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Booklet Series





QUESTION BOOKLET PAPER – II

202809

Time Allowed: 2 Hours Maximum Marks: 100

INSTRUCTIONS FOR CANDIDATES

- 1. Immediately after the commencement of the Examination you should check that this Question Booklet *does not have any unprinted or torn or missing pages or items*, etc. If so, get it replaced by a complete Question Booklet.
- 2. You have to enter your Roll Number on the Question

 Booklet in the Box provided alongside. DO NOT write

 anything else on the Question Booklet.
- 3. Candidate must fill up the necessary information in the space provided on the supplied OMR (Optical Mark Recognition) Answer Sheet before commencement of the Examination. See directions on the OMR Answer Sheet.
- 4. For marking the correct answer, darken **one** circle by **black** or **blue** ball point pen only. **Do not mark more than one circle**. Darkening more than one circle against an answer will be treated as wrong answer.
- 5. Do not detach any leaf from this Question Booklet. After the Examination, hand over the OMR Answer Sheet to the Room Invigilator. You are allowed to take the Question Booklet after the Examination is over.
- 6. This Question Booklet contains 100 questions. There is no negative marking for any wrong answer.
- 7. One page has been provided for Rough Work in this Question Booklet.
- 8. Possession and use of Calculator, Mobile Phone and Electronic Gadget etc. is prohibited in the Examination Hall.
- 9. Candidates are informed that evaluation of the <u>OMR Answer Sheet will be done by Electronic Machine. So, you should shadow the bubbles of Roll No. and Booklet Series properly on OMR Answer Sheet, otherwise Machine will not be able to capture the required information. Failure to comply this instruction will be the sole responsibility of the candidates.</u>
- 10. Candidates appearing in the Examination will be allowed to leave the Examination Hall only after completion of the Examination.

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		2		Set-
	(C)	T-cells	(D)	Macrophages
	(A)	Neutrophil	(B)	Plasma cells
8.	Ear	ly and established stage of gingivitis is o	liffere	entiated by increase in the number of
	(C)	Periapical pathology	(D)	Malocclusion
		Bone loss	(B)	TFO
7.	Mol	oility of a tooth can be attributed to the fo	llowi	ng except
	(C)	Curette	(D)	Scaler
	` '	Hoe	(B)	Chisel
6.		rument used with a push motion is		
	(U)	Gingivectomy	(D)	Scaling and root planning
	` '	Curettage	(B)	Modified widman flap
5.		gival hyperplasia due to phenytoin sodiu		·
_		-	. ,	,
	, ,	Xenograft		Alloplast
		Allograft	_	Autograft
4.	The	e best graft material with maximum ostec	geni	c potential is
	(C)	LPS in aggressive periodontitis	(D)	Calculus
	(A)	Bacteria in periodontity	(B)	Trypsin-like enzyme in disease
3.	'ВА	NA' test measures the activity of		
	(C)	Percussion	(D)	Palpation
	(A)	Vitality test	(B)	Radiograph
2.	Bes	st method to differentiate between acute	perio	odontal and periapical abscess is
	(C)	Marquis colour coded probe	(D)	CPITN probe
		WHO probe	(B)	•
1.		cation is best detected by		



9.	Isolated recession on single tooth is most commonly seen in				
	(A)	Lower central incisor	(B)	Lower first molar	
	(C)	Upper first premolar	(D)	Labially placed canine	
10.		ch of the following bacteria shows stron odontitis?	g ass	sociation with localized aggressive	
	(A)	P. gingivalis	(B)	A. actinomycetemcomitans	
	(C)	P. intermedia	(D)	Spirochetes	
11.	Wo	oden sticks can be used for			
	(A)	Type I embrasure	(B)	Type II embrasure	
	(C)	Type III embrasure	(D)	Type I, II or III embrasure	
12.	Gra	cey curette no. 3 and no. 4 are used for			
	(A)	Anterior teeth	(B)	Premolars	
*	(C)	Posterior teeth mesial surface	(D)	Posterior teeth distal surface	
13.	Flu	oride supplement are not recommended	in th	e following	
	(A)	Birth to 6 months	(B)	6 months to 3 years	
	(C)	3 to 6 years	(D)	6+ years	
14.	Pal	atal gingiva of the maxilla is drained to		•	
	(A)	Deep cervical lymph nodes	(B)	Sub mandibular lymph nodes	
	(C)	Jugalodigastric lymph nodes	(D)	Sub mental lymph nodes	
15.	Cri	terion to distinguish Miller I and II recess	ion is	S	
	(A)	Interdental bone loss	(B)	Interdental soft tissue loss	
	(C)	Malposition of tooth	(D)	Extension of recession	
16.	Ge	neral strategies to control plague diseas	es de	o not include	
	(A)	Plague control	(B)	Sugar discipline	
	(C)	Pit and fissure sealant	(D)	Health promotion	
		3		Set	

17.	7. In the incipient caries lesion, deepest zone is				
	(A)	Surface zone	(B)	Body of the lesion	
	(C)	Dark zone	(D)	Translucent zone	
18.	The	standard measure of cancer severity			
	(A)	Incidence	(B)	Prevalence	
,	(C)	5-years survival rate	(D)	5-years relative survival rate	
19.		tical period" for development of fluorosis und the age of	in h	uman maxillary central incisor begins	
	(A)	12 months	(B)	22 months	
	(C)	32 months	(D)	36 months	
20.	Blar	ming others for one's mistake is an exam	ple o	of	
	(A)	Rationalisation	(B)	Projection	
	(C)	Compensation	(D)	Escape mechanism	
21.	Glu	cose level in Gingival Crevicular Fluid (C	GCF)	is	
	(A)	Equal to serum	(B)	Zero	
	(C)	3 – 4 times greater than serum	(D)	Less than serum	
22.	Lea	st width of attached gingiva is found in th	ne fa	cial aspect of	
	(A)	Canine	(B)	First premölar	
	(C)	Second premolar	(D)	Lateral incisor	
23.	The	most common type of connective tissue	e cell	s in gingiva is	
	(A)	Fibroblast	(B)	Langerhans cell	
	(C)	Macrophage	(D)	Keratinocytes	
24.	Ora	ıl, genital, ocular and skin lesions are pre	esen	t in	
	(A)	Hunt's syndrome	(B)	Felty's syndrome	
	(C)	Behcet's syndrome	(D)	Reiter's syndrome	
				Set-A	



				P -
25.	In acute radiation syndrome prodromal symptoms occur at the dose of			
	(A)	1 – 2 Gy	(B)	2 – 4 Gy
	(C)	4 – 8 Gy	(D)	8 – 10 Gy
26.	A co	ommon bacteria involved in Stevens Joh	nson	s Syndrome is
	(A)	Mycoplasma pneumoniae	(B)	Campylobacter
,	(C)	Prevotella intermedia	(D)	Selenomonas
27.	One	unit of Factor VIII concentrate per kg bo	dy w	eight raises the Factor VIII level by
	(A)	1%	(B)	2%
	(C)	3%	(D)	5%
28.	Blin	dness is commonly seen in		
	(A)	Pemphigus vulgaris	(B)	Bullous pemphigus
	(C)	Mucous membrane pemphigus	(D)	Epidermolysis bullosa
29.	In o	ral candidiasis penetration in epithelium	is fa	acilitated by
	(A)	Proteinases	(B)	Elastases
	(C)	Hydrolases	(D)	Lipases
30.	Wh	ite sponge naevus occurs due to mutatio	on of	
	(A)	K4 keratin	(B)	K5 keratin
	(C)	K6 keratin	(D)	K7 keratin
31.	Pat	hergy test is positive if induration develo	ps v	vithin
	(A)	12 hours	(B)	24 hours
	(C)	48 hours	(D)	72 hours

Hairy leukoplakia is associated with 32.

(A) HBV

(B) EBV

(C) HSV

(D) Snuff

Set-A

(B) Amber line -

(D) Campbell's line

(A) Red line

(C) White line

40.	0. In fracture of the mandible the following clinical findings may be seen EXCEPT			ndings may be seen EXCEPT
	(A)	Derangement of occlusion		
	(B)	Inability to open the mouth completely		
	(C)	Haematoma		
	(D)	Diplopia		
41.		first force generated during introduction odontal ligament space is	of th	ne beakes of the dental forcep into the
	(A)	Buccal force	(B)	Lingual force
	(C)	Apical force	(D)	Rotational force
42.		ring an interview, a dentist asks a patient s is an example of which type of question		are not afraid of dentistry, are you?".
	(A)	Leading	(B)	Closed
	(C)	Open	(D)	Funneling
43.	"Tr	am line" pattern on the face is due to		
	(A)	Sutures placed with tension		
	(B)	CSF rhinorrhoea		
	(C)	Circumorbital ecchymosis		•
	(D)	Subconjunctival haemorrhage		•
44.	Fo	rward and medial displacement of the co	ndyl	e in condylar fractures is due to
	(A)	Medial pterygoid	(B)	Lateral pterygoid
	(C)	Masseter	(D)	Temporalis
45.	A	bilateral mandibular nerve block		
	(A)) Is dangerous as patient may swallow t	ongu	ue
	(B)) Is not contraindicated		
	(C)) Will lead to space infection		•
	(D) Should rarely be performed		
		7		Set-A

46.	6. Ameloblastomas are best treated by									
	(A)	Curettage								
	(B)	Enucleation								
	(C)	Resection with 1.5 – 2.0 cm marginal clearance of normal bone								
	(D)	Resection with a conservative approach of the involved bone								
47.	Par	tsch II surgical procedure is								
	(A)	Marsupialisation followed by enucleation								
	(B)	Enucleation and packing								
	(C)	Marsupialisation								
	(D)	Enucleation with bone grafting								
48.	AID	S virus is a								
	(A)	Picornavirus	(B)	Retrovirus						
	(C)	DNA virus	(D)	Enterovirus						
49.	In h	ypoglycaemic shock the skin is								
	(A)	Dry	(B)	Pigmented						
	(C)	Fissured	(D)	Moist						
50.	Whi	ch of the following drug is not available	in En	nergency?						
	(A)	Diclofenac Na	(B)	Hydrocortisone						
	(C)	Nitroglycerine	(D)	Adrenaline						
51.	The	safe dose of adrenalin in a patient with	com	promised cardiac condition is						
	(A)	0.2 mg	(B)	0.02 mg						
	(C)	0.4 mg	(D)	0.04 mg						
52.	The	coagulation profile includes all EXCEP	Т							
	(A)	Prothrombin Time (PT)								
	(B)	Activated Partial Thromboplastin Time	(APT	T)						
	(C)	Total Leucocyte Count (TLC)		•						
	(D)	International Normalized Ratio (INR)								



- 53. The disadvantage of gutta-percha as obturating material is
 - (A) Biocompatibility
 - (B) Difficulty of preparing post space
 - (C) Solubility in chloroform and xylol
 - (D) Lack of rigidity in smaller size
- 54. Class VI cavities/restorations include
 - (A) Proximal surface of anterior teeth
 - (B) Proximal surface of posterior teeth
 - (C) Gingival third of all teeth
 - (D) Incisal edge of anterior teeth or occlusal cusp height of posterior teeth
 - 55. The walking bleach technique
 - (A) Uses heat treatment
 - (B) Requires patient to report in 24 hours
 - (C) Can be done in poorly obturated canal
 - (D) Uses mixture of sodium perborate and H₂O₂
 - 56. In a patient requiring central diastema closure with modification of incisal edge length, which of the veneer preparation design is most suitable?
 - (A) Window preparation
 - (B) Butt joint incisal preparation
 - (C) Incisal overlap preparation
 - (D) None of the above
 - 57. Thermoplasticized GP technique for obturation is better than lateral condensation technique because
 - (A) It results in most homogeneous filling of root and system
 - (B) It is faster and easier method
 - (C) It results in less microleakage than lateral condensation technique
 - (D) It fills lateral canals as well

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(D) Disclosing agent

Set-A

(C) Fluoride varnish

65.	Pulp	capping comes under which level of pr	even	tion?	
	(A)	Primary	(B)	Secondary	
	(C)	Tertiary	(D)	Primordial	
66.	Whi	ch of the following is not a reversible inc	lex?		
	(A)	DHI - S	(B)	DMFS	
,	(C)	PI	(D)	GI	
67.	Cas	e control studies are also referred as			
	(A)	Prospective study	(B)	Longitudinal study	
	(C)	Incidence study	(D)	Retrospective study	
68.	"En	nporiatrics" is the word used to describe	the s	cience of	
	(A)	Epidemics	(B)	Pandemic	
	(C)	Health of traveller	(D)	Child health	
69.	Flu	oride pit and fissure sealant belong to w	hich	generation?	
	(A)	1	(B)	II .	
	(C)	III	(D)	IV .	
70.	Se	condary data can be obtained by using	the fo	bllowing method	
	(A)	Direct interview	(B)	Oral health examination	
	(C)	Questionnaire method	(D)	Previous records	
71.	Ha	nous formula related with the mandibula	ar mo	ovement is	
	(A)	Protrusive	(B)) Lateroretrusive	
	(C)	Retrusive	(D)) Opening	
72.	. W .	hich is more retentive form of anterior br	idge '	?	
	(A) ¾ partial veneer crown	(B) Full veneer crown	
	(C) Pinlay veneer	(D) Class V inlay	
					Set-

- 73. Retentive part of clasp position is
 - (A) Below the survey line
 - (B) Above survey line
 - (C) As close as possible to the gingival margin
 - (D) None of the above
- 74. Finish line of choice for tilted abutment is
 - (A) Shoulder

(B) Chamfer

(C) Feather edge

- (D) Shoulder with bevel
- 75. Most biocompatible pontic material is
 - (A) Nickel chrome

(B) Glazed porcelain

(C) Unglazed porcelain

- (D) Stainless steel
- 76. Free plane articulator is classified as
 - (A) Type I

(B) Type - II

(C) Type - III

- (D) Type IV
- 77. Centric relation is related with the plane
 - (A) Vertical

(B) Sagital

(C) Horizontal

- (D) Camper
- 78. Stress bearing cusp of upper 1st = molar is
 - (A) Mesiobuccal
 - (B) Distobuccal
 - (C) Mesiopalatal
 - (D) Mesiopalatal and distopalatal
- 79. Dentogenic concept is related with
 - (A) Retention

(B) Stability

(C) Support

(D) Tooth Selection

		13		Set-A			
	(C)	Upper incisors	(D)	Lower incisors			
	(A)	Upper 1st molar	(B)	Lower 1st molar			
87.	Acc	ording to Tweed's philosophy, minimal re	laps	e occurs with the correct placement of			
	(C)	4 – 5 gm/mm ²	(D)	5 – 7 gm/mm²			
	(A)	1 – 2 gm/mm ²	(B)	2 – 4 gm/mm ²			
86.	The	amount of force required to effect the m	andil	bular changes at condylar region is			
	(C)	5 feet	(D)	6 feet			
	` '	3 feet	` '	4 feet			
85.		afelight may be mounted on the ceiling a					
	(C)	Treacher Collin Syndrome	(D)	Puetz Jeghers Syndrome			
		Klinefelter Syndrome		Vander Woude Syndrome			
84.		pits are associated with					
	, ,	~ 25 66/11III1.	(D)	< 15 cc/min.			
	•	< 25 cc/min.	, ,	< 35 cc/min.			
83.		hronic kidney disease stage 5 , GFR is < 45 cc/min.	/D\	4 25 00/min			
00	ln c	brania kidnay dianasa ataus E. OFD	. ,				
	• •	None of the above	(D)				
		Turcot's syndrome	(B)	Tuberous sclerosis			
82.	Caf	e au lait pigmentation are seen in					
	(C)	3 mm	(D)	4 mm			
	(A)	1 mm	(B)	2 mm			
81.	Opt	imum distance for implant placement fro	m na	tural tooth is			
	(C)	Contact intimacy	(D)	Peripheral seal			
	(A)	Saliva	(B)	Surface area			
80.	Mos	Most important factor affecting the physical forces is					
				- · · · · · · · · · · · · · · · · · · ·			



) — 1	İ									
88.		ich of the following is a common problem tition analysis?	ass	ociated with most of the mixed						
	(A)	Accuracy in different populations								
	(B)	Complicated calculation								
	(C)	Radiographic magnification errors								
	(D)	Difficulty in making study models								
89.	TAE	Os in orthodontics is used for								
	(A)	Tooth replacement	(B)	Muscle reprogramming						
	(C)	Orthognathic splint	(D)	Anchorage						
90.	The	HMO model in which dental personnel	are s	alaried employees is						
	(A)	Staff model	(B)	Group model						
	(C)	Independent practice association	(D)	Capitated network						
91.	Uni	versal precautions do not emphasize								
	(A)	Barrier's procedure								
	(B)	Routine autoclaving								
	(C)	Means of handling potentially infectious	s ma	terials						
	(D)	Means of handling potentially infectious	s pat	ients						
92.	Hur	man Development Index does not includ	е	•						
	(A)	Infant mortality		•						
	(B)	Life expectancy at birth								
	(C)	Adult literacy rate								
	(D)	Gross domestic product								
93.	A 9	0% specificity means								
	(A)	90% true positive and 10% false negati	ive							
	(B)	90% true positive and 10% false positive	/e							
	(C)	(C) 90% true negative and 10% false positive								

(D) 90% true negative and 10% false negative

94.	The	incisor liability on an average is		·
	(A)	7.6 mm in maxillary arch	(B)	6.4 mm in maxillary arch
	(C)	3.4 mm in maxillary arch	(D)	2.8 mm in maxillary arch
95.		ich of the orthodontic wires has the max	kimur	m surface friction with orthodontic
	(A)	Australian wire	(B)	TMA wire
	(C)	Ni Ti wire	(D)	SS wire
96.	Υa	xis is used to analyse		
	(A)	Maxillary growth	(B)	Maxillo-mandibular growth
	(C)	Mandibular growth	(D)	Frontal growth
97.	Wh	en length of a spring is doubled the force	exe	rted by the spring
	(A)	Decreases by 8 times	(B)	Increases by 8 times
	(C)	Decreases by 16 times	(D)	Increases by 16 times
98.		e point at which the application of force uneferred to as	pon a	a tooth results in its bodily movement
	(A)	Centre of resistance	(B)	Centre of rotation
	(C)	Centre of mass	(D)	Centre of gravity
99.	Dev	wey's Class I type V malocclusion is		•
	(A)	Anterior cross-bite	(B)	Mesial movement of molar
	(C)	Posterior cross-bite	(D)	Anterior inclination
100.	Loc	kpins are made of		
	(A)	Copper	(B)	Stainless steel
	(C)	Brass	(D)	Bronze
		·		•