Using high refractive index glass.
15. Which of these values represents the logMAR equivalent of a visual acuity of 6/6?
- (1) 0.0
 - (2) 0.1
 - (3) 0.66
 - (4) 1.0
16. With regard to spherical aberration, which statement is correct?
- (1) A concave lens causes light passing through the periphery of the lens to be refracted more than when passing through its centre.
 - (2) It is least in a plano – convex lens when the plane surface faces the object.
 - (3) It is reduced in the eye by the decreasing radius of curvature towards the periphery of the cornea.
 - (4) It may be reduced by decreasing the aperture in front of the lens.

17. Which IOL power formula requires a measured Anterior Chamber Depth (ACD)?
- (1) Haigis
 - (2) Hoffer Q
 - (3) Holliday 1
 - (4) SRK - T
18. Arden index is used for interpretation of –
- (1) Visual evoked response
 - (2) Electrooculogram
 - (3) Electroretinogram
 - (4) Visual field charting
19. Diplopia in superior oblique palsy is –
- (1) Vertical diplopia on downward gaze
 - (2) Vertical diplopia on upward gaze
 - (3) Horizontal diplopia on inward gaze
 - (4) Horizontal diplopia on outward gaze
20. Which of the following is false regarding intraocular retinoblastoma?
- (1) 94% cases are sporadic.
 - (2) Individuals with sporadic retinoblastoma do not pass their genes to their children.
 - (3) Reese Ellsworth classification is used for predicting visual prognosis following radiotherapy.
 - (4) Tumour calcification can be detected by an ultrasound scan.
21. Terson Syndrome is –
- (1) Multiple intraretinal haemorrhage with intra arterial bleeding from head trauma.
 - (2) Superficial retinal haemorrhage associated with Acute pancreatitis.
 - (3) Superficial retinal haemorrhage associated with Blood dyscrasia.
 - (4) Superficial retinal haemorrhage associated with Chronic renal failure.
22. False about Argyll Robertson Pupil -
- (1) Accommodation reflex normal
 - (2) Direct pupillary reflex absent
 - (3) Indirect pupillary reflex normal
 - (4) Visual acuity normal
23. Drainage of sub retinal fluid in surgery is usually –
- (1) Most dependent point of break
 - (2) At the site of SRF collection
 - (3) Just above or below the horizontal meridian either temporally or nasally
 - (4) Any place around scleral buckle

24. Ahmed Glaucoma valve is a –
- (1) Flow restricted drainage device
 - (2) Open tube drainage device
 - (3) Express shunt device
 - (4) None of the above
25. Metabolite like mitomycin concentration to be used during filtration surgery in children is –
- (1) 0.1 to 0.2 mg/mL
 - (2) 0.2 to 0.4 mg/mL
 - (3) 0.4 to 0.6 mg/mL
 - (4) 0.6 to 0.8 mg/mL
26. Antiglaucoma drug contraindicated in infant –
- (1) Brimonidine
 - (2) Latanoprost
 - (3) Bimatoprost
 - (4) Timolol
27. Inverse glaucoma is seen in –
- (1) Complicated contract
 - (2) Spherophakia
 - (3) Pigmentary glaucoma
 - (4) Glaucoma capsular
28. A 26-year-old male patient has normal anterior chamber, cicumciliary congestion and patient complains of photophobia, redness, pain and watering from last 3 days on torch light the pupil is small. What is the likely diagnosis?
- (1) Acute anterior iritis
 - (2) Acute angle closure glaucoma
 - (3) Open angle glaucoma
 - (4) Orbital cellulitis
29. Ophthalmoplegic migraine is best characterised as -
- (1) Recurrent headache with transient palsy of ophthalmic nerve.
 - (2) Headache associated with irreversible palsy of 3rd nerve.
 - (3) Recurrent headache with transient palsy of 3, 4 and / or 6th cranial nerves.
 - (4) Headache with optic neuritis.
30. Most common cause of fungal orbital cellulitis in diabetes is –
- (1) Aspergillus
 - (2) Fusarium
 - (3) Mucormycosis
 - (4) Candida
31. Congenital absence of eyelid with skin passing continuously from head to cheek over a malformed eye is –
- (1) Ankyloblepharon
 - (2) Crypto – ophthalmos
 - (3) Pseudo – cryptoophthalmos
 - (4) Euryblepharon

32. Most important cause of neurogenic ptosis is –
- (1) Multiple sclerosis
 - (2) Ocular myopathy
 - (3) 3rd cranial nerve palsy
 - (4) Myasthenia gravis
33. Which type of senile cataract is notorious for glaucoma formation?
- (1) Incipient cataract
 - (2) Hypermature morgagni
 - (3) Intumescent cataract
 - (4) Nuclear cataract
34. Use of Tamoxifen for breast cancer can cause all of the following adverse effects, except –
- (1) Thromboembolism
 - (2) Endometrial carcinoma
 - (3) Carcinoma in contralateral breast
 - (4) Cataract
35. Marfan syndrome has all ocular sign, except –
- (1) Megalocornea
 - (2) Lattice degeneration
 - (3) Bilateral subluxation of lens
 - (4) Axial hypermetropia
36. A 40-year person came to tertiary centre for disability certificate. His vision in right eye - 6/36 and left eye 6/60 with best corrective glasses, his disability will be –
- (1) 20%
 - (2) 30%
 - (3) 40%
 - (4) 50%
37. Eye Donation Fortnight is celebrated during which time of year for awareness about eye donation?
- (1) July 25 to August 8
 - (2) August 25 to September 8
 - (3) September 25 to October 8
 - (4) October 25 to November 8
38. Khodadoust line is –
- (1) Post traumatic inflammatory line
 - (2) Post uveitis inflammatory line
 - (3) Post corneal graft endothelial rejection
 - (4) Post cataract TASS line
39. The patient came for cataract surgery. His IOP was normal but on slit lamp examination he had pseudoexfoliation syndrome with Grade II cataract. There was a line of increased pigmentation anterior to schwalbe line. The most probable term is –
- (1) Pigment dispersion syndrome
 - (2) Sampaolesi line
 - (3) Post blunt trauma line
 - (4) Hudson Stahli line

40. The approach to check accurate power of IOL, based on artificial intelligence –
- (1) Barrett Universal II
 - (2) Olsen
 - (3) Haigis
 - (4) Hill – RBF method
41. A child 7-year-old have severe asthenopia. On examination his vision was 6/6 BE with no spectacles but had severe convergence insufficiency. What therapeutic prism should be given?
- (1) Base – out prism
 - (2) Base-in prism
 - (3) Neutral prism
 - (4) None of the above
42. Test for contrast sensitivity –
- (1) Kay Picture Test
 - (2) Roman Test Type
 - (3) Dot Visual Acuity Test
 - (4) Pelli-Robson Chart
43. The latest recombinant human growth factor approved for neurotrophic keratitis is –
- (1) Interferon
 - (2) Bevacizumab
 - (3) DIFLEPRICEPT
 - (4) Cenegermin-bkb Ophthalmic solution (0.002%)
44. Head up viewing with digitally assisted vitreoretinal surgery a new emerging technology to create a 3D imaging view is called as –
- (1) Phakosonics
 - (2) Imperial
 - (3) Ngenuity
 - (4) Constellation
45. A young patient was being operated for phacoemulsification cataract surgery develops a large posterior capsule tear. What will you do from beginning to end step?
- (1) Pull out immediately from AC ----- use low molecular weight viscoelastic AC maintainer – Vitrectomy + single piece PMMA lens in sulcus
 - (2) Do not pull out ----- use low molecular weight viscoelastic ----- single piece IOL in sulcus ----- AC maintainer - Vitrectomy
 - (3) Do not pull out ----- use low molecular weight viscoelastic ----- AC maintainer - Vitrectomy + hydrophilic lens in sulcus
 - (4) Do not pull out ----- use high molecular weight viscoelastic ----- AC maintainer --- central core vitrectomy ----- 3 piece IOL in sulcus

46. For the successful outcome of FLACS surgery, the most important step is –
- | | |
|---------------------|---------------------|
| (1) Locking process | (2) Docking process |
| (3) Jokeing Process | (4) Mocking process |
47. Femtosecond laser is –
- | |
|---|
| (1) Infrared laser with wavelength of 1053 nm with ultrashort pulse duration. |
| (2) UV laser with wavelength of 660 nm with long pulse duration. |
| (3) Infrared laser with wavelength of 1053 nm with supersonic pulse duration. |
| (4) Infrared laser with wavelength of 680 nm with release based pulse duration. |
48. Cataract in galactosemia is caused by accumulation of –
- | | |
|---------------|-----------------------|
| (1) Sorbitol | (2) Galactitol |
| (3) Galactose | (4) None of the above |
49. The most common second malignancy in survivors of retinoblastoma is –
- | | |
|--------------------|------------------------------|
| (1) Thyroid cancer | (2) Nasopharyngeal carcinoma |
| (3) Optic glioma | (4) Osteosarcoma |
50. Contact lens wear is proven to have deleterious effects on the corneal physiology. Which of the following statement is incorrect in connection with contact lens wear?
- | |
|---|
| (1) The level of glucose availability in the corneal epithelium is reduced. |
| (2) There is a reduction in hemidesmosome density. |
| (3) There is increased production of CO ₂ in the epithelium. |
| (4) There is a reduction in glucose utilization by corneal epithelium. |
51. The only extraocular muscle which does not arise from the apex of the orbit is –
- | | |
|----------------------|----------------------|
| (1) Superior rectus | (2) Superior oblique |
| (3) Inferior oblique | (4) Inferior rectus |
52. The type of optic atrophy that follows retro – bulbar neuritis is –
- | | |
|--------------------------------|-------------------------------|
| (1) Secondary optic atrophy | (2) Consecutive optic atrophy |
| (3) Glaucomatous optic atrophy | (4) Primary optic atrophy |
53. Most common cause of adult unilateral proptosis is –
- | | |
|----------------------------|----------------|
| (1) Thyroid ophthalmopathy | (2) Metastasis |
| (3) Lymphoma | (4) Meningioma |

54. With regard to the anatomy of the lacrimal sac, which statement is correct?
- (1) It is lateral to the angular vein.
 - (2) It is only related to the medial palpebral ligament posteriorly.
 - (3) It lies adjacent to the superior meatus of the nose.
 - (4) It lies in the lacrimal fossa and lamina papyracea is thinnest bone.
55. Bulging in limbal area lined mostly by iris tissue usually occurs after perforation or untreated glaucoma is –
- (1) Ciliary staphyloma
 - (2) Equatorial staphyloma
 - (3) Intercalary staphyloma
 - (4) Posterior staphyloma
56. Which one of these is an early pathological feature of diabetic retinopathy?
- (1) Capillary basement membrane thinning
 - (2) Increased retinal blood flow
 - (3) Loss of capillary pericytes
 - (4) Retinal capillary closure
57. The youngest lens fibres are present in –
- (1) Central core of lens nucleus
 - (2) Outer layer of nucleus
 - (3) Deeper layer of cortex
 - (4) Superficial layer of cortex
58. Angle closure glaucoma can be precipitated by –
- (1) Phenytoin
 - (2) Topiramate
 - (3) Valproate
 - (4) Carbamazepine
59. Least common corneal dystrophy is –
- (1) Macular dystrophy
 - (2) Lattice type I
 - (3) Lattice type III
 - (4) Granular corneal dystrophy
60. Universal marker of limbal epithelial stem cell is –
- (1) Elastin AA
 - (2) Collagen – BZ
 - (3) Keratin
 - (4) ABCG - 2
61. Pseudogerontoxon is hallmark sign of –
- (1) Trachoma
 - (2) VKC (Vernal Keratoconjunctivitis)
 - (3) Atopic Keratoconjunctivitis
 - (4) Giant papillary conjunctivitis

62. Only complication of trachoma is –
- (1) Trichiasis
 - (2) Entropion
 - (3) Corneal opacity
 - (4) Corneal ulcer
63. Active and sudden onset of flashes and floaters in 55 age patient is usually –
- (1) Posterior vitreous detachment
 - (2) Vitreous haemorrhage
 - (3) Retinal vein occlusion
 - (4) Retinal detachment
64. True regarding cotton wool spots are all, except –
- (1) Result from arteriolar occlusion in the nerve fibre layer
 - (2) Tend to persist for a shorter duration in hypertensive retinopathy as compared to diabetic
 - (3) Are usually greater than 1 disc diameter in size
 - (4) Result from interruption of axoplasmic flow
65. All of the following take part in the pathogenesis of macular edema in diabetic retinopathy, except –
- (1) Retinal pigment epithelium dysfunction
 - (2) Oxidative stress
 - (3) VEGF
 - (4) Increased protein kinase – C
66. A 7-year-old presents with left exotropia; right eye has 6/6 vision with normal fundus. Left eye has only close hand movements with subretinal yellow exudates and retinal detachment and telangiectatic vessels. Diagnosis is –
- (1) Sympathetic ophthalmia
 - (2) Coats disease
 - (3) ROP
 - (4) Familial Exudative Vitreoretinopathy (FEVR)
67. With regard to the sclera, which statement is incorrect?
- (1) It consists of regularly spaced collagen fibers.
 - (2) It fuses posteriorly with the dural sheath of the optic nerve.
 - (3) It is pierced by the vortex veins posterior to the equator.
 - (4) It is thinnest behind the insertions of the rectus muscles.

68. The most frequent cataract type seen in adult retinitis pigmentosa patient is –
- (1) Posterior subcapsular
 - (2) Anterior polar
 - (3) Cortical
 - (4) Mixed
69. How many mm (distance) from the limbus is the safest site of intravitreal injection?
- (1) 1 – 2 mm
 - (2) 2 – 3 mm
 - (3) 3 – 4 mm
 - (4) 4 – 5 mm
70. The action of inferior oblique is –
- (1) Depression, extorsion, abduction
 - (2) Depression, extorsion, adduction
 - (3) Elevation, intorsion, abduction
 - (4) Elevation, extorsion, abduction
71. Horner's syndrome is characterized by all of the following, except –
- (1) Miosis, anhidrosis
 - (2) Enophthalmos
 - (3) Ptosis
 - (4) Presence of ciliospinal reflex
72. Amsler's grid is used to evaluate –
- (1) Central 10 degree of vision
 - (2) Central 20 degree of vision
 - (3) Peripheral vision
 - (4) Lens opacity
73. Newer method to treat open-angle glaucoma is –
- (1) Cryopexy
 - (2) Cyclodiathermy
 - (3) Argon laser
 - (4) Cyclo micro-pulse laser
74. The newest technique for IOL power calculation in which ray tracing and instead of A constant, C constant is used, is –
- (1) Haigis formula
 - (2) Olsen formula
 - (3) Binkhorst – II
 - (4) Barrett Universal II
75. What is the most important sign of globe rupture due to blunt trauma?
- (1) Chemosis and Hyphaene
 - (2) Prolapse of iris
 - (3) Hypotony
 - (4) Sub normal vision
76. Stocker's line is seen in –
- (1) Pinguecula
 - (2) Trachoma
 - (3) Pterygium
 - (4) Concretions

77. Drug which increase uveoscleral outflow -
- | | |
|-------------------|----------------------|
| (1) Epinephrine | (2) Prostaglandins |
| (3) Apraclonidine | (4) All of the above |
78. To assess the corneal biomechanics, the best device is -
- | | |
|-----------------|------------------------------|
| (1) Topographer | (2) Ocular response analyzer |
| (3) Corvis - ST | (4) Tomogram |
79. The diagnostic modality of choice to diagnose retinoblastoma in children is -
- | | |
|---------------------------|-----------------------|
| (1) CT Scan with Contrast | (2) MRI with Contrast |
| (3) USG - B-Scan | (4) X-ray - Digital |
80. A window defect in FFA is usually due to -
- | |
|--|
| (1) Dysfunction of vascular endothelial tight junction |
| (2) Due to prolonged retention in tissue |
| (3) Due to breakdown of RPE tight junction |
| (4) Due to normal choroidal fluorescence through a defect or loss of RPE |
81. Reduced blinking frequency in thyroid ophthalmopathy is termed as -
- | | |
|---------------------|-----------------------|
| (1) Kocher's sign | (2) Stellwag's sign |
| (3) Griffith's sign | (4) Von Graefe's sign |
82. Lateral wall of orbit is formed by -
- | |
|--|
| (1) Orbital surface of greater wing of sphenoid and frontal process of zygomatic |
| (2) Lesser wing of sphenoid and frontal process of zygomatic |
| (3) Lesser wing of sphenoid and maxillae |
| (4) Frontal bone and lesser wing of sphenoid |
83. Blunt injury to eye causes recession of angle of eye because of -
- | |
|-------------------------------|
| (1) Tear of ciliary body |
| (2) Schlemm canal split |
| (3) Trabecular meshwork split |
| (4) Dislocation of the lens |
84. Vortex keratopathy is common side effect of -
- | | |
|-------------------|--------------------|
| (1) Amiodarone | (2) Latanoprost |
| (3) Phenothiazine | (4) Pilocarpine 2% |

85. Attachment of vitreous is strongest at –
- | | |
|------------------------|--------------------------|
| (1) Foveal region | (2) Back of lens |
| (3) Across ora serrata | (4) Margin of optic disc |
86. All are present in Reiter syndrome, except –
- | | |
|--------------|------------------------|
| (1) Cataract | (2) Conjunctivitis |
| (3) Uveitis | (4) Retinal vasculitis |
87. Deficiency of Vitamin B₁ (Thiamine) causes –
- | | |
|------------------------------|------------------------------|
| (1) Internal ophthalmoplegia | (2) External ophthalmoplegia |
| (3) Retrobulbar neuritis | (4) Corneal anaesthesia |
88. In rheumatoid arthritis, all are present, except –
- | | |
|--------------|-------------------|
| (1) Glaucoma | (2) Iridocyclitis |
| (3) Dry Eye | (4) Scleritis |
89. In 2006 – 7 RAAB survey most common cause of blindness after cataract is –
- | | |
|---------------------|----------------------|
| (1) Glaucoma | (2) Refractive error |
| (3) Corneal opacity | (4) ARMD |
90. Accessory lacrimal gland of Wolfring are situated at –
- | | |
|------------------------|------------------|
| (1) Lower tarsus | (2) Upper tarsus |
| (3) Bulbar conjunctiva | (4) Limbus |
91. Commonest congenital tumor of conjunctiva is –
- | | |
|------------------|-----------------------|
| (1) Pinguecula | (2) Epibulbar dermoid |
| (3) Nevus of Ota | (4) Trachoma |
92. Conjunctival Goblet cells secrete –
- | | |
|-------------|-----------------------|
| (1) Lipid | (2) Mucous |
| (3) Aqueous | (4) None of the above |
93. Cause of Mucin deficiency in dry eye –
- | | |
|--------------------|-----------------------|
| (1) Trachoma | (2) Ocular pemphigoid |
| (3) S – J syndrome | (4) All of the above |
94. Conjunctival Epithelium is –
- | | |
|-----------------------|---|
| (1) Pseudo stratified | (2) Stratified columnar |
| (3) Transitional | (4) Stratified non-keratinized squamous |

95. Thickest portion of sclera –
- | | |
|---|--|
| (1) Anterior to rectus muscle insertion | (2) Posterior to rectus muscle insertion |
| (3) Posterior pole | (4) Limbus |
96. Yoke muscle for right superior rectus is –
- | | |
|----------------------------|---------------------------|
| (1) Left superior rectus | (2) Left inferior rectus |
| (3) Right superior oblique | (4) Left inferior oblique |
97. In aqueous formation share of ultrafiltration is –
- | | |
|---------|---------|
| (1) 15% | (2) 25% |
| (3) 50% | (4) 75% |
98. Which part of orbicularis oculi is known as Horner's muscle?
- | | |
|--------------|---------------------|
| (1) Lacrimal | (2) Orbital |
| (3) Temporal | (4) Muller's muscle |
99. Fincham's test differentiates cataract from –
- | | |
|--------------------|-------------------------------|
| (1) Conjunctivitis | (2) Acute congestive glaucoma |
| (3) Iridocyclitis | (4) Keratitis |
100. Hutchinson's rule is related to –
- | | |
|------------------------------|-----------------------------|
| (1) Herpes simplex keratitis | (2) Herpes zoster keratitis |
| (3) Mycotic keratitis | (4) Third nerve palsy |
101. Immune ring is feature of –
- | | |
|-----------------------------|------------------------------|
| (1) Interstitial keratitis | (2) Fungal corneal ulcer |
| (3) Bacterial corneal ulcer | (4) Herpes simplex keratitis |
102. All are developed from surface ectoderm, except –
- | | |
|-------------------------|----------|
| (1) Corneal endothelium | (2) Lens |
| (3) Lacrimal gland | (4) Lid |
103. Number of short ciliary nerves are about –
- | | |
|--------|--------|
| (1) 5 | (2) 10 |
| (3) 15 | (4) 20 |
104. In Weber's syndrome, there is –
- | | |
|---------------------------------|---------------------------------|
| (1) 3 rd nerve palsy | (2) 2 nd nerve palsy |
| (3) 6 th nerve palsy | (4) 7 th nerve palsy |

105. Pepper and Salt fundus is seen in –
- | | |
|-------------------|-------------|
| (1) CMV Retinitis | (2) Measles |
| (3) Toxoplasmosis | (4) Rubella |
106. Posner-Schlossman syndrome is –
- | |
|--|
| (1) Unilateral glaucomatous change with mid anterior uveitis |
| (2) Ipsilateral optic atrophy |
| (3) Granulomatous uveitis with iris heterochromia |
| (4) None of the above |
107. Ocular manifestation of Trisomy 13 –
- | | |
|--------------|--------------------|
| (1) Ptosis | (2) Coloboma |
| (3) Cataract | (4) Microphthalmos |
108. VKH syndrome is –
- | | |
|-----------------------------------|---------------------------------------|
| (1) Chronic granulomatous uveitis | (2) Chronic non-granulomatous uveitis |
| (3) Acute purulent uveitis | (4) All of the above |
109. Amsler sign is seen in –
- | | |
|--|--------------------|
| (1) Fuch's heterochromic iridocyclitis | (2) Toxoplasmosis |
| (3) Tuberculosis | (4) Uveal effusion |
110. Structure develop from Neuroectoderm –
- | | |
|--------------------|------------------------|
| (1) Sclera | (2) Ciliary body |
| (3) Ciliary muscle | (4) Extraocular muscle |
111. Iris Bombe is due to –
- | |
|-----------------------------------|
| (1) Segmental posterior synechiae |
| (2) Total posterior synechiae |
| (3) Anterior synechiae |
| (4) Ring synechiae |
112. Most common sinus tumour that invade the orbit –
- | | |
|-------------|-----------------------|
| (1) Ethmoid | (2) Maxillary |
| (3) Nasal | (4) None of the above |

113. Causes of pulsating proptosis in –
(1) Carotid cavernous fistula (2) Thyroid
(3) Neurofibromatosis (4) Cavernous Hemangioma
114. Blowout fracture of orbit involves –
(1) Medial wall (2) Floor
(3) Both (1) and (2) (4) None of the above
115. Most common muscle involved in ocular Graves' disease –
(1) MR (2) IR
(3) SO (4) IO
116. Pseudo-proptosis is a feature of –
(1) High myopia (2) Buphthalmos
(3) Upper eyelid retraction (4) All of the above
117. Crocodile tears are seen in –
(1) Abnormal VI nerve regeneration (2) Abnormal VII nerve regeneration
(3) Frey's syndrome (4) Dry eye
118. Most common site of congenital blockage in nasolacrimal duct is –
(1) At the upper end (2) At the middle end
(3) At the lower end (4) Multiple Blockage
119. All are precancerous condition of the lid, except –
(1) Solar keratosis (2) Xeroderma pigmentosum
(3) O.S.S.N. (4) Nevi
120. Marginal reflex distance is normally –
(1) 2 to 2.5 mm (2) 3 to 3.5 mm
(3) 4 to 4.5 mm (4) 5 to 5.5 mm
121. Fox procedure is done for treatment of –
(1) Entropion (2) Ectropion
(3) Trichiasis (4) Lid tumour
122. Cryotherapy for trichiasis requires temperature –
(1) – 10 °C (2) – 20 °C
(3) – 25 °C (4) – 40 °C

123. Senile ptosis is –
- | | |
|----------------|-----------------|
| (1) Mechanical | (2) Muscular |
| (3) Neurogenic | (4) Aponeurotic |
124. True about Kaposi's sarcoma –
- | | |
|---------------------------------|----------------------------|
| (1) It is lid tumour. | (2) It is vascular tumour. |
| (3) It is associated with AIDS. | (4) All of the above |
125. Pseudotrichiasis is seen in –
- | | |
|----------------------|---------------|
| (1) Entropion | (2) Ectropion |
| (3) Both (1) and (2) | (4) Tylosis |
126. The fastest acting cycloplegic drug is –
- | | |
|-----------------|--------------------|
| (1) Atropine | (2) Homatropine |
| (3) Tropicamide | (4) Cyclopentolate |
127. Refractive index of crown glass is –
- | | |
|----------|----------|
| (1) 1.52 | (2) 1.90 |
| (3) 2.0 | (4) 2.11 |
128. Pincushion distortion is seen in –
- | | |
|------------------|--------------|
| (1) Amblyopia | (2) Diplopia |
| (3) Pseudophakia | (4) Aphakia |
129. True about Keratoconus are all, except –
- | | |
|----------------------------------|--|
| (1) Soft contact lens used | |
| (2) Increase curvature of cornea | |
| (3) Astigmatism | |
| (4) Corneal thinning | |
130. Recurrent corneal erosion are seen in –
- | | |
|-----------------------|--------------------|
| (1) Keratoconus | (2) Keratoglobus |
| (3) Corneal dystrophy | (4) Mooren's ulcer |
131. Not true about Herpetic keratitis –
- | | |
|---------------------|-------------------------|
| (1) Corneal Guttata | (2) Stromal Keratitis |
| (3) Dendritic ulcer | (4) Disciform Keratitis |

132. Ulcus serpens is caused by –
- | | |
|-----------------|--------------------|
| (1) Pseudomonas | (2) Corynebacteria |
| (3) Gonococci | (4) Pneumococci |
133. Glaucomflecken is –
- | | |
|--|--|
| (1) Acute uveitis due to glaucoma | |
| (2) Lens opacity due to glaucoma | |
| (3) Retinal detachment due to glaucoma | |
| (4) Corneal opacity due to glaucoma | |
134. Initial treatment of Buphthalmos is –
- | | |
|---------------------------|-------------------|
| (1) laser trabeculoplasty | (2) goniotomy |
| (3) topical pilocarpine | (4) trabeculotomy |
135. Hypersecretory glaucoma is seen in –
- | | |
|---------------------------|------------------------|
| (1) Epidemic dropsy | (2) Diabetes |
| (3) Lens induced glaucoma | (4) Secondary glaucoma |
136. Krukenberg's spindle are seen in –
- | | |
|-------------------------|------------------|
| (1) Marfan's syndrome | (2) Diabetes |
| (3) Pigmentary glaucoma | (4) Hypertension |
137. All are predispose of angle closure glaucoma, except –
- | | |
|------------------------------|------------------------------------|
| (1) Flat cornea | (2) Small cornea |
| (3) Shallow anterior chamber | (4) Short axial length of eye ball |
138. Argon laser trabeculoplasty is done in –
- | | |
|------------------------------|----------------------------|
| (1) Secondary glaucoma | (2) Open angle glaucoma |
| (3) Angle recession glaucoma | (4) Angle closure glaucoma |
139. The first line of treatment of open angle glaucoma is –
- | | |
|------------------|-----------------|
| (1) Timolol 0.5% | (2) Pilocarpine |
| (3) Epinephrine | (4) Latanoprost |
140. Normal Aqueous Production rate –
- | | |
|-------------------------|---------------------------|
| (1) 2 millilitre/minute | (2) 0.5 millilitre/minute |
| (3) 5 microliter/minute | (4) 2 microliter/minute |

141. Congenital cataract is commonly associated with visual defect –
- | | |
|------------------------|-----------------------|
| (1) Zonular cataract | (2) Blue dot cataract |
| (3) Cuneiform cataract | (4) Fusiform cataract |
142. Which of the following is reversible cataract?
- | | |
|------------------------|-------------------------|
| (1) Senile cataract | (2) Congenital cataract |
| (3) Snowflake cataract | (4) None of the above |
143. Posterior lenticonus is seen in –
- | | |
|---------------------|---------------------|
| (1) Alport syndrome | (2) Lowe's syndrome |
| (3) Marfan syndrome | (4) Homocystinuria |
144. Best irrigating fluid during cataract surgery –
- | | |
|-------------------------|-----------------------|
| (1) Ringer lactate | (2) Normal saline |
| (3) Basal salt solution | (4) BSS + glutathione |
145. Hypervitaminosis – D causes –
- | | |
|----------------------|-------------------------|
| (1) Zonular cataract | (2) Blue dot cataract |
| (3) Rosette cataract | (4) Cupuliform cataract |
146. Strongest attachment of zonule is at –
- | | |
|--------------------------|------------------------------|
| (1) equator | (2) just anterior to equator |
| (3) posterior to equator | (4) posterior pole |
147. Cataract brunescens results due to deposition of –
- | | |
|------------|---------------|
| (1) Iron | (2) Urochrome |
| (3) Copper | (4) Carbon |
148. Most common type of Scleritis is –
- | | |
|-----------------|-----------------------|
| (1) Posterior | (2) Non necrotizing |
| (3) Necrotizing | (4) None of the above |
149. Secondary deviation of eye is an example of the following law –
- | | |
|-------------------|----------------------|
| (1) Hering's | (2) Listing's |
| (3) Sherrington's | (4) All of the above |
150. The common cause of unilateral internuclear ophthalmoplegia is –
- | | |
|------------------------|-------------------|
| (1) Diabetes mellitus | (2) Hypertension |
| (3) Multiple sclerosis | (4) Lead toxicity |

151. The muscle which makes an angle of 51° with the optical axis is -
- | | |
|--------|--------|
| (1) SR | (2) SO |
| (3) IR | (4) LR |
152. Distance of medial rectus from limbus -
- | | |
|------------|------------|
| (1) 6.5 mm | (2) 5.5 mm |
| (3) 6 mm | (4) 3.5 mm |
153. Mutton fat Kp's are seen in -
- | | |
|----------------------|----------------------|
| (1) Tuberculosis | (2) Sarcoidosis |
| (3) Fungal infection | (4) All of the above |
154. Snowball opacities are seen in -
- | | |
|-----------------------|-------------------|
| (1) Anterior uveitis | (2) Pars planitis |
| (3) Posterior uveitis | (4) Tuberculosis |
155. Primary objective of atropine use in anterior uveitis is -
- | | |
|----------------------------|---------------------------------|
| (1) Rest to ciliary muscle | (2) Increase supply of antibody |
| (3) Increase blood flow | (4) Prevent posterior synechia |
156. Prominent corneal nerves seen in -
- | | |
|-------------------------|-----------------------|
| (1) Congenital glaucoma | (2) Neurofibromatosis |
| (3) Leprosy | (4) All of the above |
157. Deep corneal vascularisation is caused by all, except -
- | | |
|-------------------------|----------------------------|
| (1) Disciform keratitis | (2) Interstitial keratitis |
| (3) Contact lens uses | (4) Chemical burns |
158. Retinoblastoma arises from -
- | | |
|---------------------------------|--|
| (1) Any nucleated retinal layer | |
| (2) Rods and cones | |
| (3) Bipolar cells | |
| (4) Ganglion cells | |
159. Band shaped keratopathy is caused by -
- | | |
|------------------------|-------------|
| (1) Amyloid | (2) calcium |
| (3) Monopolysaccharide | (4) lipid |

160. In cystoid macular edema fluid collect in the level of –
- | | |
|---------------------------|-------------------------|
| (1) Outer plexiform layer | (2) Outer nuclear layer |
| (3) Inner plexiform layer | (4) Pigment epithelium |
161. Hard exudates are seen in the following –
- | | |
|------------------------------|--------------------------|
| (1) Hypertensive retinopathy | (2) Diabetic retinopathy |
| (3) Coat's disease | (4) All of the above |
162. In central serous retinopathy in macular region, there is –
- | |
|---|
| (1) Spontaneous detachment of neurosensory retina |
| (2) Macular edema |
| (3) Detachment of RPE |
| (4) Detachment of choroid |
163. Cherry red spot at macula is seen in –
- | | |
|------------------------|--------------------------|
| (1) Tay Sach's disease | (2) Niemann Pick disease |
| (3) Commotio retinae | (4) All of the above |
164. The most common site of obstruction in central retinal artery is –
- | |
|---|
| (1) The point where artery enters the optic nerve |
| (2) In front of lamina cribrosa |
| (3) At lamina cribrosa |
| (4) Behind the lamina cribrosa |
165. Binocular single vision is tested by –
- | | |
|-------------------|------------------|
| (1) Amsler's Grid | (2) Synoptophore |
| (3) Maddox rod | (4) Maddox wing |
166. Downbeat nystagmus could be due to –
- | | |
|-----------------------|-----------------------|
| (1) Cerebellar lesion | (2) Diabetes mellitus |
| (3) Hypertension | (4) All of the above |
167. Action of right superior oblique muscle is –
- | | |
|--------------------|----------------------|
| (1) Dextrolevation | (2) Levoelevation |
| (3) Levodepression | (4) Dextrodepression |

168. Large angle of Kappa gives rise to –
- | | |
|-------------------|----------------------|
| (1) Pseudo squint | (2) Manifest squint |
| (3) Latent squint | (4) All of the above |
169. Marcus Gunn pupil is a feature of –
- | | |
|-----------------------------|-----------------------|
| (1) Optic alemlritis | (2) Papilledema |
| (3) Ciliary ganglion lesion | (4) Diabetes mellitus |
170. Bitemporal Hemianopia is associated with lesion of –
- | | |
|---------------------|---------------------|
| (1) Optic tract | (2) Central chiasm |
| (3) Optic radiation | (4) Cerebral cortex |
171. In uremic amaurosis, the pupil are –
- | | |
|------------------------|--------------------------------|
| (1) Constricted | (2) Dilated |
| (3) Not react to light | (4) Dilated but react to light |
172. Occlusion of short posterior ciliary artery may cause –
- | |
|--------------------------------|
| (1) Ischemic optic neuropathy |
| (2) Posterior segment ischemia |
| (3) Anterior segment ischemia |
| (4) Monocular visual loss |
173. An optic nerve injury may result in –
- | |
|-----------------------------------|
| (1) Loss of vision in that eye |
| (2) Dilation of pupil in that eye |
| (3) Loss of light reflex |
| (4) All of the above |
174. What is the functional assessment of optic nerve?
- | | |
|----------------|-----------------|
| (1) Perimetry | (2) Angiography |
| (3) Fundoscopy | (4) Retinoscopy |
175. Process of dark adaptation involves –
- | | |
|-------------------------|---------------------|
| (1) Rods of retina | (2) Cones of retina |
| (3) Both rods and cones | (4) RPE |

176. In sympathetic ophthalmitis Dalen fuch's nodules are formed on the --

- | | |
|-------------|------------------|
| (1) Iris | (2) Ciliary body |
| (3) Choroid | (4) Retina |

177. Blunt trauma may cause in vitreous --

- | | |
|------------------------------|---------------------------|
| (1) Syneresis | (2) Synchysis Scintillans |
| (3) Liquefaction of vitreous | (4) All of the above |

178. Rosette shaped cataract most commonly involves --

- | | |
|----------------------|-----------------------|
| (1) Anterior cortex | (2) Posterior cortex |
| (3) Anterior capsule | (4) Posterior capsule |

179. All are causing night blindness, except --

- | | |
|--------------------------|---------------------|
| (1) Oguchi's disease | (2) Gyrate atrophy |
| (3) Vitamin A deficiency | (4) Devic's disease |

180. Drug of choice for Fusarium Keratitis --

- | | |
|-----------------|------------------|
| (1) Fluconazole | (2) Itraconazole |
| (3) Natamycin | (4) Nystatin |

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