

Test Booklet Series



Test Booklet
(Pharmacist)

Test Booklet No.

Name of Applicant :

Answer Sheet No. :

Applicant ID/Roll No. :

Signature of Applicant :

Date of Examination :

Signature of the Invigilator(s)

Time of Examination :

1.

2.

Duration : 120 Minutes]

[Maximum Marks : 100

IMPORTANT INSTRUCTIONS

- (i) The question paper is in the form of Test-Booklet containing **100 (Hundred)** questions. All questions are compulsory. Each question carries four answers marked (A), (B), (C) and (D), out of which only one is correct. Choose the correct option or the most appropriate option.
- (ii) On receipt of the Test-Booklet (Question Paper), the candidate should immediately check it and ensure that it contains all the pages, i.e., **100** questions. Discrepancy, if any, should be reported by the candidate to the invigilator immediately after receiving the Test-Booklet.
- (iii) A separate Answer-Sheet is provided with the Test-Booklet/Question Paper. On this sheet there are **100** rows containing four circles each. One row pertains to one question.
- (iv) The candidate should write his/her Application ID/Roll number at the places provided on the cover page of the Test-Booklet/Question Paper and on the Answer-Sheet and **NOWHERE ELSE**.
- (v) No second Test-Booklet/Question Paper and Answer-Sheet will be given to a candidate. The candidates are advised to be careful in handling it and writing the answer on the Answer-Sheet.
- (vi) For every correct answer of the question **One (1) mark will be awarded**. There will be **negative marking of 0.25 mark** for every incorrect answer.
- (vii) Marking shall be done only on the basis of answers responded on the Answer-Sheet.
- (viii) To mark the answer on the Answer-Sheet, candidate should darken the appropriate circle in the row of each question with Blue or Black pen.
- (ix) For each question only **one** circle should be **darkened** as a mark of the answer adopted by the candidate. If more than one circle for the question are found darkened or with one black circle any other circle carries any mark, the answer will be treated as incorrect.
- (x) The candidates should not remove any paper from the Test-Booklet/Question Paper. Attempting to remove any paper shall be liable to be punished for use of unfair means.
- (xi) Rough work may be done on the blank space provided in the Test-Booklet/Question Paper only.
- (xii) *Mobile phones (even in Switch-off mode) and such other communication/programmable devices are not allowed inside the examination hall.*
- (xiii) No candidate shall be permitted to leave the examination hall before the expiry of the time.

DO NOT OPEN THIS QUESTION BOOKLET UNTIL ASKED TO DO SO.

Pharmacist

[P.T.O.
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1. Statins lower cholesterol by:
 - (A) Inhibiting HMG-CoA reductase
 - (B) Binding bile acids
 - (C) Inhibiting pancreatic lipase
 - (D) Blocking cholesterol absorption
2. Warfarin acts by:
 - (A) Directly inhibiting thrombin
 - (B) Activating antithrombin
 - (C) Inhibiting synthesis of vitamin K-dependent clotting factors
 - (D) Blocking platelet ADP receptors
3. Which antihypertensive is considered safe in pregnancy?
 - (A) Enalapril
 - (B) Losartan
 - (C) Atenolol
 - (D) Methyldopa
4. Which drug has a high hepatic first-pass effect and needs dose reduction in cirrhosis?
 - (A) Lithium
 - (B) Gentamicin
 - (C) Digoxin
 - (D) Propranolol
5. Which is a potent CYP450 enzyme inducer?
 - (A) Ketoconazole
 - (B) Cimetidine
 - (C) Rifampicin
 - (D) Erythromycin
6. Grapefruit juice mainly interacts by inhibiting CYP3A4, thereby:
 - (A) Increasing the plasma level of simvastatin
 - (B) Decreasing the level of simvastatin
 - (C) Having no effect on drugs
 - (D) Increasing renal excretion of drugs
7. Gingival hyperplasia is a characteristic adverse effect of:
 - (A) Carbamazepine
 - (B) Phenytoin
 - (C) Valproate
 - (D) Levetiracetam
8. Sulfonylureas lower blood glucose by:
 - (A) Blocking SGLT2
 - (B) Inhibiting alpha-glucosidase
 - (C) Activating PPAR-gamma
 - (D) Closing K-ATP channels on beta cells to stimulate insulin release

9. Non-selective beta-blockers are contra-indicated in:
 - (A) Bronchial asthma
 - (B) Angina
 - (C) Hypertension
 - (D) Post-myocardial infarction
10. Tetracyclines in pregnancy can cause:
 - (A) Neural tube defects
 - (B) Deafness
 - (C) Tooth discolouration and impaired bone growth in the fetus
 - (D) Cleft palate
11. The main advantage of a unit-dose dispensing system is:
 - (A) Reduced medication errors and wastage
 - (B) Higher stock levels
 - (C) No need for labelling
 - (D) Bulk supply to wards
12. "Floor stock" refers to:
 - (A) Expired drugs
 - (B) Medicines maintained in the ward for immediate use and replenished regularly
 - (C) Narcotics only
 - (D) The main store
13. Medication reconciliation involves:
 - (A) A stock audit
 - (B) A price comparison
 - (C) Counting tablets
 - (D) Comparing medication lists at transitions of care to resolve discrepancies
14. The "teach-back" method in counselling is used to:
 - (A) Confirm that the patient understands by asking them to explain in their own words
 - (B) Repeat the same talk
 - (C) Conduct an exam
 - (D) Prepare the bill
15. A primary source of drug information is:
 - (A) A textbook
 - (B) An original research article in a journal
 - (C) An encyclopaedia
 - (D) A drug handbook
16. Which is the standard Indian reference promoting rational drug use?
 - (A) Merck Index
 - (B) Martindale
 - (C) National Formulary of India
 - (D) USP

- 17.** Which drug typically requires therapeutic drug monitoring?
- (A) Vitamin C
 - (B) Paracetamol
 - (C) Amoxicillin
 - (D) Lithium
- 18.** The key counselling advice for an antibiotic course is to:
- (A) Stop when you feel better
 - (B) Complete the prescribed course even if symptoms improve
 - (C) Share leftovers with others
 - (D) Double the dose if a dose is missed
- 19.** In a prescription, the “Signa” part conveys:
- (A) The name of the drug
 - (B) The quantity
 - (C) Directions to the patient
 - (D) The date
- 20.** The abbreviation “SOS” on a prescription means:
- (A) Before meals
 - (B) At bedtime
 - (C) After meals
 - (D) If required
- 21.** Using the Mosteller formula, the BSA of a patient 170 cm tall and 72 kg is about:
- (A) 1.2 m²
 - (B) 1.84 m²
 - (C) 2.5 m²
 - (D) 3.4 m²
- 22.** The dose is 50 mg/m² and the BSA is 1.6 m². The dose is:
- (A) 80 mg
 - (B) 50 mg
 - (C) 31 mg
 - (D) 160 mg
- 23.** By Young’s rule ($\text{age}/(\text{age} + 12) \times \text{adult dose}$), the dose for a 6-year-old when the adult dose is 120 mg is:
- (A) 20 mg
 - (B) 40 mg
 - (C) 60 mg
 - (D) 120 mg
- 24.** By Clark’s rule, the dose for a 14-kg child when the adult dose is 500 mg is:
- (A) 50 mg
 - (B) 140 mg
 - (C) 200 mg
 - (D) 100 mg

- 25.** How much 25% solution is needed to prepare 100 mL of 5% solution?
- (A) 20 mL
 - (B) 50 mL
 - (C) 10 mL
 - (D) 5 mL
- 26.** 100 mL is to be infused over 30 minutes with a 20 drops/mL set. The drip rate is about:
- (A) 33 drops/min
 - (B) 50 drops/min
 - (C) 67 drops/min
 - (D) 100 drops/min
- 27.** How many grams of dextrose are in 500 mL of 5% w/v solution?
- (A) 2.5 g
 - (B) 5 g
 - (C) 25 g
 - (D) 50 g
- 28.** Adrenaline 1:10,000 contains:
- (A) 10 mg/mL
 - (B) 1 mg/mL
 - (C) 0.01 mg/mL
 - (D) 0.1 mg/mL
- 29.** The order is 750 mg. The available strength is 250 mg per 5 mL. The volume required is:
- (A) 15 mL
 - (B) 3 mL
 - (C) 10 mL
 - (D) 30 mL
- 30.** A syrup is prescribed as 2 teaspoonfuls three times daily. The total daily volume is:
- (A) 15 mL
 - (B) 30 mL
 - (C) 10 mL
 - (D) 45 mL
- 31.** The Schedule H1 register must be preserved for:
- (A) 1 year
 - (B) 2 years
 - (C) 3 years
 - (D) 5 years
- 32.** For Schedule X drugs, the prescription is:
- (A) Kept in duplicate, with one copy retained by the pharmacist for 2 years
 - (B) A single copy with no retention
 - (C) Verbal
 - (D) Not required

- 33.** Schedule H drugs must carry on the label:
- (A) A green leaf
 - (B) A blue triangle
 - (C) The “Rx” symbol (in red) with the warning about sale on prescription
 - (D) No special label
- 34.** Schedule C covers:
- (A) Narcotics
 - (B) Antibiotics
 - (C) Vitamins
 - (D) Biological products such as sera and vaccines
- 35.** A retail sale licence for drugs (other than those in Schedules C, C1 and X) is issued in:
- (A) Form 25
 - (B) Form 20
 - (C) Form 28
 - (D) Form 30
- 36.** The NDPS Act, 1985 deals with:
- (A) Control of narcotic drugs and psychotropic substances
 - (B) Cosmetics
 - (C) Pharmacy education
 - (D) Medical devices
- 37.** The register of pharmacists is maintained by the:
- (A) PCI directly
 - (B) Health Ministry
 - (C) State Pharmacy Council
 - (D) Drug Controller General
- 38.** Under the Pharmacy Practice Regulations 2015:
- (A) Anyone may dispense
 - (B) Dispensing should be done by a registered pharmacist
 - (C) Only doctors may dispense
 - (D) A helper may dispense
- 39.** The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954:
- (A) Prohibits advertisements claiming cures for certain diseases
 - (B) Controls narcotics
 - (C) Regulates pharmacy education
 - (D) Regulates cosmetics
- 40.** Schedule M of the Drugs & Cosmetics Rules relates to:
- (A) Retail licences
 - (B) Narcotics
 - (C) Advertising
 - (D) GMP requirements for manufacturing premises and plant

- 41.** In VED analysis, adrenaline is classed as:
- (A) Vital
 - (B) Essential
 - (C) Desirable
 - (D) Non-moving
- 42.** The preferred issue system for drugs is:
- (A) LIFO
 - (B) FEFO (first expiry, first out)
 - (C) Random
 - (D) Highest price first
- 43.** Average daily consumption is 20 units, lead time is 5 days and safety stock is 30 units. The reorder level is:
- (A) 100
 - (B) 130
 - (C) 150
 - (D) 50
- 44.** Economic order quantity (EOQ) is:
- (A) Maximum stock
 - (B) Lead time
 - (C) The order quantity that minimises total ordering and carrying costs
 - (D) Safety stock
- 45.** A bin card records:
- (A) Patient data
 - (B) Receipts, issues and balance of an item
 - (C) Prescriptions
 - (D) Invoices
- 46.** Near-expiry stock should be:
- (A) Relabelled
 - (B) Hidden at the back
 - (C) Thrown away at once
 - (D) Issued on priority, with clinicians informed or returned to the supplier per policy
- 47.** A pharmacy software/HIS helps by:
- (A) Replacing the pharmacist
 - (B) Providing real-time, batch-wise stock, expiry alerts and billing
 - (C) Only printing labels
 - (D) Being insecure
- 48.** Dead stock is:
- (A) Fast-moving stock
 - (B) Newly purchased stock
 - (C) Stock with no consumption for a prolonged period
 - (D) Emergency stock

49. Buffer stock is:
- (A) Expired stock
 - (B) Reserve stock held to protect against stock-outs
 - (C) Newly purchased stock
 - (D) Narcotic stock
50. A rate contract is:
- (A) An agreement with a supplier to supply items at a fixed price over a period
 - (B) A one-time purchase
 - (C) A gift
 - (D) A donation
51. The standard refrigerator storage range for drugs and vaccines is:
- (A) 0–2 °C
 - (B) 2–8 °C
 - (C) 8–15 °C
 - (D) 15–25 °C
52. Which vaccine is best stored in the freezer (–15 to –25 °C)?
- (A) BCG
 - (B) DPT
 - (C) Hepatitis B
 - (D) OPV
53. The shake test is used to:
- (A) Detect sterility
 - (B) Measure the potency of OPV
 - (C) Detect freeze damage in adsorbed vaccines (DPT, Hep B, TT)
 - (D) Detect heat exposure
54. An ice-lined refrigerator (ILR):
- (A) Warms vaccines
 - (B) Freezes all items
 - (C) Makes ice cream
 - (D) Maintains 2–8 °C for hours during a power cut
55. The cold-chain temperature log should be recorded:
- (A) Weekly
 - (B) Twice daily (morning and evening)
 - (C) Yearly
 - (D) Never
56. Which infusion should be protected from light?
- (A) Paracetamol tablets
 - (B) Sodium nitroprusside
 - (C) Normal saline
 - (D) Dextrose

- 57.** If a refrigerator is found above 8 °C, the pharmacist should:
- (A) Use the stock as usual
 - (B) Move it to the freezer
 - (C) Quarantine the affected stock, report, and assess stability before use
 - (D) Ignore it
- 58.** Vaccines in a refrigerator should be kept:
- (A) In the main compartment, not on door shelves
 - (B) On door shelves
 - (C) Directly on the cooling coil
 - (D) Outside in a box
- 59.** According to the Indian Pharmacopoeia, “store in a cool place” means:
- (A) 0–2 °C
 - (B) 8–25 °C
 - (C) 30–40 °C
 - (D) 40–50 °C
- 60.** Succinylcholine injection should be stored at:
- (A) –20 °C
 - (B) Room temperature
 - (C) In sunlight
 - (D) 2–8 °C
- 61.** Concentrated potassium chloride (a high-alert medicine) should be:
- (A) Stored in any ward
 - (B) Kept in ward floor stock with other fluids
 - (C) Left unlabelled
 - (D) Removed from ward stock, stored in a restricted area and labelled as high-alert
- 62.** Which is a look-alike sound-alike (LASA) pair?
- (A) Paracetamol/ibuprofen
 - (B) Clonazepam/clonidine
 - (C) Insulin/glucose
 - (D) Aspirin/vitamin C
- 63.** A “near miss” is an error that:
- (A) Reaches the patient and kills
 - (B) Is caught before reaching the patient
 - (C) Is a planned omission
 - (D) Is an ADR
- 64.** A hospital formulary is:
- (A) A continually revised list of medicines approved for use in the hospital
 - (B) A price list
 - (C) A list of expired drugs
 - (D) A narcotics list

- 65.** Which is the safe way to write half a milligram?
- (A) 0.5 mg
 - (B) .5 mg
 - (C) 0.50 mg
 - (D) 5.0 mg
- 66.** The abbreviation “U” for units should not be used because:
- (A) It is standard
 - (B) It is safer
 - (C) It is faster
 - (D) It can be mistaken for zero; write “units” in full
- 67.** Which measure is the strongest in the hierarchy of error prevention?
- (A) Education and training
 - (B) Reminders
 - (C) Forcing functions (e.g., removing concentrated KCl from wards)
 - (D) Policies
- 68.** A drug utilisation review (DUR) evaluates:
- (A) The appropriateness of drug use
 - (B) Stock count
 - (C) Licences
 - (D) Prices
- 69.** A pharmacy quality indicator is:
- (A) Medication errors per 1000 patient-days
 - (B) Parking space
 - (C) Canteen cost
 - (D) Number of visitors
- 70.** A medication error reporting system should be:
- (A) Punitive
 - (B) Non-punitive and confidential to encourage reporting
 - (C) Public naming
 - (D) Used only for juniors
- 71.** Who can report ADRs under PvPI?
- (A) Only doctors
 - (B) Only pharmacists
 - (C) Only manufacturers
 - (D) Healthcare professionals, and patients/consumers through forms or the app
- 72.** A Type A (augmented) ADR is:
- (A) Dose-related and predictable
 - (B) Idiosyncratic
 - (C) Unpredictable
 - (D) Delayed only

- 73.** A Naranjo score of 6 indicates a:
- (A) Definite ADR
 - (B) Probable ADR
 - (C) Possible ADR
 - (D) Doubtful ADR
- 74.** A positive dechallenge means:
- (A) The ADR reappears
 - (B) The dose is increased
 - (C) The ADR improves after stopping the drug
 - (D) No change
- 75.** Which is a “serious” ADR?
- (A) Mild rash
 - (B) Nausea
 - (C) Headache
 - (D) An ADR causing or prolonging hospitalisation
- 76.** Post-marketing surveillance corresponds to:
- (A) Phase IV
 - (B) Phase I
 - (C) Phase II
 - (D) Phase III
- 77.** An ADR Monitoring Centre (AMC):
- (A) Is a manufacturing unit
 - (B) Collects ADR reports and forwards them to NCC-PvPI
 - (C) Is a supplier
 - (D) Is an insurer
- 78.** Stevens-Johnson syndrome is commonly associated with:
- (A) Vitamin B
 - (B) Glucose
 - (C) Carbamazepine
 - (D) Oral rehydration salts
- 79.** Grey baby syndrome is caused by:
- (A) Chloramphenicol in neonates
 - (B) Gentamicin
 - (C) Tetracycline
 - (D) Penicillin
- 80.** In WHO-UMC causality, “probable/likely” means:
- (A) No relationship
 - (B) Insufficient information
 - (C) Unclassified
 - (D) Plausible timing, positive dechallenge, and unlikely to be explained by disease or other drugs

- 81.** Which antibiotic belongs to the WHO AWaRe “Reserve” group?
- (A) Colistin
 - (B) Amoxicillin
 - (C) Cefixime
 - (D) Doxycycline
- 82.** Which antibiotic belongs to the WHO AWaRe “Access” group?
- (A) Colistin
 - (B) Linezolid
 - (C) Tigecycline
 - (D) Amoxicillin
- 83.** Restricted antibiotics should be used:
- (A) Freely by all
 - (B) Only with prior approval from the antimicrobial stewardship/ID team
 - (C) Only by nurses
 - (D) Without documentation
- 84.** An antibiotic time-out (review) is typically done at:
- (A) 48–72 hours
 - (B) 1 month
 - (C) Never
 - (D) 1 year
- 85.** A drug commonly used for serious MRSA infection is:
- (A) Cefazolin
 - (B) Vancomycin
 - (C) Ampicillin
 - (D) Amoxicillin
- 86.** Serious ESBL-producing Gram-negative infections are usually treated with:
- (A) Ampicillin
 - (B) Cefazolin
 - (C) Meropenem (a carbapenem)
 - (D) Amoxicillin
- 87.** Which is an example of irrational antibiotic use?
- (A) Culture-guided therapy
 - (B) IV-to-oral switch
 - (C) De-escalation
 - (D) An antibiotic for the common cold
- 88.** Empirical antibiotic therapy is:
- (A) Therapy after culture results
 - (B) Initial therapy started before culture results, based on likely pathogens
 - (C) No therapy
 - (D) Prophylaxis only

- 89.** An antimicrobial stewardship team is:
- (A) Only a nurse
 - (B) Only a doctor
 - (C) A multidisciplinary team including ID physician, microbiologist and clinical pharmacist
 - (D) An accountant
- 90.** The red vertical line on antibiotic labels means:
- (A) It should not be taken without a prescription
 - (B) Poison
 - (C) Narcotic
 - (D) Vitamin
- 91.** Which crash cart drug is used for symptomatic bradycardia?
- (A) Atropine
 - (B) Furosemide
 - (C) Heparin
 - (D) Insulin
- 92.** A crash cart should be:
- (A) Opened daily
 - (B) Never checked
 - (C) Replenished after every use, sealed with a numbered tag and checked regularly
 - (D) Replaced yearly
- 93.** Indian polyvalent anti-snake venom covers:
- (A) Russell's viper, saw-scaled viper, cobra and common krait
 - (B) Python and rat snake
 - (C) Sea snakes
 - (D) King cobra only
- 94.** ASV should be stored at:
- (A) -20°C
 - (B) $2-8^{\circ}\text{C}$, without freezing
 - (C) In sunlight
 - (D) 40°C
- 95.** For digoxin toxicity, the specific antidote is:
- (A) Naloxone
 - (B) Protamine
 - (C) Digoxin-specific antibody fragments
 - (D) Flumazenil
- 96.** Ceftriaxone should NOT be mixed with:
- (A) Normal saline
 - (B) 5% dextrose
 - (C) Ringer's lactate (calcium-containing solutions)
 - (D) Sterile water

97. Cytotoxic drugs should be prepared in a:
- (A) Horizontal laminar flow hood
 - (B) Open bench
 - (C) Class II biological safety cabinet (vertical laminar flow)
 - (D) Ward room
98. Cytotoxic waste should be:
- (A) Poured into the sink
 - (B) Put in an ordinary dustbin
 - (C) Recycled
 - (D) Segregated in labelled cytotoxic waste containers and sent for incineration
99. Which staff should avoid handling cytotoxic drugs?
- (A) Pregnant or breastfeeding staff
 - (B) Everyone
 - (C) Only men
 - (D) Nobody
100. Sodium bicarbonate 8.4% injection contains:
- (A) 0.5 mmol/mL
 - (B) 1 mmol/mL
 - (C) 2 mmol/mL
 - (D) 0.1 mmol/mL

ROUGH WORK