Diploma Pharmacy Exit Exam MCQs Book

Book is having 1000+ D. Pharm (1st+ 2nd year) all subjects MCQs with answers and is beneficial for D. Pharm student's board exam, Diploma Pharmacy Exit Exam (DPEE), GPAT, NIPER, DI, Gov Pharmacist exam preparation etc.

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DeepScience

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Preface

This book has been meticulously designed to serve as a comprehensive guide for **Diploma in Pharmacy (D. Pharm)** students and aspirants preparing for various competitive and professional examinations. It encompasses **over 1000 multiple-choice questions (MCQs) with answers**, systematically compiled from **all subjects of D. Pharm – 1st and 2nd year**, in accordance with the **Pharmacy Council of India (PCI)** syllabus.

The primary objective of this book is to help students **strengthen their conceptual understanding** and **enhance their examination skills** through extensive practice. Each question has been carefully selected and structured to test key concepts, fundamental principles, and applied knowledge essential for both academic and professional success.

This compilation is particularly beneficial for:

- **D. Pharm (1st & 2nd Year) students** for university and board examinations.
- **Diploma Pharmacy Exit Examination (DPEE)** aspirants.
- Candidates preparing for **GPAT**, **NIPER**, **Drug Inspector**, **Government Pharmacist**, and other **competitive pharmacy exams**.

The book aims to bridge the gap between theoretical knowledge and practical application by providing concise, exam-oriented content that enables quick revision and self-assessment. It is hoped that this collection of MCQs will serve as a **ready reckoner for quick learning, confidence building, and concept reinforcement**.

The authors express their sincere gratitude to teachers, mentors, and students whose feedback and encouragement inspired the creation of this book. Any suggestions for improvement in future editions are warmly welcome.

— Authors

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Acknowledgement

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We also extend our heartfelt thanks to the **students of D. Pharm (1st and 2nd year)** whose curiosity and enthusiasm motivated us to compile this collection of **1000+ MCQs with answers** covering all subjects of the Diploma in Pharmacy curriculum. Their active participation and feedback helped refine the content to better suit the needs of learners preparing for both **academic examinations** and **competitive tests** such as **DPEE, GPAT, NIPER, Drug Inspector, and Government Pharmacist exams**.

Special appreciation is due to our **colleagues, reviewers, and supporting institutions** for their assistance in verifying accuracy, updating content, and ensuring alignment with the **Pharmacy Council of India (PCI)** syllabus.

We are also thankful to our **families and friends** for their unwavering support, patience, and understanding during the preparation of this manuscript. Their encouragement provided the strength and focus needed to complete this endeavor.

Finally, we acknowledge the contribution of **every individual—directly or indirectly—involved** in the successful completion of this book. We hope this effort will serve as a valuable learning resource and a reliable companion for all pharmacy aspirants in their academic and professional journey.

— Authors

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PHARMACEUTICS

Course Code: ER20-11T

1. The first pharmacy college in India was established in:

A. 1956 B. 1945
C. 1899 D. 1932
→ *Ans: D*

2. The Pharmacy Act in India was passed in:

A. 1948 B. 1950
C. 1960 D. 1972
→ *Ans: A*

3. The Pharmacy Council of India (PCI) was constituted under:

A. Drugs and Cosmetics Act, 1940 B. Pharmacy Act, 1948
C. Drugs Control Act, 1950 D. Medical Act, 1956
→ *Ans: B*

4. The main function of PCI is to:

A. Approve new drugs B. Regulate pharmacy education and profession
C. Conduct drug trials D. Control prices
→ *Ans: B*

5. The Indian Pharmacopoeia Commission is located at:

A. Mumbai B. Ghaziabad
C. Delhi D. Chennai
→ *Ans: B*

6. The first Indian Pharmacopoeia was published in:

A. 1948 B. 1955
C. 1966 D. 1978
→ *Ans: B*

7. BP stands for:

A. British Pharmacopoeia B. Biological Pharmacopoeia
C. Basic Pharmacology D. Biochemical Pharmacopoeia
→ *Ans: A*

8. The USP is published by:

A. WHO B. United States Pharmacopeial Convention
C. FDA D. ICMR
→ *Ans: B*

9. The Extra Pharmacopoeia is also known as:

A. Martindale B. Goodman & Gilman

C. IP Addendum
D. Handbook of Pharmacy
→ *Ans: A*

10. IP is revised every:
A. 5 years
B. 10 years
C. 2 years
D. Annually
→ *Ans: A*

11. Pharmacy as a career includes roles in:
A. Research & Development
B. Hospital Practice
C. Industry & Regulation
D. All of the above
→ *Ans: D*

12. Industrial pharmacy deals with:
A. Drug discovery
B. Manufacturing and formulation
C. Clinical trials
D. Pharmacy practice
→ *Ans: B*

13. Clinical pharmacy focuses on:
A. Drug compounding
B. Patient care and therapy optimization
C. Packaging
D. Quality control
→ *Ans: B*

14. Community pharmacy provides:
A. Manufacturing facilities
B. Dispensing and counselling
C. Marketing
D. Import/export
→ *Ans: B*

15. The Indian Pharmaceutical Association (IPA) was founded in:
A. 1939
B. 1948
C. 1956
D. 1962
→ *Ans: A*

16. Glass used in pharmaceuticals is classified into:
A. 2 types
B. 3 types
C. 4 types
D. 5 types
→ *Ans: C*

17. Amber glass protects from:
A. Heat
B. Moisture
C. Light
D. Oxygen
→ *Ans: C*

18. Type I glass is:

A. Soda-lime glass
B. Borosilicate glass
C. Treated soda-lime
D. Neutral glass
→ *Ans: B*

19. Plastic is preferred for:

A. Light-sensitive drugs
B. Non-reactive aqueous products
C. Sterile injections
D. Powders only
→ *Ans: B*

20. Metal used commonly for ointment tubes:

A. Tin
B. Copper
C. Iron
D. Zinc
→ *Ans: A*

21. Rubber closures should be:

A. Reactive
B. Non-toxic and compatible
C. Adhesive
D. Colored
→ *Ans: B*

22. Disadvantage of plastic containers:

A. Breakable
B. Heavy weight
C. Permeable to gases
D. Expensive
→ *Ans: C*

23. Advantage of glass containers:

A. Non-reactive
B. Unbreakable
C. Flexible
D. Light
→ *Ans: A*

24. Laminated materials are used in:

A. Tablets
B. Blister packs
C. Creams
D. Powders
→ *Ans: B*

25. Rubber is mainly used in:

A. Syrup bottles
B. Closures and stoppers
C. Labels
D. Capsules
→ *Ans: B*

26. Colouring agents improve:

A. Taste
B. Appearance

C. Solubility D. Stability
→ *Ans: B*

27. Flavouring agents mask:
A. Sweetness B. Odour
C. Bitter taste D. Colour
→ *Ans: C*

28. Sweetening agents include:
A. Sucrose B. Sorbitol
C. Aspartame D. All
→ *Ans: D*

29. Preservatives prevent:
A. Microbial growth B. Chemical degradation
C. Physical instability D. Taste change
→ *Ans: A*

30. Example of antioxidant preservative:
A. Methyl paraben B. Sodium benzoate
C. Butylated hydroxytoluene D. Phenol
→ *Ans: C*

31. Methyl paraben is used as:
A. Antioxidant B. Preservative
C. Buffer D. Surfactant
→ *Ans: B*

32. Flavouring agent in oral liquids:
A. Menthol B. Turmeric
C. Zinc oxide D. Ethanol
→ *Ans: A*

33. Colouring agents must be:
A. Water soluble and approved B. Opaque
C. Bitter D. Toxic
→ *Ans: A*

34. Sweeteners for diabetic patients:
A. Glucose B. Saccharin
C. Sucrose D. Mannitol
→ *Ans: B*

35. Preservative in ophthalmic preparations:

A. Phenylmercuric nitrate
B. Sodium chloride
C. Starch
D. Talc
→ *Ans: A*

36. Size reduction is also known as:

A. Comminution
B. Pulverization
C. Milling
D. All of the above
→ *Ans: D*

37. Hammer mill works on:

A. Cutting
B. Impact
C. Compression
D. Attrition
→ *Ans: B*

38. Ball mill principle:

A. Impact and attrition
B. Pressure
C. Shear
D. Filtration
→ *Ans: A*

39. Sieves are standardized as per:

A. IP
B. WHO
C. ISO
D. GMP
→ *Ans: A*

40. Cyclone separator works on:

A. Centrifugal force
B. Gravity
C. Diffusion
D. Evaporation
→ *Ans: A*

41. Double cone blender is used for:

A. Dry powder mixing
B. Liquid mixing
C. Filtration
D. Drying
→ *Ans: A*

42. Turbine mixer is used for:

A. Suspension
B. Solution
C. Emulsion
D. All of the above
→ *Ans: D*

43. Triple roller mill is used for:

A. Powders
B. Ointments

C. Tablets
D. Capsules
→ *Ans: B*

44. Silverson homogenizer works on:
A. Shear
B. Pressure
C. Filtration
D. Sedimentation
→ *Ans: A*

45. Filtration separates:
A. Solids from liquids
B. Liquids from gases
C. Solids from solids
D. None
→ *Ans: A*

46. Membrane filters are used for:
A. Mixing
B. Drying
C. Extraction
D. Sterile filtration
→ *Ans: D*

***47.* Sintered glass filters are graded as:**
A. G1–G5
B. A–E
C. 1–10
D. F1–F5
→ *Ans: A*

48. Fluidized bed dryer uses:
A. Infrared
B. Vacuum
C. Hot air
D. Microwave
→ *Ans: C*

49. Freeze drying is also known as:
A. Sublimation drying
B. Vacuum drying
C. Sun drying
D. Oven drying
→ *Ans: A*

50. Extraction means:
A. Separation of active principle from crude drug
B. Mixing of powders
C. Filtering liquids
D. Compressing tablets
→ *Ans: A*

51. Tablet coating is done to:
A. Mask taste
B. Protect from moisture
C. Control release
D. All of the above
→ *Ans: D*

52. Sugar coating involves:
A. Sealing, subcoating, syruping, polishing
B. Compression
C. Drying only
D. None
→ *Ans: A*

53. Film coating uses:
A. Polymers like HPMC
B. Sugar
C. Starch paste
D. Talc
→ *Ans: A*

54. Sustained release tablets are designed to:
A. Act immediately
B. Release drug slowly
C. Dissolve rapidly
D. Be effervescent
→ *Ans: B*

55. Fast dissolving tablets are beneficial for:
A. Parenteral use
B. Patients with swallowing difficulty
C. Injections
D. Suppositories
→ *Ans: B*

56. Multilayered tablets are used to:
A. Separate incompatible drugs
B. Reduce cost
C. Increase hardness
D. Improve appearance only
→ *Ans: A*

57. Hard gelatin capsules contain:
A. Dry powders or granules
B. Liquids
C. Semi-solids
D. Emulsions
→ *Ans: A*

58. Soft gelatin capsules are used for:
A. Powders
B. Liquids and semisolids
C. Tablets
D. Injectables
→ *Ans: B*

59. Gelatin is obtained from:
A. Fat
B. Cellulose
C. Sugar
D. Collagen
→ *Ans: D*

60. Syrups are:
A. Aqueous sugar solutions
B. Alcoholic solutions

C. Suspensions
D. Emulsions
→ *Ans: A*

61. Elixirs contain:
A. Only oil
B. Only water
C. Alcohol + water
D. Sugar only
→ *Ans: C*

62. Emulsions are:
A. Liquid in liquid systems
B. Solid in liquid
C. Gas in solid
D. Solid in gas
→ *Ans: A*

63. The emulsifying agent stabilizes:
A. Immiscible liquids
B. Solids
C. Gases
D. Powders
→ *Ans: A*

64. Suspensions are:
A. Aerosols
B. Solutions
C. Gels
D. Insoluble solids in liquid
→ *Ans: D*

65. Dry powders for reconstitution are:
A. Tablets
B. Liquids
C.Sterile powders to be mixed with solvent
D. Capsules
→ *Ans: C*

66. Ointments are:
A. Semisolid preparations for external use
B. Solutions
C. Powders
D. Injections
→ *Ans: A*

67. Creams are:
A. Powders
B. Emulsions for external use
C. Tablets
D. Capsules
→ *Ans: B*

68. Gels are:
A. Semisolid with gelling agents
B. Liquids
C. Suspensions
D. Aerosols
→ *Ans: A*

69. Liniments are applied by:

A. Injection
B. Spraying
C. Ingestion
D. Rubbing
→ *Ans: D*

70. Lotions are:

A. Powders
B. Tablets
C. Fluid emulsions/suspensions for skin
D. Gels
→ *Ans: C*

71. Suppositories are inserted into:

A. Rectum
B. Nose
C. Mouth
D. Ear
→ *Ans: A*

72. Pessaries are used in:

A. Injection
B. Rectum Vaginal cavity
C. Eye
D. Nose
→ *Ans: B*

73. Nasal preparations are used for:

A. Local or systemic delivery via nose
B. Oral cavity
C. Injection
D. Rectal route
→ *Ans: A*

74. Ear preparations are also known as:

A. Parenteral
B. Nasal
C. Otic preparations
D. Oral
→ *Ans: C*

75. Dusting powders are:

A. For internal use
B. For external use
C. Injectable
D. Oral solutions
→ *Ans: B*

76. Effervescent powders contain:

A. Citric acid and sodium bicarbonate
B. Sugar
C. Starch
D. Salt only
→ *Ans: A*

77. Sterile formulations include:

A. Injections and eye drops
B. Tablets

C. Capsules D. Syrups
→ *Ans: A*

78. Eye ointments must be:
A. Flavoured B. Bitter
C. Coloured D. Sterile and smooth
→ *Ans: D*

79. Sera and vaccines are:
A. Hormones B. Antibiotics
C. Analgesics D. Immunological products
→ *Ans: D*

80. Toxoids are:
A. Antigens B. Antibiotics
C. Inactivated toxins D. Hormones
→ *Ans: C*

81. A pharmaceutical plant layout should ensure:
A. Logical flow of materials B. Random movement
C. Frequent cross-contamination D. Cluttered space
→ *Ans: A*

82. Sections in a pharma plant include:
A. Production B. Quality control
C. Warehousing D. All of the above
→ *Ans: D*

83. Quality control means:
A. Testing finished products B. Manufacturing
C. Distribution D. Packaging
→ *Ans: A*

84. Quality assurance means:
A. Lab testing B. Ensuring overall quality system
C. Cleaning D. Calibration only
→ *Ans: B*

85. cGMP stands for:
A. Current Good Manufacturing Practices B. Certified GMP
C. Classical GMP D. Complete GMP
→ *Ans: A*

86. **Calibration ensures:**

A. Label accuracy
B. Drugs are potent
C. Instruments give accurate readings
D. Container weight
→ *Ans: C*

87. Validation ensures:

A. Consistent performance of a process
B. Aesthetic appeal
C. Color of drug
D. Taste
→ *Ans: A*

88. The documentation system in GMP includes:

A. Batch records
B. SOPs
C. Log books
D. All of the above
→ *Ans: D*

89. The main objective of GMP is:

A. Quality, safety, efficacy
B. Profit
C. Cost saving
D. Marketing
→ *Ans: A*

90. Novel Drug Delivery Systems (NDDS) aim to:

A. Improve drug bioavailability
B. Reduce side effects
C. Control release
D. All of the above
→ *Ans: D*

91. Liposomes are vesicles made of:

A. Sugars
B. Phospholipids
C. Proteins
D. Salts
→ *Ans: B*

92. Niosomes are:

A. Non-ionic surfactant vesicles
B. Lipid vesicles
C. Polymers
D. Nanoparticles
→ *Ans: A*

93. Transdermal patches deliver drug via:

A. Rectum
B. Nose
C. Oral route
D. Skin
→ *Ans: D*

94. Implants are:

A. Capsules
B. Tablets

C. Drug delivery devices placed under skin D. Powders
→ *Ans: C*

95. Main challenge of NDDS is:
A. Stability and cost B. Colour
C. Taste D. Odour
→ *Ans: A*

PHARMACEUTICAL CHEMISTRY

COURSE CODE: ER20-12T

1. Pharmaceutical chemistry primarily deals with:
A. Drug discovery only B. Formulation and dispensing only
C. Design, synthesis, analysis, and quality of drugs D. Hospital pharmacy activities
→ *Ans: C*

2. Scope of pharmaceutical chemistry includes all EXCEPT:
A. Pharmacokinetics interpretation B. Industrial scale synthesis design
C. Clinical surgical procedures D. Analytical method development
→ *Ans: C*

3. "Accuracy" refers to:
A. Closeness to the true value B. Reproducibility among measurements
C. Number of significant digits D. Random error only
→ *Ans: A*

4. "Precision" refers to:
A. Absence of systematic error B. Agreement among replicate measurements
C. Closeness to true value D. Sensitivity of instrument
→ *Ans: B*

5. Significant figures in 0.004560 are:
A. 3 B. 4
C. 5 D. 6
→ *Ans: C*

6. A "systematic error" is best minimized by:
A. Increasing sample size B. Proper calibration and validated method
C. Randomization D. Repeating titration many times without change
→ *Ans: B*

7. Random error is characterized by:
A. Constant bias B. Unpredictable scatter around mean
C. Instrument drift only D. Method selectivity
→ *Ans: B*

8. Sources of impurities in pharmacopoeial substances include:
A. Raw materials and reagents B. Manufacturing process/containers
C. Storage and environmental contamination D. All of the above
→ *Ans: D*

9. "Limit test" is designed to:
A. Quantify exact concentration B. Detect/limit small amounts of impurities

C. Measure potency D. Assay active drug only
→ *Ans: B*

10. In the IP limit test for chlorides, opalescence is produced by:
A. Barium chloride B. Silver nitrate in nitric acid medium
C. Ferric chloride D. Lead acetate
→ *Ans: B*

11. The principle of sulphate limit test is precipitation as:
A. Silver sulphate B. Barium sulphate
C. Lead sulphate D. Calcium sulphate
→ *Ans: B*

12. Iron limit test in IP uses color development with:
A. Nessler's reagent B. Thioglycolic acid/orthophenanthroline complex
C. Diphenylcarbazone D. Murexide
→ *Ans: B*

13. Heavy metals limit test typically uses:
A. Dithizone colorimetry B. $KMnO_4$ oxidation
C. EDTA complexation D. Silver nitrate
→ *Ans: A*

14. Arsenic limit test (IP) commonly employs:
A. Gutzeit method (arsine formation) B. Mohr's method
C. Kjeldahl method D. Fajans method
→ *Ans: A*

15. "Specified impurity" means:
A. Any impurity present B. Identified/quantified impurity with set limit
C. Only residual solvent D. Only heavy metal
→ *Ans: B*

16. Residual solvents are controlled primarily for:
A. Taste B. Toxicity and safety
C. Colour D. Odour alone
→ *Ans: B*

17. Loss on drying mainly assesses:
A. Water and volatile matter B. Ash content
C. Particle size D. Crystallinity
→ *Ans: A*

18. In assay validation, "specificity" ensures:
A. Reproducibility
B. Ability to measure analyte in presence of components
C. Linearity of response
D. Range of method
→ *Ans: B*

19. Primary standard in analysis should be:
A. Hygroscopic B. Low purity
C. Stable and high purity D. Volatile
→ *Ans: C*

20. Standard deviation is a measure of:
A. Accuracy B. Precision/dispersion
C. Systematic error D. Sensitivity
→ *Ans: B*

21. Normality (N) is defined as:
A. Moles/L B. Equivalents/L
C. g/L D. % w/v
→ *Ans: B*

22. Primary standards for acid-base titration include:
A. HCl B. NaOH
C. Potassium hydrogen phthalate (KHP) D. Ammonia solution
→ *Ans: C*

23. Non-aqueous titration is primarily used for:
A. Strong acids only
B. Weak bases like alkaloids in glacial acetic acid
C. Chloride determination
D. Redox couples
→ *Ans: B*

24. Precipitation titration with silver nitrate commonly applies:
A. Mohr's method (chromate indicator) B. Fenton reaction
C. Iodimetry D. Cerimetry
→ *Ans: A*

25. Complexometric titration for hardness uses:
A. $AgNO_3$ B. $KMnO_4$

C. EDTA with Eriochrome Black T D. Iodine
→ *Ans: C*

26. Redox titration using $KMnO_4$ is called:
A. Iodometry B. Permanganometry
C. Argentometry D. Cerimetry
→ *Ans: B*

27. Iodimetry directly titrates:
A. Iodine with thiosulfate B. Thiosulfate with iodine
C. Iodate with iodide D. Bromate with phenolphthalein
→ *Ans: A*

28. In gravimetry, the analyte is:
A. Volatilized and titrated B. Converted to a pure, weighable precipitate
C. Reduced and titrated D. Measured spectrophotometrically
→ *Ans: B*

29. A common gravimetric precipitate of sulphate is:
A. $BaSO_4$ B. Ag_2SO_4
C. $PbSO_4$ (always) D. $CuSO_4$
→ *Ans: A*

30. Indicator for strong acid–strong base titration:
A. Methyl orange only B. Phenolphthalein only
C. Either methyl orange or phenolphthalein D. Starch
→ *Ans: C*

31. Non-aqueous titrants commonly used:
A. Perchloric acid in acetic acid B. Dilute HCl in water
C. $Na_2S_2O_3$ in water D. $AgNO_3$ in water
→ *Ans: A*

32. Masking agent in EDTA titration is often:
A. Gelatin B. Cyanide or triethanolamine
C. Starch D. Chromate
→ *Ans: B*

33. Ferrous sulfate is used as a/an:
A. Antacid B. Haematinic

C. Diuretic D. Laxative
→ *Ans: B*

34. Ferrous fumarate advantage vs ferrous sulfate:
A. Higher elemental iron % B. Lower bioavailability
C. Worse tolerability D. No iron content
→ *Ans: A*

35. Ferric ammonium citrate is often used in:
A. Imaging only B. Haematinic syrups/tonics
C. Antacid suspensions D. Sedatives
→ *Ans: B*

36. Carbonyl iron is valued because it:
A. Has zero iron B. Causes severe constipation always
C. Provides controlled iron release and better tolerability D. Is used as a preservative
→ *Ans: C*

37. Aluminium hydroxide gel acts as:
A. Systemic antacid B. Non-systemic antacid with constipating effect
C. Laxative D. Cathartic stimulant
→ *Ans: B*

38. Magnesium hydroxide can cause:
A. Constipation B. Diarrhoea
C. Sedation D. Hypertension
→ *Ans: B*

39. Magaldrate is a complex of:
A. Ca and Na B. Al and Mg hydroxide complex
C. Fe and Mg D. K and Al
→ *Ans: B*

40. Sodium bicarbonate as antacid is:
A. Non-systemic B. Systemic; risk of alkalosis and rebound
C. Adsorbent D. Astringent
→ *Ans: B*

41. Calcium carbonate as antacid:
A. Non-systemic with CO_2 release B. Systemic without CO_2

C. Laxative D. Cathartic
→ *Ans: A*

42. Adsorbents used in diarrhoea include:
A. Kaolin/activated charcoal B. Magnesium hydroxide
C. Sodium bicarbonate D. Hydrogen peroxide
→ *Ans: A*

43. Protectives for GIT mucosa include:
A. Bismuth compounds B. Laxatives
C. Anthelmintics D. Sedatives
→ *Ans: A*

44. Cathartics primarily do:
A. Neutralize acid B. Promote defecation
C. Reduce inflammation D. Treat infections
→ *Ans: B*

45. Silver nitrate topical use:
A. Antacid B. Astringent/antimicrobial cauterizing agent
C. Diuretic D. Antiarrhythmic
→ *Ans: B*

46. Chlorhexidine gluconate is a:
A. Systemic antibiotic B. Broad-spectrum antiseptic for skin/oral rinses
C. Antacid D. Antifungal only
→ *Ans: B*

47. Hydrogen peroxide (3%) is used as:
A. Strong systemic oxidant B. Local antiseptic/effervescent cleanser
C. Sedative D. Antiulcer
→ *Ans: B*

48. Boric acid (weak) is used as:
A. Ophthalmic antiseptic/antiseptic dusting powder (limited) B. Strong caustic
C. Cathartic D. Antacid
→ *Ans: A*

49. Potassium permanganate functions as:
A. Reducing agent B. Strong oxidizing antiseptic/disinfectant
C. Antacid D. Diuretic
→ *Ans: B*

50. Denture cleaners often include:
A. Oxidizing agents (perborates/percarbonates) B. Opioids
C. Sodium bicarbonate alone D. Calcium channel blockers
→ *Ans: A*

51. Mouthwashes typically contain:
A. Opioids B. Antibiotics at systemic doses
C. Chlorhexidine/essential oils/fluoride D. Antacids
→ *Ans: C*

52. Nitrous oxide in medicine is used as:
A. Inhalational anaesthetic/analgesic B. Antacid
C. Haematinic D. Antipyretic
→ *Ans: A*

53. **IUPAC naming prioritizes:**
A. Longest chain with highest priority functional group
B. Alphabetical order only
C. Random numbering
D. Trivial names
→ *Ans: A*

54. A five-membered heterocycle with one nitrogen is:
A. Furan B. Thiophene
C. Pyrrole D. Benzene
→ *Ans: C*

55. **A six-membered heteroaromatic with one nitrogen is:**
A. Pyridine B. Piperidine
C. Imidazole D. Indole
→ *Ans: A*

56. **Benzodiazepines contain:**
A. One ring only B. Two fused rings (benzene + diazepine)
C. No heteroatoms D. Sugar moiety
→ *Ans: B*

57. **Imidazole ring contains:**
A. One N B. Chlorine
C. Sulfur D. Two nitrogens (1,3-positions)
→ *Ans: D*

58. **"Up to three rings" in heterocycles typically covers:**
A. Simple monocyclics only B. Mono-, bicyclic, and tricyclic fused systems
C. Steroids D. Peptides
→ *Ans: B*

59. Thiopental sodium is a:
A. Ultra-short acting barbiturate IV anaesthetic B. Local anaesthetic
C. Inhalational gas D. Muscle relaxant
→ *Ans: A*

60. Ketamine HCl is known for:
A. Cholinergic blockade B. Only muscle relaxation
C. Dissociative anaesthesia and analgesia D. Pure sedative without analgesia
→ *Ans: C*

61. Propofol notable adverse effect:
A. Severe hypertension B. Pain on injection and hypotension
C. Hyperkalemia D. Severe bradycardia always
→ *Ans: B*

62. Diazepam belongs to:
A. Barbiturates B. Benzodiazepines
C. Opioids D. Phenothiazines
→ *Ans: B*

***63.* Alprazolam primarily used as:**
A. Antipsychotic B. Antidepressant
C. Antiepileptic only D. Anxiolytic (benzo)
→ *Ans: D*

64. Phenobarbital is mainly used as:
A. Antipsychotic B. Antiepileptic barbiturate
C. Antidepressant D. Antiemetic
→ *Ans: B*

65. Chlorpromazine is a:
A. Typical antipsychotic (phenothiazine) B. SSRI
C. Anticonvulsant D. Beta blocker
→ *Ans: A*

66. Haloperidol belongs to:
A. Butyrophenones antipsychotics B. Tricyclic antidepressants

C. Barbiturates
D. Opioids
→ *Ans: A*

67. Risperidone/Olanzapine are:
A. Typical antipsychotics
B. Atypical antipsychotics
C. MAO inhibitors
D. Opioid antagonists
→ *Ans: B*

68. Phenytoin mechanism involves:
A. Enhancing GABA
B. Pure NMDA antagonism
C. Blocking Ca^{2+} T-channels only
D. Stabilizing inactive Na^{+} channels
→ *Ans: D*

69. Carbamazepine used for:
A. Schizophrenia
B. Partial seizures and trigeminal neuralgia
C. Parkinsonism
D. Anaesthesia
→ *Ans: B*

70. Valproic acid acts mainly by:
A. GABA increase + Na^{+} channel effects
B. Pure anticholinergic action
C. Opioid receptor agonism
D. Alpha-1 blockade
→ *Ans: A*

71. SSRIs include:
A. Amitriptyline, Imipramine
B. Fluoxetine, Sertraline, Citalopram
C. Phenelzine, Tranylcypromine
D. Bupropion, Mirtazapine
→ *Ans: B*

72. Amitriptyline is a:
A. MAOI
B. SSRI
C. Tricyclic antidepressant
D. SNRI
→ *Ans: C*

73. Norepinephrine acts mainly on:
A. β_2 receptors
B. α_1 and β_1 receptors (minimal β_2)
C. Muscarinic receptor
D. NMDA receptors
→ *Ans: B*

74. Phenylephrine is a selective:
A. α_1 agonist
B. β_1 agonist
C. β_2 agonist
D. Muscarinic agonist
→ *Ans: A*

75. Dopamine at moderate doses primarily:

A. D_1 renal vasodilation only
B. β_1 cardiac stimulation
C. α_1 vasoconstriction predominates
D. Muscarinic activation
→ *Ans: B*

76. Salbutamol (albuterol) is used as:

A. α agonist
B. β blocker
C. β_2 agonist bronchodilator
D. Muscarinic antagonist
→ *Ans: C*

77. Ephedrine is a:

A. Pure indirect sympathomimetic
B. Mixed-acting sympathomimetic
C. Pure direct α agonist
D. Pure β_2 agonist
→ *Ans: B*

78. Prazosin is a/an:

A. β blocker (antihypertensive)
B. α_1 blocker
C. Muscarinic antagonist
D. ACE inhibitor
→ *Ans: B*

79. Propranolol is:

A. β_1-selective
B. Non-selective β blocker
C. α blocker
D. Partial agonist only
→ *Ans: A*

80. Atenolol is:

A. Non-selective β blocker
B. β_1-selective blocker
C. α blocker
D. Mixed blocker
→ *Ans: B*

81. Acetylcholine pharmacologically is limited due to:

A. Long half-life
B. High selectivity
C. Rapid hydrolysis by cholinesterase
D. Poor receptor activity
→ *Ans: C*

82. Neostigmine is a:

A. Irreversible AChE inhibitor
B. Reversible quaternary AChE inhibitor
C. Muscarinic antagonist
D. β blocker
→ *Ans: B*

83. Atropine sulfate is:

A. α blocker
B. Nicotinic antagonist
C. Cholinesterase inhibitor
D. Muscarinic antagonist (anticholinergic)

→ *Ans: D*

84. Dicyclomine HCl is used for:

A. Asthma
B. Hypertension
C. IBS antispasmodic (anticholinergic)
D. Heart failure

→ *Ans: C*

85. Verapamil is a/an:

A. Na^+ channel blocker (Class IB)
B. Ca^{2+} channel blocker (non-DHP)
C. β blocker
D. α blocker

→ *Ans: B*

86. Lidocaine (Class IB) is useful in:

A. Atrial fibrillation chronic
B. Ventricular arrhythmias (acute)
C. Bradycardia
D. AV block therapy

→ *Ans: B*

87. Amiodarone is primarily:

A. Class III K^+ channel blocker with multi-class actions
B. Class II agent
C. Pure Class I
D. Pure Class IV

→ *Ans: A*

88. Captopril is a/an:

A. Renin inhibitor
B. ARB
C. ACE inhibitor
D. Diuretic

→ *Ans: C*

89. Nifedipine is:

A. Non-DHP CCB
B. DHP calcium channel blocker (vasoselective)
C. β blocker
D. Alpha blocker

→ *Ans: B*

90. Isosorbide dinitrate acts by:

A. α blockade
B. NO-mediated venodilation
C. β_2 agonism
D. Calcium channel block

→ *Ans: B*

91. Hydralazine primarily:

A. Venodilator
B. Diuretic
C. β blocker
D. Arteriolar vasodilator
→ *Ans: D*

92. Ramipril belongs to:

A. ARBs
B. ACE inhibitors
C. β blockers
D. Calcium antagonists
→ *Ans: B*

93. Furosemide (frusemide) is a:

A. Thiazide
B. Loop diuretic (Na^+-K^+-$2Cl^-$ inhibitor)
C. K^+-sparing diuretic
D. Carbonic anhydrase inhibitor
→ *Ans: B*

94. Acetazolamide is a:

A. Loop diuretic
B. Thiazide
C. Carbonic anhydrase inhibitor (proximal tubule)
D. Aldosterone antagonist
→ *Ans: C*

95. Spironolactone acts as:

A. Aldosterone receptor antagonist (K^+-sparing)
B. Loop blocker
C. Thiazide
D. Osmotic diuretic
→ *Ans: A*

96. Metformin's primary action:

A. Insulin secretagogue
B. ↓ Hepatic gluconeogenesis, ↑ insulin sensitivity
C. α-glucosidase inhibition
D. Insulin analog
→ *Ans: B*

97. Glibenclamide (glyburide) is a:

A. Biguanide
B. Sulfonylurea (insulin secretagogue)
C. TZD
D. SGLT2 inhibitor
→ *Ans: B*

98. Pioglitazone belongs to:

A. Sulfonylureas
B. Biguanides
C. Thiazolidinediones (PPAR-γ agonist).
D. DPP-4 inhibitors
→ *Ans: C*

99. Ibuprofen is a/an:

A. Selective COX-2 inhibitor B. Non-selective NSAID
C. Opioid D. Steroid
→ *Ans: B*

100. Aspirin at low dose is used for:

A. Antipsychotic effect B. Antiplatelet (COX-1 inhibition)
C. Antifungal D. Bronchodilation
→ *Ans: B*

101. Paracetamol major toxicity at overdose:

A. Hepatotoxicity (NAPQI) B. Nephrotoxicity only
C. Ototoxicity D. Photosensitivity
→ *Ans: A*

102. Diclofenac belongs to:

A. Opioids B. Non-selective NSAIDs
C. Local anaesthetics D. Steroids
→ *Ans: B*

103. Piroxicam is a:

A. COX-2 selective B. Opioid
C. Oxicam NSAID (long-acting) D. Anticholinergic
→ *Ans: C*

104. Morphine analogues primarily act on:

A. Nicotinic receptors B. Opioid receptors (μ predominant)
C. GABA-B D. NMDA
→ *Ans: B*

105. **Amphotericin-B major toxicity:**

A. Nephrotoxicity and infusion reactions B. Ototoxicity
C. Myelosuppression D. Severe hypoglycemia
→ *Ans: A*

106. **Ketoconazole notable interaction:**

A. Enzyme induction B. CYP3A4 inhibition and endocrine effects
C. None D. Increases QT safety
→ *Ans: B*

107. **Fluconazole advantage:**
A. Poor oral bioavailability
B. Only topical use
C. Good CSF penetration and fewer endocrine effects
D. Severe nephrotoxicity
→ *Ans: C*

108. **Ofloxacin is a:**
A. Macrolide
B. Fluoroquinolone (DNA gyrase/Topo IV inhibitor)
C. β-lactam
D. Tetracycline
→ *Ans: B*

109. **Ciprofloxacin should not be co-administered with:**
A. Antacids (chelation)
B. ACE inhibitors
C. Beta blockers
D. PPIs always
→ *Ans: A*

110. **Isoniazid (INH) adverse effect:**
A. Aplastic anemia
B. Peripheral neuropathy (prevent with pyridoxine)
C. Ototoxicity
D. Renal stones
→ *Ans: B*

111. **Rifampicin is a potent:**
A. CYP inhibitor
B. CYP inducer (orange discoloration)
C. Carbonic anhydrase inhibitor
D. Antacid
→ *Ans: B*

112. **Ethambutol toxicity:**
A. Optic neuritis (↓ red-green discrimination)
B. Nephrotoxicity
C. Ototoxicity
D. Hepatic failure only
→ *Ans: A*

113. **Pyrazinamide adverse effect:**
A. Hypoglycemia
B. Hyperuricemia and hepatotoxicity
C. Ototoxicity
D. Constipation
→ *Ans: B*

114. **Acyclovir mechanism:**
A. Reverse transcriptase inhibition
B. Viral DNA polymerase inhibition after phosphorylation
C. Protease inhibition

D. Integrase inhibition
→ *Ans: B*

115. **Zidovudine (AZT) is a/an:**
A. NNRTI
B. NRTI (thymidine analog) causing myelosuppression
C. Protease inhibitor
D. Entry inhibitor
→ *Ans: B*

116. **Remdesivir is a:**
A. Protease inhibitor
B. RdRp inhibitor (nucleotide analog)
C. Neuraminidase inhibitor
D. Fusion inhibitor
→ *Ans: B*

117. **Chloroquine phosphate major concern:**
A. Retinopathy at high/long doses
B. Severe hypoglycemia
C. Aplastic anemia always
D. Ototoxicity
→ *Ans: A*

118. **Artemisinin derivatives are preferred for:**
A. Severe bacterial infections
B. Falciparum malaria
C. Viral hepatitis
D. TB
→ *Ans: B*

119. **Sulfonamide mechanism:**
A. Inhibit folate reductase directly
B. PABA analogs inhibiting dihydropteroate synthase
C. Cell wall synthesis
D. Protein synthesis 50S
→ *Ans: B*

120. **Dapsone is mainly used for:**
A. Leprosy and dermatitis herpetiformis
B. TB
C. Influenza
D. HIV
→ *Ans: A*

121. **Penicillin G is:**
A. Acid stable orally
B. Acid labile; given parenterally
C. Macrolide
D. Aminoglycoside
→ *Ans: B*

122. **Amoxicillin is:**
A. Narrow spectrum only
B. Cephalosporin
C. Aminopenicillin; better oral absorption than ampicillin
D. Tetracycline
→ *Ans: C*

123. **Chloramphenicol key toxicity:**
A. Nephrotoxicity
B. Gray baby syndrome and aplastic anemia
C. Ototoxicity
D. Photosensitivity
→ *Ans: B*

124. **Cyclophosphamide is a/an:**
A. Alkylating agent (prodrug; acrolein→hemorrhagic cystitis)
B. Antimetabolite
C. Vinca alkaloid
D. Anthracycline
→ *Ans: A*

125. **Cisplatin major toxicity:**
A. Cardiotoxicity
B. Nephrotoxicity and ototoxicity
C. Hypoglycemia
D. Gout
→ *Ans: B*

126. **Methotrexate mechanism:**
A. Inhibits thymidylate synthase
B. Microtubule stabilizer
C. Topoisomerase II inhibitor
D. Inhibits dihydrofolate reductase
→ *Ans: D*

127. **5-Fluorouracil (5-FU) inhibits:**
A. DHFR
B. Thymidylate synthase (as FdUMP)
C. RNA polymerase
D. Proteasome
→ *Ans: B*

128. **Doxorubicin (anthracycline) major toxicity:**
A. Pulmonary fibrosis
B. Severe hypocalcemia
C. Cumulative cardiomyopathy (free radicals)
D. Constipation
→ *Ans: C*

129. **Which one is Vinblastine mechanism:**
A. DNA intercalation
B. Inhibits microtubule polymerization (mitotic arrest)
C. Stabilizes microtubules
D. DHFR inhibition
→ *Ans: B*

130. **Which one is Busulfan adverse effect:**
A. Pulmonary fibrosis ("busulfan lung") B. Ototoxicity
C. Severe hypoglycemia D. Gynaecomastia
→ *Ans: A*

131. **Mercaptopurine is activated by:**
A. TPMT methylation only B. HGPRT (purine analog)
C. CYP3A4 D. Glutathione transferase
→ *Ans: B*

132. **Dactinomycin (actinomycin D) acts by:**
A. DNA intercalation and inhibition of RNA synthesis
B. Microtubule stabilization
C. DHFR inhibition
D. Topo I inhibition
→ *Ans: A*

133. **Sodium fluoride in dentistry helps by:**
A. Demineralizing enamel
B. Causing gingivitis
C. Enhancing enamel remineralization and inhibiting caries
D. Whitening only
→ *Ans: C*

134. **Calcium carbonate in dentifrices acts mainly as:**
A. Abrasive and polishing agent B. Antimicrobial
C. Sweetener D. Humectant
→ *Ans: A*

135. **Denture adhesives commonly contain:**
A. Polymers (CMC, PVM/MA) for adhesion B. Antibiotics
C. Opioids D. Salicylates
→ *Ans: A*

136. **“Bleaching powder” contains:**
A. NaOCl
B. $Ca(OCl)_2$
C. $KClO_3$
D. $CaCO_3$
→ *Ans: B*

137. **Medical oxygen is stored in cylinders:**
A. With oil lubrication
B. Dry, oil-free, high-pressure cylinders
C. Plastic bags
D. Rubber balloons
→ *Ans: B*

138. **Carbon dioxide medical use includes:**
A. CNS depression
B. Antibiotic
C. Antacid therapy
D. Insufflation in surgery and carbonation
→ *Ans: D*

139. **“Ionic silver” preparations act by:**
A. DNA alkylation like chemo
B. Broad antimicrobial via protein precipitation and ion toxicity
C. Antacid effect
D. Laxative
→ *Ans: B*

140. **Potassium permanganate solutions must be stored:**
A. Exposed to light
B. In well-closed, light-resistant containers
C. Open containers
D. With reducing agents
→ *Ans: B*

141. **Light-sensitive drugs are stored in:**
A. Clear glass
B. Amber/colored containers
C. Plastic bags only
D. Paper wraps
→ *Ans: B*

142. **Hygroscopic substances should be stored:**
A. In desiccated, tightly closed containers
B. Open
C. With water added
D. In freezer always
→ *Ans: A*

143. **Effervescent granules should be:**
A. Exposed to humidity
B. Packed in moisture-proof containers
C. Stored warm
D. Kept open
→ *Ans: B*

144. **Chlorhexidine mouthwash typical concentration:**
A. 0.2% or 0.12% B. 2%
C. 20% D. 0.002%
→ *Ans: A*

145. **Hydrogen peroxide for wound cleansing:**
A. 30% B. 0.03%
C. 3% w/v D. 10%
→ *Ans: C*

146. **Ferrous salts are commonly formulated with:**
A. Calcium carbonate only B. Folic acid and Vitamin B12 (in haematinics)
C. Potassium permanganate D. Fluoride
→ *Ans: B*

147. **Antacids often combined (Al/Mg) to:**
A. Increase constipation B. Increase gas only
C. Reduce potency D. Balance constipating/diarrhoeal effects
→ *Ans: D*

148. **Silver nitrate sticks are used for:**
A. Systemic infection B. Cauterization of warts/granulation tissue
C. Analgesia D. Antacid
→ *Ans: B*

149. **$KMnO_4$ solutions freshly prepared because:**
A. It's volatile
B. Freezes easily
C. Decomposes on standing/light/organic contamination
D. Becomes acidic
→ *Ans: C*

150. **Most oral fluoride toothpastes contain fluoride around:**
A. 100–200 ppm B. 1000–1500 ppm
C. 5000–6000 ppm routinely D. 10 ppm
→ *Ans: B*

PHARMACOGNOSY

Course Code: ER20-13T

1. Pharmacognosy is the study of:

A. Drug synthesis in lab
B. Physical properties of chemicals
C. Crude drugs obtained from natural sources
D. Pharmacokinetics of synthetic drugs

→ *Ans: C*

2. The term "Pharmacognosy" was first coined by:

A. Serturner
B. Seydler
C. Withering
D. Pelletier

→ *Ans: B*

3. The term "Pharmacognosy" first appeared in:

A. 1803
B. 1850
C. 1820
D. 1815

→ *Ans: D*

4. The father of Indian Pharmacognosy is:

A. K. M. Nadkarni
B. Chopra R. N.
C. C. R. Deshpande
D. R. K. Khanna

→ *Ans: B*

5. Present scope of Pharmacognosy includes:

A. Only crude drug identification
B. Chemical synthesis
C. Study of plant constituents, isolation, evaluation, formulation
D. Packaging only

→ *Ans: C*

***6.* Modern Pharmacognosy integrates:**

A. Botany and Chemistry only
B. Pharmacology, Biotechnology and Phytochemistry
C. Physics
D. Anatomy alone

→ *Ans: B*

7. Pharmacognosy contributes mainly to:

A. Herbal medicine research and standardization
B. Drug marketing
C. Hospital accounting
D. Sterilization only

→ *Ans: A*

8. Crude drugs are:
A. Chemically pure substances B. Unrefined natural substances used medicinally
C. Synthetic compounds D. Processed formulations
→ *Ans: B*

9. The word "Pharmacognosy" derives from:
A. Greek "pharmakon" (drug) + "gnosis" (knowledge)
B. Latin "pharma" + "genesis"
C. Greek "pharma" + "logos"
D. Latin "medica" + "gnosis"
→ *Ans: A*

10. Pharmacognosy bridges:
A. Botany and Pharmacy B. Mathematics and Pharmacology
C. Chemistry and Engineering D. Pathology and Surgery
→ *Ans: A*

11. Taxonomical classification is based on:
A. Chemical constituents B. Plant taxonomy (genus/species)
C. Therapeutic action D. Morphology
→ *Ans: B*

12. Morphological classification depends on:
A. Chemical nature B. Organ or part used (root, leaf, bark)
C. Country of origin D. Pharmacological effect
→ *Ans: B*

13. Pharmacological classification groups drugs by:
A. Therapeutic action on body system B. Chemical composition
C. Botanical family D. Color and odour
→ *Ans: A*

14. Chemical classification is based on:
A. Plant part used B. Plant family
C. Chemical nature of principal constituents D. Alphabetical order
→ *Ans: C*

15. Chemo-taxonomical classification links:
A. Plant chemistry with taxonomy B. Morphology only
C. Ecology and climate D. Pharmacology and anatomy
→ *Ans: A*

16. Example of morphological classification — *Leaf drugs* include:
A. Cinchona, Cinnamon. B. Clove, Ginger
C. Senna, Digitalis D. Opium, Ispaghula
→ *Ans: C*

17. Example of pharmacological classification — *Cardiotonic*:
A. Digitalis B. Aloe
C. Cinnamon D. Coriander
→ *Ans: A*

18. Adulteration means:
A. Addition of spurious or inferior material B. Purification
C. Sterilization D. Isolation of active principle
→ *Ans: A*

19. Substitution type of adulteration occurs when:
A. Accidental contamination B. Adulterant added deliberately
C. Genuine drug replaced with similar-looking species D. None
→ *Ans: C*

20. Spoilage adulteration results from:
A. Poor storage causing microbial damage B. Intentional mixing
C. Packaging error D. None
→ *Ans: A*

21. Evaluation of crude drugs involves:
A. Only chemical testing
B. Organoleptic, microscopic, physical, chemical and biological tests
C. Pharmacological trials only
D. Price analysis
→ *Ans: B*

22. Organoleptic evaluation means:
A. Chromatography B. Chemical tests
C. Judging by sense organs (colour, odour, taste) D. Pharmacology
→ *Ans: C*

23. Microscopic evaluation uses:
A. Taste and odour
B. Assay
C. Chromatography

D. Cellular features like trichomes, vessels, stomata
→ *Ans: D*

24. Physical evaluation includes:
A. TLC
B. Moisture, ash, extractive values
C. Taste
D. Colour tests
→ *Ans: B*

25. Chemical evaluation confirms:
A. Active constituents by chemical reactions
B. Price value
C. Shape
D. Source
→ *Ans: A*

26. Biological evaluation measures:
A. Odour intensity
B. Activity on living organisms
C. TLC pattern
D. Moisture content
→ *Ans: B*

27. Example of adulteration by exhaustion:
A. Used drug mixed after extraction
B. Mixing sand
C. Adding chalk
D. Substituting wrong species
→ *Ans: A*

28. TLC is used for:
A. Isolation
B. Identification and purity testing
C. Weighing
D. Organoleptic test
→ *Ans: B*

29. Ash value determines:
A. Organic content
B. Total inorganic matter in drug
C. Volatile oil content
D. Fat content
→ *Ans: B*

31. Alkaloids are:
A. Basic nitrogenous compounds of plant origin
B. Carbohydrates
C. Proteins
D. Terpenes
→ *Ans: A*

32. Glycosides yield on hydrolysis:
A. Sugar and non-sugar (aglycone)
B. Only sugar
C. Protein
D. Alcohol
→ *Ans: A*

33. Terpenoids are derived from:

A. Sugars
B. Amino acids
C. Isoprene units $(C_5H_8)n$
D. Fatty acids
→ *Ans: C*

34. Volatile oils are:

A. Fixed triglycerides
B. Steam-distillable fragrant oils
C. Alkaloids
D. Steroids
→ *Ans: B*

35. Tannins give:

A. Blue-black colour with $FeCl_3$
B. Red ppt with $CuSO_4$
C. Yellow ppt with $AgNO_3$
D. None
→ *Ans: A*

36. Resins are:

A. Gums
B. Sugars
C Oxidation products of volatile oils, insoluble in water
D. Proteins
→ *Ans: C*

37. Test for alkaloids:

A. Dragendorff's reagent (orange ppt)
B. Molisch test
C. Keller-Killiani
D. Borntrager's
→ *Ans: A*

38. Test for glycosides (cardiac):

A. Fehling's
B. Ferric chloride
C. Libermann-Burchard
D. Keller-Killiani (reddish-brown ring)
→ *Ans: D*

39. Test for saponins:

A. Sudan III test
B. Foam test
C. Ninhydrin
D. Picric acid
→ *Ans: B*

40. Terpenoids detected by:

A. Salkowski or Liebermann-Burchard test (red/green)
B. $FeCl_3$
C. Molisch
D. Benedict's
→ *Ans: A*

41. Aloe – major constituent:

A. Aloin (anthraquinone glycoside)
B. Alkaloid

C. Tannin D. Resin
→ *Ans: A*

42. Castor oil – active principle:
A. Ricinoleic acid B. Linoleic acid
C. Myristic acid D. Lauric acid
→ *Ans: A*

43. Ispaghula acts as:
A. Stimulant B. Irritant purgative
C. Bulk-forming laxative (mucilage). D. None
→ *Ans: C*

44. Senna contains:
A. Sennosides A & B (anthraquinone glycosides) B. Atropine
C. Tannic acid D. Eugenol
→ *Ans: A*

45. Digitalis contains:
A. Alkaloid. B. Cardiac glycosides (digitoxin)
C. Resin D. Sterol only
→ *Ans: B*

46. Arjuna used as:
A. Antiseptic B. Laxative
C Cardiotonic (triterpenoid saponins). D. Diuretic only
→ *Ans: C*

47. Coriander active oil:
A. Linalool B. Menthol
C. Camphor D. Cineole
→ *Ans: A*

48. Fennel volatile oil:
A. Limonene B. Anethole
C. Thymol D. Eucalyptol
→ *Ans: B*

49. Cardamom volatile oil constituent:
A. Cineole B. Eugenol
C. Cinnamaldehyde D. Menthol
→ *Ans: A*

50. Ginger contains:

A. Eugenol
B. Caffeine
C. Gingerols & shogaols.
D. Atropine
→ *Ans: C*

51. Clove main constituent:

A. Eugenol
B. Menthol
C. Piperine
D. Myristicin
→ *Ans: A*

52. Black pepper – piperine responsible for:

A. Pungency and bioenhancement
B. Aroma only
C. Colour
D. Sweetness
→ *Ans: A*

53. Asafoetida contains:

A. Only tannin
B. Only alkaloid
C. Volatile oil + resin + gum
D. Only mucilage
→ *Ans: C*

54. Nutmeg volatile oil:

A. Eugenol
B. Linalool
C. Menthol
D. Myristicin
→ *Ans: D*

55. Cinnamon bark oil:

A. Cinnamaldehyde
B. Eugenol
C. Thymol
D. Linalool
→ *Ans: A*

56. Myrobalan (Terminalia chebula) contains:

A. Alkaloids
B. Tannins
C. Volatile oil
D. Resins
→ *Ans: B*

57. Catechu astringency due to:

A. Catechin, tannins
B. Alkaloid
C. Resin
D. Terpene
→ *Ans: A*

58. Hyoscyamus and **Belladonna contain:**

A. Tropane alkaloids (hyoscyamine, atropine)
B. Glycosides

C. Tannins D. Sterols
→ *Ans: A*

59. Ephedra contains:
A. Caffeine B. Atropine
C. Ephedrine (sympathomimetic). D. Nicotine
→ *Ans: C*

60. Opium active principle:
A. Morphine, codeine, papaverine B. Atropine
C. Quinine D. Caffeine
→ *Ans: A*

61. Tea and Coffee contain:
A. Quinine B. Caffeine
C. Ephedrine D. Atropine
→ *Ans: B*

62. Coca leaves alkaloid:
A. Cocaine B. Caffeine
C. Morphine D. Theophylline
→ *Ans: A*

63. Rauwolfia root alkaloids:
A. Quinine B. Atropine
C. Reserpine, ajmaline. D. Morphine
→ *Ans: C*

64. Vasaka contains:
A. Vasicine (bronchodilator, expectorant) B. Atropine
C. Glycyrrhizin D. Quercetin
→ *Ans: A*

65. Colchicum seed yields:
A. Ephedrine B. Caffeine
C. Atropine D. Colchicine (antigout)
→ *Ans: D*

66. Vinca alkaloids:
A. Vinblastine, vincristine (anti-tumor) B. Atropine
C. Ephedrine D. Quinine
→ *Ans: A*

67. Gymnema sylvestre used as:

A. Antiseptic B. Laxative
C. Antidiabetic (gymnemic acid) D. Antimalarial
→ *Ans: C*

68. Pterocarpus marsupium activity:

A. Antidiabetic (pterostilbene) B. Diuretic
C. Cathartic D. Astringent only
→ **Ans: A**

69. **Surgical cotton prepared from:**

A. Silk B. Animal wool
C. Synthetic polymer D. Cellulose of seed hairs
→ *Ans: D*

70. **Silk thread composed of:**

A. Fibroin and sericin proteins B. Cellulose
C. Collagen D. Elastin
→ *Ans: A*

71. **Catgut is prepared from:**

A. Silk B. Cotton
C. Submucosa of sheep intestine D. Nylon
→ *Ans: C*

72. **Ligatures used for:**

A. Tying blood vessels during surgery B. Measuring pressure
C. Dressings only D. Sterilization
→ *Ans: A*

73. Ayurveda is based on:

A Astrology. B. Germ theory
C. Modern pharmacology D. Tridosha theory (Vata, Pitta, Kapha)
→ *Ans: D*

74. Siddha system originated in:

A.China B. Greece
C. Tamil region of India. D. Egypt
→ *Ans: C*

75. Unani system founder credited as:

A. Hippocrates & Avicenna (Ibn Sina) B. Charaka

C. Sushruta D. Paracelsus
→ *Ans: A*

76. Homeopathy principle:
A. "Like cures like" B. "Opposites cure"
C. "Dose makes poison" theory" only D. "Single remedy
→ *Ans: A*

77. *Arista* and *Asava* are:
A. Ointments B. Powders
C. Fermented hydro-alcoholic preparations D. Pills
→ *Ans: C*

78. *Gutika* means:
A. Tablet or pill form B. Decoction
C. Liniment D. Cream
→ *Ans: A*

79. *Taila* refers to:
A. Medicated ghee B. Medicated oil
C. Syrup D. Powder
→ *Ans: B*

80. *Churna* means:
A. Fine powder preparation B. Decoction
C. Capsule D. Paste
→ *Ans: A*

81. *Lehya* is:
A. Oil B. Injection
C. Semisolid lickable preparation. D. Lotion
→ *Ans: C*

82. *Bhasma* refers to:
A. Calcinated metallic/mineral ash B. Herbal paste
C. Juice D. Decoction
→ *Ans: A*

83. India is one of the largest exporters of:
A. Synthetic drugs B. Medicinal and aromatic plants

C. Dairy products D. Oils only
→ *Ans: B*

84. Cultivation of medicinal plants improves:
A. National economy and rural employment B. Pollution
C. Import cost D. None
→ *Ans: A*

85. Nutraceuticals are:
A. Vitamins only B. Pure drugs
C. Cosmetics D. Food or part of food with medical benefits
→ *Ans: D*

86. Antioxidants act by:
A. Scavenging free radicals B. Increasing cholesterol
C. Reducing immunity D. Enhancing oxidation
→ *Ans: A*

87. Probiotics are:
A. Vitamins
B. Antibiotics
C. Live microorganisms promoting gut health.
D. Minerals
→ *Ans: C*

88. Prebiotics are:
A. Food substances that promote probiotic growth B. Antibiotics
C. Hormones D. Enzymes
→ *Ans: A*

89. Omega-3-fatty acids useful in:
A. Reducing triglycerides B. Increasing sugar
C. Causing hypertension D. Obesity
→ *Ans: A*

90. Spirulina is rich in:
A. Carbohydrates only B. Proteins and vitamins
C. Steroids D. Alkaloids
→ *Ans: B*

91. Herbal formulations are:

A. Chemical fertilizers B. Synthetic drugs
C. Combinations of plant-derived products for therapy D. None
→ *Ans: C*

92. Aloe vera gel used as:

A. Skin moisturizer and wound healer B. Analgesic
C. Antiseptic only D. Deodorant
→ *Ans: A*

93. Almond oil used as:

A. Antiseptic B. Emollient and skin softener
C. Hair dye D. Preservative
→ *Ans: B*

94. Lavender oil used for:

A. Fragrance and calming effect B. Analgesia
C. Cleaning D. Antifungal
→ *Ans: A*

95. Olive oil used as:

A. Emollient and carrier oil B. Antiseptic
C. Laxative only D. Germicide
→ *Ans: A*

96. Rosemary oil known for:

A. Insecticide B. Antifungal only
C. Sedative only D. Stimulant and antioxidant
→ *Ans: D*

97. Sandalwood oil used for:

A. Cooling and antiseptic purpose B. Cardiotonic
C. Sedative D. Stimulant
→ *Ans: A*

98. Lanolin obtained from:

A. Wool fat of sheep B. Plant wax
C. Mineral oil D. Insects
→ *Ans: A*

99. Kaolin used as:

A. Adsorbent and protectant B. Laxative

C. Sweetener D. Emulsifier
→ *Ans: A*

100. Phytochemical investigation includes:
A. Packaging
B. Cultivation
C. Marketing
D. Extraction, isolation, purification, and identification of plant constituents
→ *Ans: D*

HUMAN ANATOMY AND PHYSIOLOGY

Course Code: ER20-14T

1. Anatomy is the study of:
A. Body functions
B. Body structure
C. Disease
D. Tissues only
→ *Ans: B*

2. Physiology deals with:
A. Structure
B. Function of body parts
C. Genetics
D. Embryology
→ *Ans: B*

3. The smallest unit of life is:
A. Cell
B. Tissue
C. Organ
D. System
→ *Ans: A*

4. The term *homeostasis* refers to:
A. Disease state
B. Genetic variation
C. Growth of tissues
D. Maintenance of internal environment
→ *Ans: D*

5. Supine position means:
A. Standing
B. Lying face downward
C. Lying on back face upward erect
D. Sitting posture
→ *Ans: C*

6. The powerhouse of the cell is:
A. Nucleus
B. Mitochondria
C. Ribosome
D. Golgi body
→ *Ans: B*

7. The control center of the cell is:
A. Cytoplasm
B. Ribosome
C. Lysosome
D. Nucleus
→ *Ans: D*

8. Ribosomes are sites of:
A. Lipid synthesis
B. Protein synthesis
C. DNA replication
D. Energy production
→ *Ans: B*

9. The plasma membrane is mainly made of:
A. Cellulose
B. DNA and RNA

C. Lipid and protein
D. Starch
→ *Ans: C*

10. Lysosomes are known as:
A. Suicidal bags of cell
B. Energy factories
C. Storage bodies
D. Receptors
→ *Ans: A*

11. Epithelial tissue covers:
A. Glands only
B. Muscle
C. Bones
D. Surfaces and cavities
→ *Ans: D*

12. The main function of connective tissue is:
A. Protection and support
B. Conduction
C. Secretion
D. Locomotion
→ *Ans: A*

13. Bone and cartilage are types of:
A. Muscular tissue
B. Connective tissue
C. Nervous tissue
D. Epithelial tissue
→ *Ans: B*

14. The functional unit of nervous tissue is:
A. Neuron
B. Axon
C. Dendrite
D. Neuroglia
→ *Ans: A*

15. Skeletal muscle is:
A. Cardiac and involuntary
B. Smooth and involuntary
C. Striated and voluntary
D. Non-striated and voluntary
→ *Ans: C*

16. Smooth muscle is found in:
A. Skin
B. Bones
C. Heart
D. Walls of viscera
→ *Ans: D*

17. The tissue specialized for impulse transmission is:
A. Nervous
B. Muscular
C. Epithelial
D. Connective
→ *Ans: A*

18. Glands are derived from:

A. Epithelial tissue
B. Connective tissue
C. Muscle
D. Nerve
→ *Ans: A*

19. Adipose tissue stores:

A. Fat
B. Water
C. Minerals
D. Protein
→ *Ans: A*

20. Cartilage contains:

A. Fibroblasts
B. Osteocytes
C. Neurons
D. Chondrocytes
→ *Ans: D*

21. The human skeleton has approximately:

A. 100 bones
B. 206 bones
C. 300 bones
D. 260 bones
→ *Ans: B*

22. Axial skeleton includes:

A. Skull, vertebral column, ribs, sternum
B. Limbs
C. Girdles only
D. Hands and feet
→ *Ans: A*

23. Appendicular skeleton includes:

A. Spine
B. Skull
C. Limbs and girdles
D. Thorax
→ *Ans: C*

24. Bone cells are called:

A. Osteocytes
B. Chondrocytes
C. Myocytes
D. Neurons
→ *Ans: A*

25. Longest bone in the body is:

A. Femur
B. Humerus
C. Tibia
D. Fibula
→ *Ans: A*

26. Joint connecting skull bones is:

A. Pivot
B. Hinge

C. Ball-and-socket D. Suture
→ *Ans: D*

27. Shoulder joint is a:
A. Ball-and-socket joint B. Hinge joint
C. Gliding joint D. Saddle joint
→ *Ans: A*

28. Movement decreasing angle between two bones is:
A. Extension B. Flexion
C. Rotation D. Abduction
→ *Ans: B*

29. Inflammation of joints is called:
A. Arthritis B. Osteoporosis
C. Gout D. Myalgia
→ *Ans: A*

30. Bone disease due to calcium deficiency:
A. Anaemia B. Scurvy
C. Ricket D. Diabetes
→ *Ans: C*

31. Average blood volume in adult:
A. 2 L B. 5 L
C. 8 L D. 10 L
→ *Ans: B*

32. Plasma forms about:
A. 45% B. 55%
C. 65% D. 75% of blood
→ *Ans: B*

33. Red blood cells are produced in:
A. Bone marrow B. Liver
C. Kidney D. Spleen
→ *Ans: A*

34. Life span of RBCs is about:
A. 60 days B. 90 days
C. 120 days D. 180 days
→ *Ans: C*

35. Normal haemoglobin in adult male:

A. 13–18 g/Dl
B. 6–8 g/dL
C. 20 g/dL
D. 5 g/dL
→ *Ans: A*

36. Platelets help in:

A. Oxygen transport
B. Clotting of blood
C. Immunity
D. Digestion
→ *Ans: B*

37. Process of blood cell formation:

A. Haemopoiesis
B. Haemostasis
C. Thrombosis
D. Diapedesis
→ *Ans: A*

38. Universal donor blood group is:

A. B positive
B. AB positive
C. O negative
D. A negative
→ *Ans: C*

39. Universal recipient blood group:

A. AB positive
B. O negative
C. A positive
D. B negative
→ *Ans: A*

40. Clotting factor VIII deficiency causes:

A.Thrombocytopenia
B. Anaemia
C. Leukemia
D. Haemophilia
→ *Ans: D*

41. Lymph is formed from:

A. Tissue fluid
B. Blood cells
C. Digestive juice
D. Bile
→ *Ans: A*

42. Main lymphatic organ:

A. Spleen
B. Kidney
C. Lung
D. Liver
→ *Ans: A*

43. Lymph nodes function as:

A. Nerve centers
B. Hormone glands

C. Excretory organs D. Biological filters
→ *Ans: D*

44. Thoracic duct drains lymph from:
A. Left side of body B. Right arm only
C. Brain D. Heart
→ *Ans: A*

45. Lymphocytes are important for:
A. Digestion. B. Clotting
C. Immunity D. Excretion
→ *Ans: C*

46. Heart is enclosed by:
A. Pericardium B. Pleura
C. Peritoneum D. Meninges
→ *Ans: A*

47. Normal heart rate per minute:
A. 60 bpm B. 72 bpm
C. 100 bpm D. 40 bpm
→ *Ans: B*

48. Pacemaker of heart:
A. SA node B. AV node
C. Purkinje fibres D. Bundle of His
→ Ans: A

49. Blood from lungs returns to:
A. Right ventricle B. Right atrium
C. Left ventricle D. Left atrium
→ *Ans: D*

50. Pulmonary artery carries:
A. Deoxygenated blood from right ventricle to lungs
B. Oxygenated blood
C. Lymph
D. Plasma
→ *Ans: A*

51. Cardiac cycle duration:
A. 0.8 seconds B. 1 second

C. 0.5 second
D. 2 seconds
→ *Ans: A*

52. Normal blood pressure:
A. 100/60 mm Hg
B. 140/90 mm Hg
C. 120/80 mm Hg
D. 160/100 mm Hg
→ *Ans: C*

53. ECG records:
A. Pulse
B. Pressure of heart
C. Sound of heart
D. Electrical activity of heart
→ *Ans: D*

54. First heart sound is due to:
A. Closure of AV valves
B. Semilunar valves
C. Opening of valves
D. Blood ejection
→ *Ans: A*

55. Hypertension means:
A. High blood pressure
B. Low pulse
C. Low oxygen
D. Fast breathing
→ *Ans: A*

56. Primary organ of respiration:
A . Heart
B. Lungs
C. Liver
D. Kidney
→ *Ans: B*

57. Gas exchange occurs in:
A. Trachea
B. Bronchi
C. Alveoli
D. Pleura
→ *Ans: C*

58. Normal respiratory rate in adults:
A. 12–20/min
B. 30–40/min
C. 5–10/min
D. 25–30/min
→ *Ans: A*

59. Inspiration is:
A. Active process
B. Passive
C. Reflex
D. Diffusion only
→ *Ans: A*

60. Vital capacity is:

A. Air left in lungs
B. Residual volume
C. Max air exhaled after deep inspiration
D. Total lung capacity
→ *Ans: C*

61. Longest part of alimentary canal:

A. Small intestine
B. Stomach
C. Colon
D. Oesophagus
→ *Ans: A*

62. Digestive juice of stomach:

A. Bile
B. Gastric juice
C. Pancreatic juice
D. Saliva
→ *Ans: B*

63. Enzyme in saliva:

A. Amylase (ptyalin)
B. Pepsin
C. Trypsin
D. Lipase
→ *Ans: A*

64. Bile is produced by:

A. Liver
B. Pancreas
C. Gallbladder
D. Stomach
→ *Ans: A*

65. Absorption of nutrients occurs mainly in:

A. Mouth
B. Large intestine
C. Stomach
D. Small intestine
→ *Ans: D*

66. Villi increase:

A. Surface area for absorption
B. Digestion speed only
C. Enzyme action
D. pH of intestine
→ *Ans: A*

67. Protein digestion starts in:

A. Stomach
B. Mouth
C. Small intestine only
D. Colon
→ *Ans: A*

68. Pancreatic enzyme for fat digestion:

A. Trypsin
B. Lipase

C. Amylase D. Pepsin
→ *Ans: B*

69. Bile aids in:
A. Sugar breakdown B. Protein digestion
C. Fat emulsification D. Salt formation
→ *Ans: C*

70. Disorder due to acid reflux:
A. Heartburn B. Constipation
C. Ulcerative colitis D. Diarrhoea
→ *Ans: A*

71. Basic unit of muscle fibre:
A. Sarcomere B. Nephron
C. Axon D. Osteon
→ *Ans: A*

72. Energy for muscle contraction:
A. Glycogen B. ADP
C. Glucose D. ATP
→ *Ans: D*

73. Disorder due to muscle weakness:
A. Arthritis B. Myasthenia gravis
C. Anaemia D. Ulcer
→ *Ans: B*

74. CNS includes:
A. Brain and spinal cord B. Brain only
C. Spinal nerves D. Cranial nerves only
→ *Ans: A*

75. Largest part of brain:
A. Cerebrum B. Cerebellum
C. Midbrain D. Pons
→ *Ans: A*

76. Cerebellum controls:
A. Balance and coordination B. Emotion
C. Vision D. Memory
→ *Ans: A*

77. Hypothalamus regulates:

A. Heartbeat
B. Balance only
C. Temperature, hunger, endocrine control
D. Memory
→ *Ans: C*

78. Spinal cord function:

A. Conduction and reflexes
B. Hormone secretion
C. Filtration
D. Respiration
→ *Ans: A*

79. Total cranial nerves:

A. 10 pairs
B. 12 pairs
C. 14 pairs
D. 8 pairs
→ *Ans: B*

80. Sympathetic system causes:

A. "Fight or flight" response
B. Relaxation
C. Digestion
D. Sleep
→ *Ans: A*

81. Parasympathetic system causes:

A. Excitation
B. Stress
C. "Rest and digest"
D. Anger
→ *Ans: C*

82. Neurotransmitter at neuromuscular junction:

A. Acetylcholine
B. Adrenaline
C. Dopamine
D. Serotonin
→ *Ans: A*

83. Parkinson's disease due to deficiency of:

A. Acetylcholine
B. Dopamine
C. GABA
D. Serotonin
→ *Ans: B*

84. Retina is part of:

A. Eye
B. Ear
C. Skin
D. Tongue
→ *Ans: A*

85. Rod cells responsible for:

A. Night vision
B. Color vision

C. Hearing
D. Smell
→ *Ans: A*

86. Organ of Corti is in:
A. Nose
B. Eye
C. Cochlea of ear
D. Skin
→ *Ans: C*

87. Receptors for smell are in:
A. Tongue
B. Olfactory epithelium
C. Ear
D. Skin
→ *Ans: B*

88. Taste buds present on:
A. Tongue papillae
B. Lips
C. Palate
D. Pharynx
→ *Ans: A*

89. Skin's sensory receptors detect:
A. Light
B. Hormones
C. Sound
D. Touch, pain, temperature
→ *Ans: D*

90. Aqueous humour is found in:
A. Anterior chamber of eye
B. Ear
C. Nose
D. Brain
→ *Ans: A*

91. Functional unit of kidney:
A. Glomerulus
B. Nephron
C. Tubule
D. Bowman's capsule
→ *Ans: B*

92. Urine formation involves:
A. Active transport only
B. Diffusion only
C. Filtration, reabsorption, secretion
D. Filtration only
→ *Ans: C*

93. Hormone regulating BP via kidney:
A. Renin-angiotensin system
B. Insulin
C. ADH only
D. Aldosterone only
→ *Ans: A*

94. Micturition means:

A. Urination B. Digestion
C. Sweating D. Vomiting
→ *Ans: A*

95. Which gland is known as Master gland:

A. Pancreas B. Thyroid
C. Adrenal D. Pituitary
→ *Ans: D*

96. Thyroid secretes:

A. Thyroxine B. Insulin
C. Cortisol D. Estrogen
→ *Ans: A*

97. Adrenal medulla secretes:

A. Cortisol B. Aldosterone
C. Adrenaline and noradrenaline D. Testosterone
→ *Ans: C*

98. Insulin is produced by:

A. Beta cells of pancreas B. Alpha cells
C. Liver D. Kidney
→ *Ans: A*

99. Male gonads are:

A. Penis B. Ovary
C. Prostate D. Testes
→ *Ans: D*

100. *Fertilization normally occurs in:*

A. Fallopian tube B. Uterus
C. Ovary D. Vagina
→ *Ans: A*

SOCIAL PHARMACY

Course Code: ER20-15T

1. Social Pharmacy is the study of:
A. Social behavior of patients only
B. Interaction of medicines with society and public health
C. Pharmacology of social drugs
D. Sales of medicines
→ *Ans: B*

2. Scope of Social Pharmacy includes:
A. Improving public health and rational drug use
B. Drug manufacturing
C. Only retailing
D. Clinical trials
→ *Ans: A*

3. Role of pharmacist in public health includes:
A. Patient counseling and health promotion
B. Engineering work
C. Tax collection
D. None
→ *Ans: A*

4. According to WHO, health is defined as:
A. Absence of disease
B. Complete physical, mental and social well-being
C. Freedom from pain
D. Physical fitness only
→ *Ans: B*

5. Determinants of health include:
A. Genetic, environmental, socioeconomic, lifestyle factors
B. Luck
C. Weather
D. None
→ *Ans: A*

6. Dimension of health not included in WHO definition:
A . Mental
B. Physical
C. Spiritual
D. Social
→ *Ans: C*

7. Health indicators are used to:
A. Measure health status of population
B. Count hospital beds
C. Track rainfall
D. Identify drugs
→ *Ans: A*

8. National Health Policy of India aims to:
A. Achieve universal health coverage
B. Promote exports

C. Ban drugs D. Privatize healthcare
→ *Ans: A*

9. Primary healthcare is provided by:
A. Private clinics only B. Super-specialty hospitals only
C. PHC and subcentres D. Laboratories
→ *Ans: C*

10. The National Health Mission (NHM) launched in:
A. 2013 B. 2005
C. 1995 D. 2010
→ *Ans: B*

11. Millennium Development Goals (MDGs) targeted year:
A. 2015 B. 2020
C. 2000 D. 2030
→ *Ans: A*

12. Sustainable Development Goals (SDGs) end year:
A. 2040 B. 2025
C. 2030 D. 2020
→ *Ans: C*

13. FIP Development Goals relate to:
A. Education only B. Trade policy
C. Global pharmacy profession advancement D. Climate
→ *Ans: C*

14. Private health sector in India provides about:
A. 70% of healthcare services B. 10%
C. 30% D. 50%
→ *Ans: A*

15. Family planning aims to:
A. Promote child labor B. Stop all births
C. Control birth rate and promote maternal health D. Increase population
→ *Ans: C*

16. Common contraceptive device:
A. Aspirin B. Syringe
C. Cotton D. Copper-T
→ *Ans: D*

17. Ideal birth spacing recommended:

A. 6 months B. 3 years
C. 1 year D. 10 months
→ *Ans: B*

18. Exclusive breastfeeding recommended for:

A. First 6 months B. 3 months
C. 9 months D. 1 year
→ *Ans: A*

19. Vaccines are used for:

A. Disease prevention B. Surgery
C. Fever treatment D. Pain relief
→ *Ans: A*

20. Passive immunity obtained from:

A. Infection B. Vaccine
C. Ready-made antibodies (serum) D. Herbs
→ *Ans: C*

21. Example of killed vaccine:

A. BCG B. Polio (Salk)
C. Measles D. MMR
→ *Ans: B*

22. DPT vaccine protects against:

A. Diphtheria, pertussis, tetanus B. Dengue
C. Malaria D. Polio
→ *Ans: A*

23. Safe drinking water prevents:

A. Skin rashes B. Cough
C. Waterborne diseases D. Eye problems
→ *Ans: C*

24. Major waterborne disease:

A. Cholera B. Measles
C. Malaria D. Dengue
→ *Ans: A*

25. Noise pollution causes:

A. Malnutrition B. Fever

C. Diarrhea D. Deafness
→ *Ans: D*

26. Air pollution causes:
A. Respiratory diseases B. Skin burn
C. Anaemia D. Obesity
→ *Ans: A*

27. Improper sewage disposal leads to:
A. Typhoid, cholera B. TB
C. Malaria only D. Cough
→ Ans: A

28. Environmental pollution due to pharmaceuticals includes:
A. Antibiotic residues in water and soil B. Air cooling
C. Ozone formation D. None
→ *Ans: A*

29. Occupational illness among workers exposed to dust:
A. Diabetes B. Silicosis
C. Arthritis D. Jaundice
→ *Ans: B*

30. Psychotropic drugs act on:
A. Central nervous system B. Heart
C. Kidney D. Skin
→ *Ans: A*

31. Excess alcohol intake leads to:
A. Hypertension only B. Bone loss
C. Liver damage D. None
→ *Ans: C*

32. Tobacco use causes:
A. Cancer, heart disease B. Flu
C. Fever D. Skin rash
→ *Ans: A*

33. Social impact of drug abuse:
A. Reduced productivity and mental illness B. Better performance
C. Health promotion D. Happiness
→ *Ans: A*

34. Suicide risk increases with:

A. Exercise use
B. Alcoholism and drug ab
C. Balanced diet
D. Vaccination
→ *Ans: B*

35. Macronutrients include:

A. Minerals only
B. Vitamins only
C. Carbohydrates, proteins, fats
D. Water only
→ *Ans: C*

36. Iron deficiency causes:

A. Anaemia
B. Jaundice
C. Diabetes
D. Hypertension
→ *Ans: A*

37. Balanced diet provides:

A. Only carbohydrates
B. Only proteins
C. Only fats
D. All nutrients in proper proportion
→ *Ans: D*

38. Junk food causes:

A. Immunity boost
B. Health improvement
C. Muscle gain
D. Obesity and malnutrition
→ *Ans: D*

39. Fortification of food means:

A. Adding sugar
B. Removing fats
C. Adding nutrients to food
D. Preserving by drying
→ *Ans: C*

40. Artificial ripening agents include:

A. Calcium carbide
B. Citric acid
C. Vitamin C
D. None
→ *Ans: A*

41. Food adulteration means:

A. Mixing harmful substances in food
B. Cooking food
C. Cleaning food
D. Fortifying food
→ *Ans: A*

42. Genetically modified foods are:

A. Foods produced by altering genetic material
B. Preserved foods

C. Organic foods D. Fried foods
→ *Ans: A*

43. Dietary fibres help in:
A. Increasing fat B. Weight gain
C. Bowel movement regulation D. None
→ *Ans: C*

44. Nutraceuticals are:
A. Foods with health benefits beyond nutrition B. Drugs only
C. Cosmetics D. Antibiotics
→ *Ans: A*

45. Drug-food interaction example:
A. Tea with sugar B. Grapefruit juice with statins
C. Rice with lentils D. Milk with bread
→ *Ans: B*

46. Calcium-rich foods are important for:
A. Bone health B. Digestion
C. Vision D. Hair growth
→ *Ans: A*

47. Iodine deficiency causes:
A. Scurvy B. Anaemia
C. Goitre D. Rickets
→ *Ans: C*

48. Vitamin A prevents:
A. Beriberi B. Anaemia
C. Night blindness D. Goitre
→ *Ans: C*

49. Vitamin B1 deficiency causes:
A. Beriberi B. Pellagra
C. Rickets D. Night blindness
→ *Ans: A*

50. Pellagra due to deficiency of:
A. Niacin (Vit B3) B. Vitamin C
C. Vitamin D D. Iron
→ *Ans: A*

51. Microbiology is the study of:

A. Plants
B. Microorganisms
C. Animals
D. Drugs
→ *Ans: B*

52. Epidemic means:

A. Disease affecting many people in one region
B. Worldwide outbreak
C. Always present
D. None
→ *Ans: A*

53. Pandemic refers to:

A. Sporadic
B. Local outbreak
C. Seasonal illness
D. Worldwide spread of disease
→ *Ans: D*

54. Endemic means:

A. Constantly present in a region
B. Global
C. Rare
D. Imported
→ *Ans: A*

55. Quarantine means:

A. Vaccination
B. Hospitalization
C. Restricting movement of exposed persons
D. Medication
→ *Ans: C*

56. COVID-19 caused by:

A. SARS-CoV-2
B. HIV
C. H1N1
D. Ebola virus
→ *Ans: A*

57. Measles vaccine:

A. Live attenuated
B. Inactivated
C. Subunit
D. Killed
→ *Ans: A*

58. Diphtheria caused by:

A. Salmonella
B. Mycobacterium
C. Streptococcus
D. Corynebacterium diphtheria
→ *Ans: D*

59. Tuberculosis caused by:

A. Mycobacterium tuberculosis
B. Streptococcus

C. Vibrio cholera D. Plasmodium
→ *Ans: A*

60. Polio caused by:
A. Protozoa B. Bacteria
C. Virus . D. Fungus
→ *Ans: C*

61. Malaria transmitted by:
A. Female Anopheles mosquito B. Culex mosquito
C. Sand fly D. Tick
→ *Ans: A*

62. Dengue transmitted by:
A. Aedes mosquito B. Culex
C. Anopheles D. Tsetse fly
→ *Ans: A*

63. Cholera caused by:
A. Virus B. Salmonella
C. Plasmodium D. Vibrio cholera
→ *Ans: D*

64. Typhoid caused by:
A. Plasmodium B. E. coli
C. Streptococcus D. Salmonella typhi
→ *Ans: D*

65. Hepatitis B is a:
A. Viral infection B. Bacterial
C. Fungal D. Protozoal
→ *Ans: A*

66. Leprosy caused by:
A. Mycobacterium leprae B. Virus
C. Fungi D. Worm
→ *Ans: A*

67. Filariasis transmitted by:
A. Tick B. Housefly
C. Culex mosquito D. Sandfly
→ *Ans: C*

68. HIV infects:

A. Platelets B. RBCs
C. CD4 T-cells D. Liver cells
→ *Ans: C*

69. AIDS stands for:

A. Acquired Immuno Deficiency Syndrome B. Acute Infection Disorder Syndrome
C. Auto Immune Disorder D. None
→ *Ans: A*

70. Trachoma affects:

A. Ear B. Skin
C. Lungs D. Eye
→ *Ans: D*

71. Worm infestation common in:

A. Poor hygiene B. Clean water
C. Vaccinated groups D. Elderly
→ *Ans: A*

72. Pharmacists' role in epidemics:

A. Surgery B. Lab diagnosis
C. Educate, counsel, and ensure medicine supply. D. Law enforcement
→ *Ans: C*

73. Ebola transmitted by:

A. Body fluids B. Air
C. Vector D. Soil
→ *Ans: A*

74. Contact tracing means:

A. Identifying people exposed to infected individuals B. Physical treatment
C. Blood donation D. Isolation only
→ *Ans: A*

75. Morbidity means:

A. Death rate B. Disease occurrence
C. Immunity D. Vaccination rate
→ *Ans: B*

86. National TB Elimination Program aims for elimination by:

A. 2040 B. 2030
C. 2020 D. 2025
→ *Ans: D*

87. National AIDS Control Program started in:

A. 1995 B. 2000
C. 1985 D. 1992
→ *Ans: D*

88. National Immunization Program provides:

A. Private sector only B. Paid vaccines
C. Universal free vaccination D. None
→ *Ans: C*

89. Pharmacists play a role in national programs by:

A. Educating, dispensing, monitoring drug use B. Performing surgery
C. Legal enforcement D. Financial management
→ *Ans: A*

90. Integrated Child Development Scheme (ICDS) focuses on:

A. Nutrition and health of mothers and children B. Industry
C. Vaccines only D. School meals
→ *Ans: A*

91. Pharmacoeconomics studies:

A. Cost and value of drug therapy B. Drug synthesis
C. Law D. Toxicology
→ *Ans: A*

92. Cost-minimization analysis compares:

A. Different outcomes B. Same outcomes, different costs
C. Only safety D. Only efficacy
→ *Ans: B*

93. Cost-effectiveness analysis measures:

A. Cost per health outcome (e.g., life years saved) B. Price of drug only
C. Cost per patient D. Income ratio
→ *Ans: A*

94. Cost-utility analysis uses:

A. Quality Adjusted Life Years (QALY) B. Rupee value

C. Profit D. Mortality
→ *Ans: A*

95. Cost-benefit analysis converts:
A. Diseases to graphs B. Benefits to scores
C. Outcomes into monetary terms D. Drugs to money
→ *Ans: C*

96. Pharmacoeconomics helps in:
A. Patent filing B. Marketing
C. Rational allocation of healthcare resources D. Advertising
→ *Ans: C*

97. Pharmacists' role in pharmacoeconomics:
A. Evaluate cost-effective therapy B. Manufacture drugs
C. Legal advice D. None
→ *Ans: A*

98. Health economics evaluates:
A. Only drug price B. Cost-benefit of health services
C. Marketing D. None
→ *Ans: B*

99. Rational drug use means:
A. Fastest-selling B. Expensive drug
C. Right drug, dose, route, and duration for right patient D. Broadest-spectrum
→ *Ans: C*

100. Goal of social pharmacy:
A. Improve community health through responsible medicine use
B. Increase profit
C. Promote brands
D. None
→ *Ans: A*

PHARMACOLOGY

Course Code: ER20-21T

1. Pharmacology is the study of:
A. Microbes only
B. Food composition
C. Drugs and their interaction with living systems
D. Body anatomy
→ *Ans: C*

2. Main branches of pharmacology include:
A. Pharmacodynamics and pharmacokinetics
B. Biochemistry and anatomy
C. Zoology and physics
D. Pathology
→ *Ans: A*

3. **Route that avoids first-pass metabolism:**
A. Oral
B. Sublingual
C. Rectal
D. Intramuscular
→ *Ans: B*

4. Advantage of oral route:
A. Expensive
B. Rapid emergency effect
C. Painful
D. Convenient and safe
→ *Ans: D*

5. Absorption means:
A. Passage of drug from site of administration to circulation
B. Excretion
C. Metabolism
D. Storage
→ *Ans: A*

6. **Factor affecting absorption:**
A. Age only
B. Hair colour
C. Lipid solubility
D. Taste
→ *Ans: C*

7. Bioavailability means:
A. Fraction of unchanged drug reaching systemic circulation
B. Drug solubility only
C. Binding to protein
D. Dose per kg
→ *Ans: A*

8. Drug distribution affected by:
A. Hair growth
B. Plasma protein binding
C. Temperature
D. Colour
→ *Ans: B*

9. Biotransformation occurs mainly in:
A. Liver
B. Kidney

C. Lung D. Intestine
→ *Ans: A*

10. Phase I reactions include:
A. Oxidation, reduction, hydrolysis B. Conjugation only
C. Glycosylation D. None
→ *Ans: A*

11. Phase II reactions involve:
A. Conjugation B. Oxidation
C. Reduction D. None
→ *Ans: A*

12. Major route of excretion:
A. Skin B. Lung
C. Kidney D. Bile
→ *Ans: C*

13. Mechanism of drug action refers to:
A. How drug produces its effect B. Route selection
C. Colour of drug D. Cost
→ *Ans: A*

14. Agonist is a drug that:
A. Blocks receptor B. Produces response by receptor activation
C. Neutralizes poison D. No activity
→ *Ans: B*

15. Antagonist:
A. Blocks action of agonist B. Enhances action
C. Acts similarly D. No receptor affinity
→ *Ans: A*

16. Neurohumoral transmission means:
A. Electrical only B. Mechanical conduction
C. Chemical transmission across synapse D. None
→ *Ans: C*

16. **Cholinergic drugs mimic:**
A. Histamine B. Adrenaline
C. Dopamine D. Acetylcholine
→ *Ans: D*

17. Example of direct-acting cholinergic drug:

A. Pilocarpin
B. Atropine
C. Adrenaline
D. Ephedrine
→ *Ans: A*

18. Atropine is:

A. Adrenergic drug
B. Anti-cholinergic drug
C. Sedative
D. Antibiotic
→ *Ans: B*

19. Anti-cholinergics cause:

A. Diarrhoea
B. Miosis
C. Mydriasis and dryness of mouth
D. Bradycardia
→ *Ans: C*

20. Adrenergic drugs act on:

A. Sympathetic nervous system
B. Parasympathetic
C. CNS only
D. Skeletal muscle
→ *Ans: A*

21. Example of adrenergic drug:

A. Adrenaline
B. Pilocarpine
C. Atropine
D. Propranolol
→ *Ans: A*

22. Anti-adrenergic drug example:

A. Dopamine
B. Adrenaline
C. Ephedrine
D. Propranolol
→ *Ans: D*

23. β-blockers used in:

A. Anaemia
B. Constipation
C. Hypertension and angina.
D. Cough
→ *Ans: C*

24. Neuromuscular blocking agent example:

A. Atropine
B. Morphine
C. Adrenaline
D. Succinylcholine
→ *Ans: D*

25. Drug used in myasthenia gravis:

A. Adrenaline
B. Neostigmine

C. Diazepam D. Atropine
→ *Ans: B*

26. Local anaesthetics block:
A. Potassium channels B. Calcium channels
C. Sodium channels D. Dopamine receptors
→ *Ans: C*

27. Example of local anaesthetic:
A. Lidocaine B. Adrenaline
C. Morphine D. Ibuprofen
→ Ans*: A*

28. NSAIDs act by inhibiting:
A. Cyclo-oxygenase enzyme B. Lipase
C. Pepsin D. Amylase
→ *Ans: A*

29. Common side effect of NSAIDs:
A. Bronchospasm B. Constipation
C. Sedation D. Gastric irritation
→ *Ans: D*

30. Cholinergic crisis due to:
A. Excess acetylcholine B. Dopamine deficiency
C. Adrenal excess D. None
→ *Ans: A*

31. Alpha-adrenergic blockers cause:
A. Bradycardia B. Vasoconstriction
C. Vasodilation D. CNS stimulation
→ *Ans: C*

32. Drug used to produce mydriasis:
A. Acetylcholine B. Pilocarpine
C. Atropine D. None
→ *Ans: C*

33. Main neurotransmitter of parasympathetic system:
A. Noradrenaline B. Acetylcholine
C. Dopamine D. Histamine
→ *Ans: B*

34. Sympathetic post-ganglionic transmitter:

A. Noradrenaline B. Acetylcholine
C. Dopamine D. GABA
→ *Ans: A*

35. Miotics cause:

A. Pupil constriction B. Pupil dilation
C. Relaxation D. No effect
→ *Ans: A*

36. Example of miotic:

A. Tropicamide B. Atropine
C. Adrenaline D. Pilocarpine
→ *Ans: D*

37. Mydriatic drugs cause:

A. Inflammation B. Constriction
C. Pupil dilation D. None
→ *Ans: C*

38. Drug used in glaucoma:

A. Timolol B. Atropine
C. Diazepam D. Salbutamol
→ *Ans: A*

39. Prostaglandin analogs in glaucoma reduce:

A. Tear secretion B. Vision
C. Intraocular pressure D. Eye colour
→ *Ans: C*

40. General anaesthetics cause:

A. Reversible loss of consciousness B. Sedation only
C. Paralysis D. Hallucination
→ *Ans: A*

41. Example of inhalational anaesthetic:

A. Paracetamol B. Morphine
C. Diazepam D. Nitrous oxide
→ *Ans: D*

42. Sedatives induce:

A. Hypertension B. Convulsion

C. Excitation D. Calmness
→ *Ans: D*

43. Benzodiazepine example:
A. Morphine B. Phenobarbital
C. Diazepam D. Aspirin
→ *Ans: C*

44. Anticonvulsant used in epilepsy:
A. Phenytoin B. Diazepam
C. Atropine D. Paracetamol
→ *Ans: A*

45. Anti-anxiety drug example:
A. Alprazolam B. Atropine
C. Morphine D. Ibuprofen
→ *Ans: A*

46. Antidepressant example:
A. Diazepam B. Fluoxetine
C. Ephedrine D. Aspirin
→ *Ans: B*

47. Antipsychotic example:
A. Neostigmine B. Adrenaline
C. Chlorpromazine D. Paracetamol
→ *Ans: C*

48. Nootropic drugs improve:
A. Memory and cognition B. Sleep
C. Pain D. Appetite
→ *Ans: A*

49. Example of nootropic:
A. Piracetam B. Morphine
C. Aspirin D. Atropine
→ *Ans: A*

50. Centrally acting muscle relaxant:
A. Atropine B. Baclofen
C. Ibuprofen D. Dopamine
→ *Ans: B*

51. Opioid analgesic acts on:

A. Cholinergic B. Opioid receptors
C. GABA D. Histamine
→ *Ans: B*

52. Morphine produces:

A. Analgesia and euphoria B. Convulsion
C. Drowsiness only D. Paralysis
→ *Ans: A*

53. Antidote for morphine poisoning:

A. Diazepam B. Atropine
C. Naloxone D. None
→ *Ans: C*

54. Barbiturates cause:

A. Pain relief only B. Excitation
C. CNS depression D. Muscle contraction
→ *Ans: C*

55. Major adverse effect of opioids:

A. Respiratory depression B. Diarrhea
C. Hypertension D. Tachycardia
→ *Ans: A*

56. Drug used in Parkinson's disease:

A. Atropine B. Levodopa
C. Phenytoin D. Morphine
→ *Ans: B*

57. SSRIs inhibit reuptake of:

A. Serotonin B. Dopamine
C. Noradrenaline D. Acetylcholine
→ *Ans: A*

58. Anxiolytics reduce:

A. Fever B. Blood pressure
C. Appetite D. Anxiety and tension
→ *Ans: A*

59. Local anaesthetic used topically in dentistry:

A. Lidocaine B. Morphine

C. Paracetamol D. Ibuprofen
→ *Ans: A*

60. Antihypertensives lower:
A. Temperature B. Pulse
C. Blood pressure D. Sugar
→ *Ans: C*

61. ACE inhibitor example:
A. Morphine B. Atropine
C. Diazepam D. Captopril
→ *Ans: D*

62. Calcium channel blocker:
A. Ibuprofen B. Nifedipine
C. Epinephrine D. Phenytoin
→ *Ans: B*

63. Nitrate used in angina:
A. Diazepam. B. Adrenaline
C. Nitroglycerin D. Lidocaine
→ *Ans: C*

64. Antiarrhythmic drug:
A. Aspirin B. Morphine
C. Paracetamol D. Amiodarone
→ *Ans: B*

65. Statins used in:
A. Diabetes B. Hypertension
C. Atherosclerosis (lipid lowering).
D. Fever
→ *Ans: A*

66. Drug used in congestive heart failure:
A. Lidocaine B. Diazepam
C. Digoxin D. Paracetamol
→ *Ans: A*

67. Drug therapy for shock includes:
A. Paracetamol B. Aspirin

C. Dopamine D. Diazepam
→ *Ans: C*

68. β-blockers reduce:
A. Blood sugar B. Heart rate and cardiac output
C. WBC count D. Weight
→ *Ans: B*

69. Diuretics help by:
A. Promoting urine output B. Increasing BP
C. Causing anaemia D. None
→ *Ans: A*

70. Hematinics used for:
A. Pain B. Hypertension
C. Treating anaemia D. Infections
→ *Ans: C*

71. Example of iron supplement:
A. Ferrous sulphate B. Paracetamol
C. Diazepam D. Captopril
→ *Ans: A*

72. Anticoagulant example:
A. Heparin B. Aspirin only
C. Diazepam D. Paracetamol
→ *Ans: A*

73. Antiplatelet drug:
A. Paracetamol B. Ibuprofen
C. Aspirin (low dose) D. Diazepam
→ *Ans: C*

74. Thrombolytic drug:
A. Diazepam B. Digoxin
C. Aspirin D. Streptokinase
→ *Ans: A*

COMMUNITY PHARMACY AND MANAGEMENT

Course Code: ER20-22T

1. Community pharmacy is defined as:
A. Pharmacy providing health services to the community outside hospitals
B. Hospital pharmacy
C. Industrial pharmacy
D. Clinical trial site
→ *Ans: A*

2. The main focus of community pharmacy is:
A. Research only
B. Manufacturing drugs
C. Patient-centered care and medicine supply.
D. Medical billing
→ *Ans: C*

3. First modern community pharmacies developed in:
A. Australia
B. India
C. Africa
D. Europe
→ *Ans: D*

4. Community pharmacy in India is regulated under:
A. Drugs and Cosmetics Act, 1940
B. Factories Act
C. Companies Act
D. Pharmacy Council Act
→ *Ans: A*

5. Good Pharmacy Practice (GPP) is promoted by:
A. UNICEF
B. WHO and FIP
C. WTO
D. FAO
→ *Ans: B*

6. SOP in pharmacy means:
A. Simple Order Process
B. Standard Oral Prescription
C. Standard Operating Procedure
D. Statutory Office Procedure
→ *Ans: C*

7. GPP emphasizes:
A. Quality, safety, and efficacy in patient care
B. Drug advertising
C. Cost control only
D. Sales promotion
→ *Ans: A*

8. Community pharmacists' main responsibility:
A. Diagnose diseases
B. Prescribe medicines

C. Manufacture drugs D. Ensure safe and rational drug use
→ *Ans: D*

9. Community pharmacists in India are registered with:
A. MCI B. AICTE
C. State Pharmacy Council D. ICMR
→ *Ans: C*

10. Development of community pharmacy in India gained momentum after:
A. 1948 Pharmacy Act B. 1961 Factories Act
C. 1980 Drugs Policy D. 2000
→ *Ans: A*

11. Prescription means:
A. Drug label
B. Oral advice
C. Written order from a registered medical practitioner for medicines
D. Receipt
→ *Ans: C*

12. Part of a prescription not included:
A. Date B. Signature of patient
C. Superscription D. Subscription
→ *Ans: B*

13. Rx symbol stands for:
A. “You take” (Recipe) B. Prescription ready
C. Refund D. Register
→ *Ans: A*

14. Legality of prescription depends on:
A. Pharmacist’s discretion B. Pharmacist’s approval
C. Registered medical practitioner’s signature D. Vendor’s seal
→ *Ans: C*

15. Main label provides:
A. Drug name, strength, dose, and instructions B. Patient history
C. Doctor’s bio D. Drug price
→ *Ans: A*

16. Ancillary label provides:
A. Drug name B. Special precautions (e.g., “Take with food”)

C. Address of pharmacy D. Manufacture date only
→ *Ans: B*

17. Pictograms on labels help in:
A. Patient understanding of use B. Decoration
C. Pricing D. Branding
→ *Ans: A*

18. Good Dispensing Practices aim to:
A. Market drugs B. Increase profit
C. Prevent dispensing errors and ensure correct supply D. Speed up process only
→ *Ans: C*

19. Common dispensing error:
A. Patient counselling B. Wrong drug or wrong dose dispensed
C. Storage of drugs D. None
→ *Ans: B*

20. Strategy to reduce dispensing error:
A. Double-checking and standard procedures B. Working faster
C. Ignoring label D. Using abbreviations
→ *Ans: A*

21. SOP in dispensing ensures:
A. Uniformity and safety B. Delay in process
C. Legal exemption D. Manual mistakes
→ *Ans: A*

22. Label should include:
A. Only drug name B. Price only
C. Name, dosage, quantity, directions, and expiry date. D. Batch number only
→ *Ans: C*

23. Red label indicates:
A. Vitamins B. Non-prescription
C. Poisonous substances (Schedule H drugs) D. OTC drugs
→ *Ans: C*

24. Schedule X drugs are:
A. Narcotic and psychotropic substances B. Vitamins
C. Antibiotics D. Antacids
→ *Ans: A*

25. To minimize dispensing errors, pharmacist should:
A. Avoid distractions during work B. Talk on phone
C. Rely on memory D. Skip verification
→ *Ans: A*

26. Communication is:
A. Process of exchanging information B. Selling product
C. Writing only D. Data storage
→ *Ans: A*

27. Type of communication not included:
A. Written B. Verbal
C. Non-verbal D. Mechanical
→ *Ans: D*

28. Verbal communication examples:
A. Gestures B. Posture
C. Face-to-face and telephone talk D. Silence
→ *Ans: C*

29. Non-verbal communication includes:
A. Body language, facial expression, eye contact B. Speech
C. Letter D. Phone
→ *Ans: A*

30. Effective communication in pharmacy improves:
A. Patient compliance B. Sales only
C. Advertising D. None
→ *Ans: A*

31. Written communication includes:
A. Visual aids only B. Gestures
C. Phone calls D. Labels, emails, reports
→ *Ans: D*

32. Poor communication may lead to:
A. Better sales B. Misuse of medicines
C. Faster service D. None
→ *Ans: B*

33. Listening skills help pharmacist to:
A. Understand patient needs and problems B. Ignore patients

C. Finish quickly D. Diagnose
→ *Ans: A*

34. Empathy means:
A. Giving sympathy B. Understanding patient's feelings
C. Ignoring emotions D. Blaming
→ *Ans: B*

35. Communication barrier example:
A. Language difference B. Education
C. Noise D. All
→ *Ans: D*

36. Patient counselling means:
A. Providing information and advice on correct medicine use B. Selling medicines
C. Diagnosing D. Advertising
→ *Ans: A*

37. Major benefit of counselling:
A. Improves compliance and reduces adverse effects B. Increases cost
C. Delays treatment D. None
→ *Ans: A*

38. First step in counselling:
A. Give medicine B. Write a label
C. Establish rapport/introduction D. Take payment
→ *Ans: C*

39. Final step in counselling:
A. Check expiry B. Ask fee
C. Fill prescription D. Summarize and close session
→ *Ans: D*

40. Barrier to effective counselling:
A. Lack of privacy B. Distraction
C. Poor communication D. All
→ *Ans: D*

41. Overcoming barriers includes:
A. Maintaining privacy and using simple language B. Avoiding eye contact
C. Speaking fast D. Using technical terms
→ *Ans: A*

42. Counselling for hypertension should include:
A. Regular BP check, salt restriction, compliance B. Exercise only
C. Sugar reduction D. None
→ *Ans: A*

43. For diabetic patients, counselling should stress:
A. Painkillers B. Antibiotic use
C. Diet control and blood glucose monitoring D. Sedatives
→ *Ans: C*

44. For asthma patients:
A. Demonstrate inhaler use B. Prescribe drug
C. Avoid vaccination D. None
→ *Ans: A*

45. In tuberculosis counselling:
A. Emphasize full course adherence B. Stop when better
C. Change drugs frequently D. None
→ *Ans: A*

46. AIDS counselling includes:
A. Avoid treatment y B. Isolation
C. Safe sex, ART adherence, and confidentialit D. None
→ *Ans: C*

47. Patient package insert (PPI) provides:
A. Information about drug use and safety B. Discount offers
C. Sales chart D. Price
→ *Ans: A*

48. Patient Information Leaflets (PILs) used for:
A. Promotion B. Advertising
C. Accounting D. Educating patients on medication use
→ *Ans: D*

49. PPI is mandatory in:
A. Africa B. India only
C. Developed countries like USA and EU D. None
→ *Ans: C*

50. Counselling should be given:
A. In private, respectful environment B. In public

C. Over loudspeaker D. Not required
→ *Ans: A*

51. For chronic diseases, pharmacist's role is:
A. Continuous monitoring and motivation B. Prescribing
C. Selling D. Ignoring
→ *Ans: A*

52. Counselling improves:
A. Pharmacy décor B. Cost
C. Patient adherence D. Marketing
→ *Ans: C*

53. Example of effective counselling tool:
A. Posters only B. Price tags
C. Leaflets, pictograms, and verbal explanation D. None
→ *Ans: C*

54. Documentation of counselling is:
A. Optional B. Good practice and legal record
C. Unnecessary D. Avoided
→ *Ans: B*

55. Confidentiality in counselling ensures:
A. Ignorance B. Gossip
C. Trust and ethical service D. None
→ *Ans: C*

56. Medication adherence means:
A. Visiting doctor frequently B. Buying expensive drugs
C. Extent to which patient follows prescribed regimen D. None
→ *Ans: C*

57. Non-adherence causes:
A. Recovery B. Treatment failure
C. Overdose only D. None
→ *Ans: B*

58. Factor influencing non-adherence:
A. Age only B. Taste
C. Forgetfulness, cost, side effects. D. None
→ *Ans: C*

59. Strategy to improve adherence:
A. Pill organizers, reminders, counseling
B. Skipping doses
C. Increasing price
D. None
→ *Ans: A*

60. Health screening in pharmacies helps:
A. Early disease detection and referral
B. Diagnosing and treating
C. Selling
D. None
→ *Ans: A*

61. Blood pressure screening useful for detecting:
A. Anaemia
B. Diabetes
C. Infection
D. Hypertension
→ *Ans: D*

62. Blood glucose testing detects:
A. HIV
B. Tuberculosis
C. Malaria
D. Diabetes
→ *Ans: D*

63. BMI measurement helps identify:
A. BP
B. Fever
C. Obesity or malnutrition
D. Vision defect
→ *Ans: C*

64. Early screening benefits:
A. Prevents complications and reduces cost
B. Increases hospitalization
C. Delays care
D. None
→ *Ans: A*

65. Health screening requires:
A. Diagnosis license
B. Proper training and privacy
C. Doctor's approval only
D. None
→ *Ans: B*

66. OTC drugs are:
A. Schedule H drugs
B. Sold without prescription
C. Narcotics
D. Biologicals
→ *Ans: B*

67. Example of OTC drug:
A. Paracetamol
B. Morphine

C. Diazepam D. Digoxin
→ *Ans: A*

68. Pharmacist's role in OTC dispensing:
A. Prescribe B. Guide safe use and prevent misuse
C. Manufacture D. Ignore
→ *Ans: B*

69. Self-medication means:
A. Use of medicines without doctor's advice B. Supervised therapy
C. Vaccination D. None
→ *Ans: A*

70. Risk of self-medication:
A. Reduced cost always B. Improved diagnosis
C. Drug interaction, masking diseases D. None
→ *Ans: C*

71. Common OTC category:
A. Narcotics B. Antibiotics
C. Analgesics and antacids. D. Cytotoxics
→ *Ans: C*

72. Pharmacist should advise on:
A. Dose, duration, and warning signs B. Diagnosis
C. Surgery D. Laboratory tests
→ *Ans: A*

73. Pain management OTC:
A. Diazepam B. Morphine
C. Paracetamol, Ibuprofen D. Omeprazole
→ *Ans: C*

74. OTC cough remedies include:
A. Atropine B. Morphine
C. Diazepam D. Dextromethorphan, Guaifenesin
→ *Ans: D*

75. Safe self-care means:
A. Using OTC drugs under pharmacist guidance B. Ignoring dosage
C. Long-term use D. Sharing medicines
→ *Ans: A*

BIOCHEMISTRY & CLINICAL PATHOLOGY

Course Code: ER20-23T

1. Biochemistry is the study of:
A. Chemical processes in living organisms
B. Weather patterns
C. Drug design only
D. Anatomy of cells
→ *Ans: A*

2. Scope of biochemistry in pharmacy includes:
A. Producing electricity
B. Studying fossils
C. Understanding drug action and metabolism
D. Measuring radiation
→ *Ans: C*

3. The basic structural and functional unit of life is:
A. Nucleus
B. Tissue
C. Organ
D. Cell
→ *Ans: D*

4. Cell membrane is mainly composed of:
A. Lipids and proteins
B. Carbohydrates only
C. Water
D. Minerals
→ *Ans: A*

5. Nucleus is responsible for:
A. Protein breakdown
B. Genetic information storage
C. Lipid digestion
D. Oxygen transport
→ *Ans: B*

6. Carbohydrates are composed of:
A. C and O only
B. C, H, and N
C. C and H only
D. C, H, and O
→ *Ans: D*

7. Monosaccharides are:
A. Simple sugars that cannot be hydrolyzed
B. Complex sugars
C. Starch units
D. Proteins
→ *Ans: A*

8. Example of monosaccharide:
A. Lactose
B. Sucrose
C. Glucose
D. Maltose
→ *Ans: C*

***9.* Disaccharide composed of glucose + fructose:**
A. Cellulose
B. Maltose

C. Lactose D. Sucrose
→ *Ans: A*

10. Polysaccharide used for energy storage in animals:
A. Glycogen B. Starch
C. Cellulose D. Sucrose
→ ***Ans: A***

11. Starch is composed of:
A. Lactose and maltose B. Glucose and fructose
C. Amylose and amylopectinn D. None
→ *Ans: C*

12. Reducing sugar gives positive:
A. Biuret test B. Benedict's test
C. Seliwanoff's test D. Ninhydrin test
→ *Ans: B*

13. Biological role of carbohydrates:
A. Energy source and storage B. Oxygen carrier
C. Hormone regulator D. Enzyme activator
→ *Ans: A*

14. Glycogen is stored mainly in:
A. Kidneys B. Heart
C. Liver and muscles D. Brain
→ *Ans: C*

15. Deficiency of carbohydrate intake leads to:
A. Obesity B. Anaemia
C. Fatigue and ketosis D. Hyperglycemia
→ *Ans: C*

16. Proteins are polymers of:
A. Amino acids B. Sugars
C. Fatty acids D. Nucleotides
→ *Ans: A*

17. Classification of proteins based on solubility includes:
A. Enzymes B. Albumins, globulins, glutelins
C. Vitamins D. Hormones
→ *Ans: B*

18. Amino acids classified based on nutrition as:

A. Essential and non-essential
B. Acidic and basic only
C. Simple and complex
D. Fat and water soluble
→ *Ans: A*

19. Essential amino acid example:

A. Alanine
B. Glycine
C. Lysine
D. Aspartic acid
→ *Ans: C*

20. Primary structure of protein:

A. Helical arrangement
B. Sequence of amino acids
C. Folding pattern
D. 3D structure
→ Ans: B

21. Tertiary structure stabilized by:

A. Hydrogen and disulfide bonds
B. Water
C. RNA
D. Glucose
→ *Ans: A*

22. Biuret test identifies:

A. Proteins
B. Carbohydrates
C. Lipids
D. Vitamins
→ *Ans: A*

23. Biological role of proteins:

A. Energy only
B. Catalysis, structure, transport
C. Digestion
D. None
→ *Ans: B*

24. Protein malnutrition disease:

A. Rickets
B. Beriberi
C. Kwashiorkor
D. Scurvy
→ *Ans: C*

25. Amino acids are amphoteric because:

A. Contain both acidic and basic groups
B. Have only one group
C. Neutral in water
D. None
→ *Ans: A*

26. Lipids are:

A. Esters of fatty acids and alcohol
B. Sugars

C. Proteins D. Polypeptides
→ Ans: A

27. Example of simple lipid:
A. Lipoprotein B. Phospholipid
C. Glycolipid D. Triglyceride
→ *Ans: D*

28. Fatty acids are classified as:
A. Saturated and unsaturated B. Simple and complex
C. Soluble and insoluble D. None
→ *Ans: A*

29. Unsaturated fatty acid example:
A. Stearic acid B. Palmitic acid
C. Oleic acid D. Butyric acid
→ *Ans: C*

30. Function of cholesterol:
A. Precursor for steroid hormones and bile acids B. Energy production
C. Enzyme activator D. None
→ *Ans: A*

31. Lipoproteins transport:
A. Vitamins B. Amino acids
C. Sugars D. Lipids in blood
→ *Ans: D*

32. LDL known as:
A. Neutral lipid B. Good cholesterol
C. Bad cholesterol . D. None
→ *Ans: C*

33. HDL known as:
A. Good cholesterol B. Bad cholesterol
C. Neutral fat D. None
→ *Ans: A*

34. Test to identify lipids:
A. Sudan III test B. Benedict's test
C. Biuret test D. Molisch test
→ *Ans: A*

35. Lipid function includes:

A. DNA synthesis
B. Hormone inhibition
C. Energy storage and membrane structure
D. None
→ *Ans: C*

36. Nucleic acids composed of:

A. Fats
B. Amino acids
C. Sugars
D. Nucleotides
→ *Ans: D*

37. Purine bases:

A. Adenine and guanine
B. Thymine and cytosine
C. Uracil and thymine
D. None
→ *Ans: A*

38. Pyrimidine bases:

A. Cytosine, thymine, uracil
B. Adenine and guanine
C. Adenine and cytosine
D. None
→ *Ans: A*

39. DNA sugar:

A. Glucose
B. Ribose
C. Deoxyribose
D. Fructose
→ *Ans: C*

40. RNA sugar:

A. Ribose
B. Deoxyribose
C. Glucose
D. Galactose
→ *Ans: A*

41. Base pairing in DNA:

A. A–C and G–T
B. A–T and G–C
C. A–U
D. None
→ *Ans: B*

42. DNA double helix proposed by:

A. Pasteur
B. Fleming
C. Mendel
D. Watson and Crick
→ *Ans: D*

43. Function of DNA:

A. Genetic material storage
B. Protein synthesis directly

C. Energy production D. Digestion
→ *Ans: A*

44. Function of RNA:
A. Hormone production B. DNA replication
C.Protein synthesis D. None
→ *Ans: C*

45. Nucleotide is:
A. Base + sugar + phosphate B. Base + sugar
C. Base only D. Sugar only
→ *Ans: A*

46. Enzymes are:
A. Vitamins B. Hormones
C. Sugars D. Biological catalysts
→ *Ans: D*

47. Enzymes mainly composed of:
A. Proteins B. Lipids
C. Sugars D. Minerals
→ *Ans: A*

48. IUB stands for:
A. International Union of Biochemistry B. Indian Union Board
C. International Union of Biology D. None
→ *Ans: A*

49. Enzyme activity affected by:
A. Pressure only B. Light
C. pH and temperature D. None
→ *Ans: C*

50. Enzyme inhibitors are:
A. Substances that decrease enzyme activity B. Activators
C. Vitamins D. Hormones
→ *Ans: A*

51. Example of enzyme inhibitor:
A. Water B. Glucose
C. Cyanide (inhibits cytochrome oxidase). D. None
→ **Ans: C**

52. Lock and key theory proposed by:

A. Pasteur
B. Michaelis
C. Lineweaver
D. Fischer
→ *Ans: D*

53. Coenzyme example:

A. ATP
B. NAD^+
C. H_2O
D. Ca^{2+}
→ *Ans: B*

54. Therapeutic enzyme example:

A. Streptokinase
B. Amylase
C. Lipase
D. Trypsin
→ *Ans: A*

55. Optimum temperature for most enzymes:

A. 50°C
B. 0°C
C. Around 37°C
D. 90°C
→ *Ans: C*

56. Vitamins are:

A. Organic compounds required in small amounts
B. Energy nutrients
C. Proteins
D. Hormones
→ *Ans: A*

57. Fat-soluble vitamins:

A. B, C
B. A, D, E, K
C. F, G
D. H, J
→ *Ans: B*

58. Water-soluble vitamins:

A. B-complex and C
B. A, D, E, K
C. Only D
D. None
→ *Ans: A*

59. Vitamin A deficiency causes:

A. Anaemia
B. Scurvy
C. Rickets
D. Night blindness
→ *Ans: D*

60. Vitamin D deficiency causes:

A. Rickets and osteomalacia
B. Scurvy

C. Pellagra
D. Goitre
→ *Ans: A*

61. Vitamin E function:
A. Vision
B. Coenzyme
C. Antioxidant
D. Digestion
→ *Ans: C*

62. Vitamin K important for:
A. Vision
B. Blood clotting
C. Bone strength
D. Digestion
→ *Ans: B*

63. Vitamin C deficiency causes:
A. Rickets
B. Scurvy
C. Pellagra
D. Beriberi
→ *Ans: B*

64. Vitamin B1 deficiency causes:
A. Beriberi
B. Pellagra
C. Scurvy
D. Anaemia
→ *Ans: A*

65. Niacin deficiency causes:
A. Goitre
B. Rickets
C. Pellagra
D. Scurvy
→ *Ans: C*

66. Glycolysis occurs in:
A. Nucleus
B. Cytoplasm
C. Mitochondria
D. Golgi body
→ *Ans: B*

67. End product of glycolysis:
A. CO_2
B. Glucose
C. Pyruvate
D. Acetone
→ *Ans: C*

68. TCA cycle occurs in:
A. Cytoplasm
B. Mitochondria
C. Ribosome
D. ER
→ *Ans: B*

69. **Main function of TCA cycle:**

A. Energy (ATP) production
B. Protein synthesis
C. Fat digestion
D. None
→ *Ans: A*

70. Glycogen stored in:

A. Heart
B. Blood
C. Brain
D. Liver and muscle
→ *Ans: D*

71. Insulin decreases:

A. Blood glucose
B. Blood pressure
C. Heart rate
D. None
→ *Ans: A*

72. Disease due to carbohydrate metabolism disorder:

A. Diabetes mellitus
B. Scurvy
C. Rickets
D. Goitre
→ *Ans: A*

73. β-oxidation occurs in:

A. Ribosome
B. Cytoplasm
C. Mitochondria
D. Nucleus
→ *Ans: C*

74. End product of β-oxidation:

A. Acetyl-CoA
B. Pyruvate
C. Glucose
D. ATP only
→ *Ans: A*

75. Excessive lipid metabolism leads to:

A. Obesity only
B. Ketoacidosis
C. Anaemia
D. None
→ *Ans: B*

76. Fatty liver occurs due to:

A. Vitamin deficiency
B. Protein deficiency
C. Abnormal lipid metabolism
D. None
→ *Ans: C*

77. Urea cycle occurs in:

A. Liver
B. Kidney

C. Brain D. Lung
→ *Ans: A*

78. Transamination involves:
A. Transfer of amino group B. Transfer of phosphate
C. Oxidation D. Reduction
→ *Ans: A*

79. Disease due to amino acid metabolism defect:
A. Rickets B. Phenylketonuria
C. Scurvy D. Pellagra
→ *Ans: B*

80. Alkaptonuria results from defect in:
A. Tyrosine metabolism B. Glucose metabolism
C. Fatty acid metabolism D. None
→ *Ans: A*

PHARMACOTHERAPEUTICS

Course Code: ER20-24T

1. Pharmacotherapeutics is the study of:
A. Use of drugs in prevention and treatment of diseases
B. Drug synthesis
C. Toxicology only
D. Pharmacy law
→ *Ans: A*

2. Scope of pharmacotherapeutics includes:
A. Drug marketing
B. Drug manufacturing
C. Choosing and optimizing drug therapy
D. None
→ *Ans: C*

3. Rational use of medicines means:
A. Right drug, right dose, right duration for right patient
B. Using cheapest drug
C. Using any drug available
D. None
→ *Ans: A*

4. Evidence-based medicine relies on:
A. Opinion
B. Tradition only
C. Guesswork
D. Clinical research and patient data
→ *Ans: D*

5. Essential Medicines List (EML) prepared by:
A. PCI
B. FDA
C. ICMR
D. WHO
→ *Ans: D*

6. Standard Treatment Guidelines (STGs) help in:
A. Advertising
B. Increasing brand use
C. Promoting uniform, cost-effective therapy
D. None
→ *Ans: C*

7. Pharmacovigilance relates to:
A. Monitoring adverse drug reactions
B. Drug pricing
C. Pharmacy law
D. Dispensing only
→ *Ans: A*

8. Main goal of pharmacotherapy:
A. Increase prescriptions
B. Cure every disease
C. Lower cost only

D. Achieve desired therapeutic outcome with minimal side effects
→ *Ans: D*

9. Non-pharmacological therapy example:
A. Vaccination
B. Antibiotics
C. Diet, exercise, counseling
D. None
→ *Ans: C*

10. Drug interaction means:
A. Effect of one drug altered by another
B. Single drug reaction
C. Food digestion
D. None
→ *Ans: A*

11. Hypertension is defined as BP above:
A. 140/90 mmHg
B. 120/80 mmHg
C. 100/60 mmHg
D. 90/50 mmHg
→ *Ans: A*

12. First-line drug for hypertension:
A. Steroids
B. Beta-blockers
C. Thiazide diuretics
D. Antivirals
→ *Ans: C*

13. Angina pectoris is caused by:
A. Myocardial ischemia
B. Lung infection
C. Hypertension
D. Anaemia
→ *Ans: A*

14. Drug of choice for acute angina:
A. Diazepam
B. Digoxin
C. Furosemide
D. Nitroglycerin
→ *Ans: D*

15. Myocardial infarction means:
A. Rhythm disorder
B. Valve defect
C. Death of heart muscle due to ischemia
D. None
→ *Ans: A*

16. Hyperlipidemia is treated with:
A. Statins
B. Beta-blockers
C. Diuretics
D. Antihistamines
→ *Ans: A*

17. Statins lower:

A. BP
B. Glucose
C. LDL cholesterol
D. Uric acid
→ *Ans: C*

18. Congestive heart failure involves:

A. Inability of heart to pump effectively
B. Increased heart strength
C. Valve closure
D. None
→ *Ans: A*

19. Drug used in heart failure:

A. Ranitidine
B. Aspirin
C. Diazepam
D. Digoxin
→ *Ans: A*

20. Non-pharmacological measure for hypertension:

A. High alcohol intake
B. Sleep deprivation
C. Salt restriction, weight reduction, exercise
D. Smoking
→ *Ans: C*

21. Asthma is characterized by:

A. Fibrosis
B. Lung infection
C. Airway inflammation and bronchoconstriction
D. None
→ *Ans: C*

22. Rescue drug in acute asthma attack:

A. Prednisolone
B. Salbutamol
C. Theophylline
D. Cromolyn
→ *Ans: B*

23. Maintenance drug in asthma:

A. Antibiotics
B. Inhaled corticosteroids
C. Beta-blockers
D. None
→ *Ans: B*

24. COPD stands for:

A. Chronic Obstructive Pulmonary Disease
B. Chronic Oxygen Pressure Disorder
C. Cold Obstructive Pathway
D. None
→ *Ans: A*

25. Major risk factor for COPD:

A. Cold weather B. Alcohol
C. High cholesterol D. Smoking
→ *Ans: D*

26. Main symptom of asthma:

A. Wheezing B. Diarrhea
C. Coughing blood D. None
→ *Ans: A*

27. Non-pharmacologic management in asthma:

A. Smoking B. Allergen avoidance
C. Alcohol use D. None
→ *Ans: B*

28. Theophylline acts as:

A. Bronchodilator B. Sedative
C. Antibiotic D. None
→ *Ans: A*

29. Diabetes mellitus characterized by:

A. Hypertension B. Hypoglycemia
C. Anaemia D.Hyperglycemia
→ *Ans: D*

30. Type 1 diabetes due to:

A. Autoimmune destruction of beta cells B. Insulin resistance
C. Drug use D. Obesity only
→ *Ans: A*

31. Insulin acts by:

A. Stimulating glucagon B. Blocking glucose
C. Facilitating glucose uptake by cells D. None
→ *Ans: C*

32. Oral hypoglycemics used in:

A. Type 2 diabetes B. Type 1 diabetes
C. Ketoacidosis D. None
→ *Ans: A*

33. Hypothyroidism treated with:

A. Levothyroxine B.

Carbimazole
C. Insulin D. None
→ *Ans: A*

34. Hyperthyroidism treated with:
A. Corticosteroids B. Levothyroxine
C. Antithyroid drugs (Carbimazole, PTU) D. None
→ *Ans: C*

35. Symptom of hypothyroidism:
A. Weight loss B. Weight gain, fatigue, cold intolerance
C. Tremor D. Palpitation
→ *Ans: B*

36. Symptom of hyperthyroidism:
A. Constipation B. Weight gain
C. Weight loss, heat intolerance, tachycardia D. None
→ *Ans: C*

37. Epilepsy is due to:
A. Abnormal electrical activity in brain B. Cardiac issue
C. Infection D. None
→ *Ans: A*

38. Drug of choice for generalized seizures:
A. Diazepam B. Valproic acid
C. Paracetamol D. None
→ *Ans: B*

39. Parkinson's disease due to deficiency of:
A. Acetylcholine B. Serotonin
C. GABA D. Dopamine
→ *Ans: A*

40. Drug used in Parkinson's disease:
A. Levodopa B. Haloperidol
C. Diazepam D. Lithium
→ *Ans: A*

41. Alzheimer's disease features:
A. Memory loss and cognitive decline B. Muscle weakness

C. Tremor D. None
→ *Ans: A*

42. Drug used in Alzheimer's:
A. Diazepam B. Donepezil
C. Atropine D. None
→ *Ans: A*

43. Stroke caused by:
A. Lung infection B. Heart failure
C. Interruption of blood supply to brain D. None
→ *Ans: C*

44. Migraine treated with:
A. Antacids B. Antibiotics
C. Steroids D. Triptans and NSAIDs
→ *Ans: D*

45. Preventive migraine therapy:
A. Insulin B. Antibiotics
C. Beta-blockers D. None
→ *Ans: A*

46. Epileptic emergency managed by:
A. Paracetamol B. IV Diazepam
C. Insulin D. None
→ *Ans: B*

47. GERD means:
A. Gastroesophageal reflux disease B. Gastric erosion reflux disorder
C. Gastritis epidemic D. None
→ *Ans: A*

48. GERD treated with:
A. Antacids only B. NSAIDs
C. Proton pump inhibitors (omeprazole) D. None
→ *Ans: C*

49. Peptic ulcer caused by:
A. Virus B. H. pylori infection and NSAIDs
C. Smoking only D. None
→ *Ans: B*

50. Drug used in peptic ulcer:

A. Omeprazole and sucralfate
B. Aspirin
C. Steroids
D. None
→ *Ans: A*

51. Alcoholic liver disease caused by:

A. Diabetes
B. Fatty diet
C. Chronic alcohol consumption
D. None
→ *Ans: C*

52. Treatment of liver disease:

A. Analgesics
B. Antibiotics
C. Abstinence and hepatoprotective drugs
D. None
→ *Ans: C*

53. Crohn's disease affects:

A. Colon only.
B. Entire GI tract
C. Stomach only
D. None
→ *Ans: B*

54. Ulcerative colitis affects:

A. Colon and rectum
B. Stomach
C. Duodenum
D. None
→ *Ans: A*

55. Drug for IBD:

A. Omeprazole
B. Sulfasalazine
C. Ranitidine
D. None
→ *Ans: B*

56. Iron deficiency anaemia treated with:

A. Ferrous sulfate
B. Folic acid
C. Vitamin C
D. None
→ *Ans: A*

57. Megaloblastic anaemia caused by deficiency of:

A. Vitamin D
B. Iron
C. Vitamin B12 and folic acid
D. None
→ *Ans: C*

58. Tuberculosis treated with:

A. Isoniazid, Rifampicin, Pyrazinamide, Ethambutol
B. Amoxicillin

C. Penicillin only
D. None
→ *Ans: A*

59. Pneumonia caused by:
A. Virus
B. Streptococcus pneumonia
C. Parasite
D. None
→ *Ans: B*

60. UTI treated with:
A. NSAIDs
B. Aspirin
C. Cotrimoxazole or Fluoroquinolones
D. None
→ *Ans: C*

61. Hepatitis affects:
A. Liver
B. Kidney
C. Lung
D. Brain
→ *Ans: A*

62. Malaria caused by:
A. Virus
B. Bacteria
C. None
D. Plasmodium species
→ *Ans: D*

63. Drug of choice for malaria:
A. Chloroquine / Artemisinin
B. Amoxicillin
C. Rifampicin
D. None
→ *Ans: A*

64. HIV primarily attacks:
A. Platelets
B. RBCs
C. Neurons
D. CD4 T cells
→ *Ans: D*

65. Opportunistic infection in HIV:
A. Tuberculosis, Candidiasis
B. Diabetes
C. Hypertension
D. None
→ *Ans: A*

66. Syphilis caused by:
A. E. coli
B. Plasmodium
C. Treponema pallidum
D. None
→ *Ans: C*

67. Gonorrhoea caused by:
A. Treponema pallidum
B. Neisseria gonorrhoeae
C. Pseudomonas
D. None
→ *Ans: B*

68. SARS-CoV-2 causes:
A. Typhoid
B. Dengue
C. COVID-19
D. None
→ *Ans: C*

69. Major symptom of COVID-19:
A. Fever, cough, breathlessness
B. Vomiting
C. Diarrhea
D. None
→ *Ans: A*

70. Anti-microbial resistance results from:
A. Poor nutrition
B. Drug shortage
C. Misuse and overuse of antibiotics
D. None
→ *Ans: C*

71. Rheumatoid arthritis is:
A. Infectious
B. Autoimmune joint disease
C. Viral
D. None
→ *Ans: A*

72. Osteoarthritis due to:
A. Autoimmune disorder
B. Degeneration of cartilage
C. Infection
D. None
→ *Ans: B*

***73.* Drug used in RA:**
A. Paracetamol
B. Methotrexate
C. Insulin
D. None
→ *Ans: B*

74. Psoriasis treated with:
A. Topical corticosteroids
B. Antibiotics
C. Antivirals
D. None
→ *Ans: A*

75. Scabies caused by:
A. Mite infection
B. Fungus

C. Virus D. Bacteria
→ *Ans: A*

76. Drug for scabies:
A. Metronidazole B. Amoxicillin
C. Permethrin D. None
→ *Ans: C*

77. Eczema is:
A. Inflammatory skin disorder with itching B. Fungal infection
C. Autoimmune D. None
→ *Ans: A*

78. Depression treated with:
A. Antibiotics B. Antihistamines
C. None D. SSRIs like Fluoxetine
→ *Ans: D*

79. Anxiety treated with:
A. Steroids B. Antibiotics
C. Benzodiazepines D. None
→ *Ans: C*

80. Psychosis treated with:
A. Antipsychotics (Haloperidol) B. Antidepressants
C. Antivirals D. None
→ *Ans: A*

***81.* Non-pharmacological therapy in depression:**
A. Counselling and psychotherapy B. Surgery
C. Antibiotics D. None
→ *Ans: A*

82. Migraine prophylaxis:
A. Antibiotics B. Beta-blockers
C. Antivirals D. None
→ *Ans: B*

83. Parkinson's managed with:
A. Levodopa + Carbidopa B. Steroids
C. Antibiotics D. None
→ *Ans: A*

84. Alzheimer's managed with:

A. Antibiotic
B. Aspirin
C. Donepezil
D. None
→ *Ans: C*

85. Insomnia may require:

A. Hypnotics and sleep hygiene
B. Antacids
C. Analgesics
D. None
→ *Ans: A*

HOSPITAL AND CLINICAL PHARMACY

ER20-25T

1. Hospital pharmacy is defined as:
A. Pharmacy department providing medicines and clinical services within hospital settings
B. Community drug store
C. Industrial unit
D. Medical shop outside hospital
→ *Ans: A*

2. Scope of hospital pharmacy includes:
A. Cosmetic sales B. Drug manufacturing
C. Drug supply, clinical services, and therapeutic monitoring D. Research only
→ *Ans: C*

3. Hospital pharmacist's main role is:
A. Ensure rational and safe use of medicines B. Prescribe drugs
C. Diagnose diseases D. Conduct surgeries
→ *Ans: A*

4. International body related to hospital pharmacy practice:
A. WTO B. WHO only
C. FIP (International Pharmaceutical Federation) D. ISO
→ *Ans: C*

5. Organizational structure of hospital pharmacy depends on:
A. Government policy only B. Number of patients only
C. None D. Type and size of hospital
→ *Ans: D*

6. Good Pharmacy Practice (GPP) ensures:
A. Quality and safety in all pharmacy services B. Marketing advantage
C. Profit increase D. None
→ *Ans: A*

7. FIP Basel statements relate to:
A. Marketing ethics B. Drug pricing
C. Standards for hospital pharmacy practice D. None
→ *Ans: C*

8. NABH stands for:
A. National Accreditation Board for Hospitals B. National Association of Bio-health
C. National Authority of Biomedicine D. None
→ *Ans: A*

9. Pharmacist's role in NABH accreditation:
A. Equipment purchase
B. Building construction
C. Implementing quality standards in medicine management
D. None
→ *Ans: C*

10. Qualification of hospital pharmacist in India:
A. MBBS
B. D.Pharm or B.Pharm registered under Pharmacy Council
C. Nursing diploma
D. None
→ *Ans: B*

11. Pharmacy and Therapeutics Committee (PTC) is responsible for:
A. Developing formulary and rational drug policies B. Procurement only
C. Drug pricing D. None
→ *Ans: A*

12. Composition of PTC includes:
A. Pharmacists, clinicians, nurses, administrators B. Only doctors
C. Only nurses D. None
→ *Ans: A*

13. Main function of PTC:
A. Procurement B. Advertising
C. Promote rational and evidence-based drug use D. None
→ *Ans: C*

14. Hospital formulary is:
A. National formulary B. Drug index
C. List of approved medicines used in hospital D. None
→ *Ans: C*

15. Advantage of hospital formulary:
A. Cost-effective and uniform therapy B. Unlimited choices
C. Increased stock D. None
→ *Ans: A*

16. Formulary development involves:
A. Random selection B. Advertising

C. None D. Drug evaluation by PTC
→ *Ans: D*

17. Formulary review should be:
A. Never B. Annual only
C. Rare D. Periodic
→ *Ans: D*

18. Hospital formulary helps prevent:
A. Therapeutic duplication B. Patient education
C. ADR monitoring D. None
→ *Ans: A*

19. Infection control committee monitors:
A. Billing B. Inventory
C. Hospital-acquired infections D. None
→ *Ans: C*

20. Pharmacist's role in infection control:
A. Promote rational antibiotic use and prevent AMR B. Sterilize wards
C. Conduct surgery D. None
→ *Ans: A*

21. High-risk drugs include:
A. Vitamins B. Insulin, anticoagulants, opioids
C. Antacids D. None
→ *Ans: B*

22. Schedule H1 drugs require:
A. Strict record and prescription retention B. No record
C. OTC sale D. None
→ *Ans: A*

23. NDPS drugs regulated under:
A. Drug Price Control Order B. Pharmacy Act
C. Narcotic Drugs and Psychotropic Substances Act D. None
→ *Ans: C*

24. Reserved antibiotics used only:
A. After culture sensitivity and medical approval B. For OTC use
C. Randomly D. None
→ *Ans: A*

25. Drug purchase through:

A. Random buy
B. Verbal orders
C. None
D. Tender or quotation system
→ *Ans: D*

26. Short-term purchase used for:

A. Annual tenders
B. Long-term contracts
C. Urgent or emergency needs
D. None
→ *Ans: C*

27. Economic Order Quantity (EOQ) helps to:

A. Increase expiry
B. Maximize stock
C. Minimize inventory cost
D. None
→ *Ans: C*

28. Reorder Level indicates:

A. Stock level to place new order
B. Max stock
C. Min level
D. None
→ *Ans: A*

29. Inventory Turnover =

A. Annual consumption / Average inventory
B. Price / Quantity
C. Purchase / Sale
D. None
→ *Ans: A*

30. Central drug store maintains:

A. Patient history
B. Clinical data
C. Storage and distribution of drugs to departments
D. None
→ *Ans: C*

31. Cold chain maintains:

A. Drug potency for temperature-sensitive items
B. Cost
C. Shelf space
D. None
→ *Ans: A*

32. FEFO stands for:

A. First Entry First Out
B. Fast Entry Fast Out
C. None
D. First Expiry First Out
→ *Ans: D*

33. FIFO stands for:

A. Few In Few Out
B. Fast In Fast Out

C. None D. First In First Out
→ *Ans: D*

34. Expired drugs should be:
A. Disposed safely as per biomedical waste rules B. Sold at discount
C. Repacked D. None
→ *Ans: A*

35. Disposal of narcotics must follow:
A. Staff decision B. Local rules only
C. NDPS Act guidelines D. None
→ *Ans: C*

36. Cytotoxic waste disposed in:
A. Yellow bag as per BMW guidelines B. Red bag
C. Green bin D. None
→ *Ans: A*

37. Drug storage temperature monitored using:
A. Timer B. Clock
C. None D. Data logger / thermometer
→ *Ans: D*

38. Documentation in inventory ensures:
A. Marketing B. Advertising
C. Traceability and accountability D. None
→ *Ans: C*

39. Walk-in cold room used for:
A. Large-scale vaccine storage B. Documentation
C. Patient care D. None
→ *Ans: A*

40. High-risk drug storage requires:
A. No supervision B. Random mixing
C. Segregation and labeling D. None
→ *Ans: C*

41. Individual prescription order method:
A. Separate dispensing for each patient B. Common stock
C. Bulk issue D. None
→ *Ans: A*

42. Advantage of unit dose method:

A. Labor intensive
B. Accurate, safe, and cost-effective
C. High wastage
D. None
→ *Ans: B*

43. Floor stock method disadvantage:

A. Increased wastage and errors
B. Safety
C. Record accuracy
D. None
→ *Ans: A*

44. Automated dispensing systems improve:

A. Paperwork
B. Manual errors
C. Speed and accuracy
D. None
→ *Ans: C*

45. Narcotic drugs stored in:

A. Fridge
B. Open shelves
C. None
D. Double-lock steel cabinet
→ *Ans: D*

46. ICU drug distribution requires:

A. 24-hour supply and monitoring
B. Weekly supply
C. Self-service
D. None
→ *Ans: A*

47. Drug basket method used for:

A. Outdoor patients
B. Emergency dispensing
C. Batch distribution of medicines to wards
D. None
→ *Ans: C*

48. Unit dose system ensures:

A. Correct dose to correct patient
B. Random selection
C. Bulk issue
D. None
→ *Ans: A*

49. Outpatient dispensing focuses on:

A. Patient counselling and correct labeling
B. Hospital records
C. Internal audits
D. None
→ *Ans: A*

50. Psychotropic substances require:

A. OTC sale
B. Special prescription and storage

C. Bulk issue D. None
→ *Ans: B*

51. Bulk compounding means:
A. One prescription only B. Preparing large quantities for hospital use
C. Commercial manufacturing D. None
→ *Ans: B*

52. IV admixture services deal with:
A. Preparation of sterile IV solutions B. Oral rehydration
C. Creams D. None
→ *Ans: A*

53. Total parenteral nutrition (TPN) contains:
A. Amino acids, lipids, glucose, electrolytes B. Antibiotics
C. Vitamins only D. None
→ *Ans: A*

54. Drug incompatibility means:
A. No reaction B. Correct combination
C. Undesirable interaction during mixing D. None
→ *Ans: C*

55. Radiopharmaceuticals stored in:
A. Wooden boxes B. Glass jars
C. Lead-lined containers D. None
→ *Ans: C*

56. Disposal of radioactive waste as per:
A. NDPS B. AERB and BARC guidelines
C. NABH D. None
→ *Ans: B*

57. Computer application in hospital pharmacy:
A. Inventory, billing, ADR reporting B. Gaming
C. Advertising D. None
→ *Ans: A*

58. Electronic Health Records (EHR) contain:
A. Patient medical and medication history B. Financial data
C. Marketing info D. None
→ **Ans: A**

59. Software used in hospital pharmacy:
A. WordPad B. ERP or HIS systems
C. Photoshop D. None
→ *Ans: B*

60. Advantage of computerization:
A. Delays B. Increases manual work
C. Reduces error, improves record management D. None
→ *Ans: C*

61. Clinical pharmacy focuses on:
A. Patient-oriented pharmaceutical care B. Drug manufacturing
C. Marketing D. None
→ *Ans: A*

62. Ward round participation helps:
A. Optimize therapy and identify ADRs B. Record attendance
C. Manage inventory D. None
→ *Ans: A*

63. ADR monitoring means:
A. Price review B. Sales reporting
C. Recording and evaluating adverse effects D. None
→ *Ans: C*

64. Medication history helps:
A. Scheduling B. Billing
C. Detect potential drug interactions and compliance D. None
→ *Ans: C*

65. Drug information service provides:
A. Promotions B. Evidence-based drug advice
C. Pricing D. None
→ *Ans: B*

66. Pharmaceutical care defined as:
A. Drug sale
B. Responsible provision of drug therapy for positive outcomes
C. Stock control
D. None
→ *Ans: B*

67. Drug-related problems include:

A. Diagnosis errors
B. Prescription writing
C. ADRs, interactions, inappropriate dose
D. None
→ *Ans: C*

68. Home medication review ensures:

A. Safe and effective use of patient's medicines at home
B. Marketing
C. Sales
D. None
→ *Ans: A*

69. Medication therapy management (MTM) includes:

A. Drug pricing
B. Comprehensive drug review and adherence monitoring
C. None
→ *Ans: B*

70. Interprofessional collaboration means:

A. Cooperation among healthcare professionals for better care
B. Independent work
C. Isolation
D. None
→ *Ans: A*

71. Geriatric patients require:

A. Same adult dose
B. Higher doses
C. Dose adjustment due to reduced metabolism
D. None
→ *Ans: C*

72. Paediatric dosing is based on:

A. Fixed adult dose
B. Age only
C. Weight or body surface area
D. None
→ *Ans: C*

73. Post-natal care involves:

A. Antenatal testing
B. Care of mother after delivery
C. Fertility treatment
D. None
→ *Ans: B*

74. Antenatal care involves:

A. Regular check-up during pregnancy
B. Neonatal care
C. Surgical delivery
D. None
→ *Ans: A*

75. Clinical pharmacist's daily activity includes:

A. Chart review and patient counseling
B. Manufacturing
C. Stock taking
D. None
→ *Ans: A*

76. Pharmaceutical intervention recorded when:

A. Drug returned
B. Sale cancelled
C. Dose or drug adjustment made for patient safety
D. None
→ *Ans: C*

77. Example of drug information source:

A. Social media
B. Micromedex / Lexicomp / BNF
C. Newspaper
D. None
→ *Ans: B*

78. Goal of clinical pharmacy:

A. Optimize patient outcomes
B. Increase prescription cost
C. Promote brands
D. None
→ *Ans: A*

79. Hospital rounds improve:

A. Team-based care and reduced errors
B. Marketing
C. Stock
D. None
→ *Ans: A*

80. Pharmacist's role in counselling:

A. Collect payment
B. Ensure patient understands medication use and side effects
C. Advertise
D. None
→ *Ans: B*

PHARMACY LAW AND ETHICS – THEORY

ER20-26T

1. The Pharmacy Act was enacted in:
A. 1985 B. 1940
C. 1955 D. 1948
→ *Ans: D*

2. Objective of the Pharmacy Act, 1948:
A. To regulate the profession of pharmacy B. To control drug prices
C. To promote exports D. None
→ *Ans: A*

3. Pharmacy Council of India (PCI) established under:
A. Drugs Act, 1940 B. Pharmacy Act, 1948
C. NDPS Act D. None
→ *Ans: B*

4. President of PCI is elected from:
A. Elected members of the council B. Nominated members
C. Health Minister D. None
→ *Ans: A*

5. Education Regulations are framed by:
A. DCI B. AICTE
C. PCI D. None
→ *Ans: C*

6. Registration of Pharmacists is maintained by:
A. State Pharmacy Council B. Central Govt
C. PCI D. None
→ *Ans: A*

7. Joint State Pharmacy Council can be formed for:
A. One state only B. Two or more states
C. Central govt D. None
→ *Ans: B*

8. Minimum qualification for registration as pharmacist:
A. Medical degree B. Diploma or degree in pharmacy
C. B.Sc. Chemistry D. None
→ *Ans: B*

9. Offence under Pharmacy Act leads to:
A. Fine or imprisonment B. Cancellation of license

C. Warning only D. None
→ *Ans: A*

10. Pharmacy Practice Regulations were introduced in:
A. 2015 B. 2012
C. 2018 D. 2008
→ *Ans: A*

11. Pharmacy Practice Regulations 2015 emphasize:
A. Distribution only B. Manufacturing
C. Patient-centered care and ethical practice D. None
→ *Ans: C*

12. PCI is a _____ body.
A. Statutory B. Private
C. Voluntary D. None
→ *Ans: A*

13. Main function of PCI:
A. Drug control B. Set standards of pharmacy education
C. Price fixation D. None
→ *Ans: B*

14. Renewal of registration should be done:
A. Once in lifetime B. Periodically as per state rule
C. Never D. None
→ *Ans: B*

15. PCI comes under which ministry?
A. Ministry of Health and Family Welfare B. Ministry of Chemicals
C. HRD D. None
→ *Ans: A*

16. Drugs and Cosmetics Act enacted in:
A. 1985 B. 1945
C. 1948 D. 1940
→ *Ans: D*

17. Objective of Drugs and Cosmetics Act:
A. To regulate import, manufacture, distribution, and sale of drugs
B. To promote exports
C. To fix drug prices

D. None
→ *Ans: A*

18. Licensing authority under the Act is:
A. Drug Controller B. Pharmacist
C. Chemist D. None
→ *Ans: A*

19. Central Drugs Laboratory is located at:
A. Chennai B. Mumbai
C. Delhi D. Kolkata
→ *Ans: D*

20. Drug Technical Advisory Board (DTAB) advises:
A. Hospitals B. State Govt
C. Central Government D. None
→ *Ans: C*

21. Schedule M relates to:
A. Good Manufacturing Practices B. Labeling
C. Poison D. None
→ *Ans: A*

***22.* Schedule G includes:**
A. NDPS drugs B. OTC drugs
C. Drugs to be used under medical supervision D. None
→ *Ans: C*

23. Schedule H lists:
A. Prescription-only drugs B. OTC drugs
C. Ayurvedic drugs D. None
→ **Ans: A**

24. Schedule H1 includes:
A. Vitamins B. Antibiotics with strict record-keeping
C. Antacids D. None
→ *Ans: B*

25. Schedule X includes:
A. OTC B. Narcotic and psychotropic substances
C. Cosmetics D. None
→ *Ans: B*

26. Schedule C & C1 relate to:

A. Cosmetics B. OTC
C. Biological and special products D. None
→ *Ans: C*

27. Schedule K includes:

A. Exemptions from certain rules B. Penalties
C. Price D. None
→ *Ans: A*

28. Schedule N relates to:

A. Labelling B. Poisons
C. Requirements for premises and equipment D. None
→ *Ans: C*

29. Schedule P relates to:

A. Life period of drugs B. Price
C. Packing D. None
→ *Ans: A*

30. Import of drugs requires:

A. State council
B. License from Central Drugs Standard Control Organization
C. Pharmacy Council
D. None
→ *Ans: B*

31. Drugs prohibited from import include:

A. All antibiotics B. Misbranded, adulterated, spurious drugs
C. Vitamins D. None
→ *Ans: B*

32. New drug approval requires:

A. Hospital B. State FDA
C. Prior permission from DCGI D. None
→ *Ans: C*

33. Loan license is:

A. Manufacturing license using another's facility B. Research license
C. Import license D. None
→ *Ans: A*

34. Repacking license for:

A. Repacking bulk drugs into smaller packs
B. Manufacturing
C. Retailing
D. None
→ *Ans: A*

35. Retail sale license issued by:

A. PCI
B. Central Govt
C. State Licensing Authority
D. None
→ *Ans: C*

36. Drug inspector's duty:

A. Inspection and sampling of drugs
B. Prescription writing
C. Marketing
D. None
→ *Ans: A*

37. Misbranded drug means:

A. Substandard
B. Label misleading or improper
C. Unbranded
D. None
→ *Ans: B*

38. Adulterated drug contains:

A. Vitamin
B. Correct ingredients
C. Filthy, decomposed substances
D. None
→ *Ans: C*

39. Spurious drug means:

A. Imitation of another drug
B. Expired drug
C. Unlabelled
D. None
→ *Ans: A*

40. Wholesale license required for sale to:

A. Consumers
B. Other dealers
C. Patients
D. None
→ *Ans: B*

41. Cosmetic defined as per Act:

A. Device
B. Drug
C. Substance for cleansing, beautifying or altering appearance
D. None
→ *Ans: C*

42. Label must contain:

A. Cost only
B. Advertisement
C. Name, batch, expiry, manufacturer details
D. None
→ *Ans: C*

43. Licensing condition requires:

A. Competent person in charge
B. No pharmacist
C. Any staff
D. None
→ *Ans: A*

44. Central authority for enforcement:

A. PCI
B. CDSCO
C. AICTE
D. None
→ *Ans: B*

45. Penalty for manufacture of spurious drug:

A. License renewal
B. Warning
C. Imprisonment and fine
D. None
→ *Ans: C*

46. NDPS Act enacted in:

A. 1995
B. 1940
C. 1950
D. 1985
→ *Ans: D*

47. Objective of NDPS Act:

A. Education
B. Drug marketing
C. Control and regulation of narcotic and psychotropic substances
D. None
→ *Ans: C*

48. Licensing authority under NDPS:

A. Narcotics Commissioner of India
B. PCI
C. FDA
D. None
→ *Ans: A*

49. Penalty under NDPS for possession:

A. Imprisonment & fine
B. Warning only
C. None
→ *Ans: A*

50. Magic Remedies Act passed in:

A. 1960 B. 1948
C. 1954 D. None
→ *Ans: C*

51. Objective of Magic Remedies Act:

A. Prohibit misleading advertisements of drugs
B. Promote marketing
C. None
→ *Ans: A*

52. Exempted advertisements allowed for:

A. OTC promotion
B. Medical institutions, research, or government-approved ones
C. None
→ *Ans: B*

53. Offence under Magic Remedies Act:

A. Fine or imprisonment B. Warning
C. None
→ *Ans: A*

54. Schedule under the Act lists:

A. Diseases for which advertisement is prohibited
B. OTC drugs
C. None
→ *Ans: A*

55. Authority for enforcement:

A. State Drug Control Department B. PCI
C. None
→ *Ans: A*

56. Prevention of Cruelty to Animals Act enacted:

A. 1940 B. 1960
C. 1975 D. None
→ *Ans: B*

57. CPCSEA stands for:

A. Committee for Control and Supervision of Experiments on Animals
B. Council for Pharmaceutical Standards

C. None
→ *Ans: A*

58. Animal Ethics Committee monitors:
A. Drugs only
B. Use of animals in experiments
C. None
→ *Ans: B*

59. Poisons Act enacted in:
A. 1955
B. 1940
C. 1919
D. None
→ *Ans: C*

60. Objective of Poisons Act:
A. Control possession and sale of poisons
B. Ban alcohol
C. None
→ *Ans: A*

61. FSSAI established under:
A. Pharmacy Act
B. Food Safety and Standards Act
C. None
→ *Ans: B*

62. FSSAI governs:
A. Food supplements and labeling standards
B. Drugs
C. Cosmetics
D. None
→ *Ans: A*

63. DPCO 2013 aims to:
A. Control prices of essential medicines
B. Promote exports
C. None
→ *Ans: A*

64. NPPA full form:
A. National Pharmacy Practice Agency
B. National Pharmaceutical Pricing Authority
C. None
→ *Ans: B*

65. NLEM stands for:
A. National List of Essential Medicines

B. National Laboratory of Experimental Medicine
C. None
→ *Ans: A*

66. Pharmaceutical Policy introduced in:
A. 2013 B. 1995
C. None D. 2002
→ *Ans: D*

67. Ethical code for pharmacists issued by:
A. PCI B. CDSCO
C. WHO D. None
→ *Ans: A*

68. Pharmacist's oath given by:
A. WHO B. AICTE
C. PCI D. None
→ *Ans: C*

69. MTP Act first enacted in:
A. 1985 B. 1971
C. 2002 D. None
→ *Ans: B*

70. MTP allows abortion up to:
A. 24 weeks (as per amendment)
B. 12 weeks
C. None
→ *Ans: A*

71. CDSCO functions under:
A. MCI B. Ministry of Health
C. None D. PCI
→ *Ans: D*

72. IPC located at:
A. Delhi B. Mumbai
C. Ghaziabad D. None
→ *Ans: C*

73. ANDA means:
A. Abbreviated New Drug Application

B. Approved NDA
C. None
→ *Ans: A*

74. NDA means:
A. New Development Allowance
B. National Drug Authority
C. None
D. New Drug Application
→ *Ans: D*

75. Clinical Trials Rules notified in:
A. 2019
B. 2015
C. 2020
D. None
→ *Ans: A*

76. Brand vs. Generic difference:
A. Both same
B. Brand = Trade name, Generic = Common name
C. None
→ *Ans: B*

77. Patent Law in India governed by:
A. Indian Patent Act 1970
B. Drugs Act 1940
C. None
→ *Ans: A*

78. Emergency Use Authorization granted by:
A. AICTE
B. PCI
C. DCGI
D. None
→ *Ans: C*

79. Blood bank must have:
A. License under Drugs & Cosmetics Rules, Part XII-B
B. FSSAI
C. None
→ *Ans: A*

80. Clinical Establishment Act relates to:
A. Drug imports
B. Registration of healthcare institutions
C. None
→ *Ans: B*

81. Biomedical Waste Management Rules issued in:

A. 2020 B. 2013
C. 2016 D. None
→ *Ans: C*

82. Yellow bag used for:

A. Sharps B. Glass
C. Human anatomical waste D. None
→ *Ans: C*

83. Black bag used for:

A. Non-hazardous discarded waste B. Sharps
C. None
→ *Ans: A*

84. Medical Devices regulated under:

A. Drugs Act B. Medical Devices Rules, 2017
C. None D. Consumer Protection Act
→ *Ans: B*

85. Class A devices are:

A. High risk B. Low risk
C. Moderate D. None
→ *Ans: B*

86. Class D devices are:

A. Moderate B. Low risk
C. High risk D. None
→ *Ans: C*

87. GRP stands for:

A. Good Regulatory Practices B. General Rules for Pharmacy
C. None D. Good Rules Prsctices
→ *Ans: A*

88. E-Governance helps in:

A. Manual inspection B. Digital licensing and renewals
C. None D. Both A &B
→ *Ans: B*

89. Import of medical devices regulated by:

A. CDSCO B. PCI

C. None
D. Medical Representative
→ *Ans: A*

90. Inspection authority for community pharmacy:
A. GST Inspector
B. Police
C. None
D. Drug Inspector
→ *Ans: D*

About the Editors

Dr. Rohini Armo is an Associate Professor at the Faculty of Pharmaceutical Chemistry, Shri Rawatpura Sarkar Institute of Pharmacy, Kumhari, Durg, Chhattisgarh, India. She is rich experience, 12 years in teaching Pharmacy. She has completed a D. pharmacy, B. pharmacy, M. pharmacy and Ph. D Pharmaceutical Chemistry Form CSVTU Bhilai, Durg Chhattisgarh, India and Pt. RSU University Raipur, Chhattisgarh, India. She is guided many M. Pharmacy and B. Pharmacy Students at the research level. She has over 36 publications, 1 Indian Patent grant, 5 Indian Patent Publications, 10 Design Patents (India, Australia, Africa, UK, Garman) and 6 Book. She is Life Time Membership 4 Association and Various Technical knowledge & Instrumentation, Software, Tool etc.She is recipient of School, College, Various society, NGO, Academic journey total Achievements "152" Awards on the basis of Category archives state , Division, National, International, as a General Knowledge competitions, cultural activities competitions, Essay competition, games, souls Activities, painting, science Activities, N.s.s. , Scout-Guide, vakta- manch, March past (Direal) 15 Aug & 26 Jan Police Grounds, Sports competitions, Science Activities competitions, Children scientist and Young scientist, junior scientist Award.

Mr.Yash Dhubkaria completed her M.Pharm(Pharmaceutics) in 2023 from School of studies in pharmaceutical sciences (Jiwaji University, Gwalior Madhya Pradesh).He has qualified Jiwaji University PhD entrance exam 2024. He is pursuing Ph.D. and currently working as a Guest faculty at school of studies in pharmaceutical sciences, Gwalior, Madhya Pradesh, India. he has worked Assistant professor in pharmacy at sri balaji college of pharmacy benad Jaipur (Rajsthan) He has published research papers at international journal. He participated in seminar, workshop, Conferences and FDPs of state, national level. He also presented poster at various level. substantial contribution in teaching learning, research, training and management.

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Mr. Yash Srivastav holds an M. Pharm in Pharmaceutics from the Goel Institute of Pharmacy & Sciences (GIPS), Lucknow, and is currently an Assistant Professor at Shri Venkateshwara University, Uttar Pradesh. He is also pursuing a Ph.D. in Pharmaceutical Sciences from Lovely Professional University (LPU). He has over 135 publications, including research and review articles, patents, copyrights, book chapters, and 13 books on various pharmacy subjects. His academic contributions and dedication to pharmaceutical education have earned him several prestigious honors, such as the Delhi Ratan Award, Desh Ratan Award, Pride of India Award, and Dr. A.P.J. Abdul Kalam Indian Icon Award. This book, Diploma Pharmacy Exit Exam MCQs (Pharmacy), is dedicated to his parents, mentors, and pharmacy students, with gratitude to God for guidance and strength.

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