D.PHARMA EXIT EXAM

MARATHON CLASS

TOTAL 150 QUESTION

TIME - 09:00 A.M

3 HOURS

PAPER - 1

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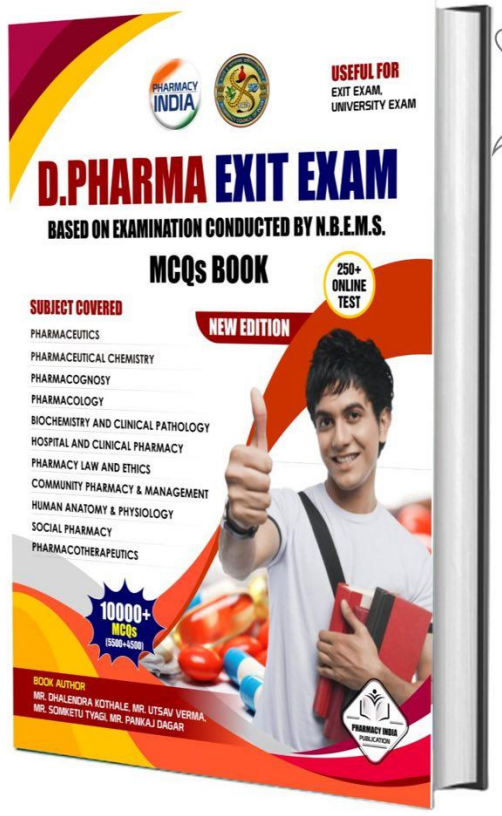

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PHARMACY LAW AND ETHICS

1. Which act regulates the sale and distribution of medicines in India, ensuring their safety and efficacy?

A) The Drug and Cosmetics Act, 1940
B) The Pharmacy Act, 1948
C) The Indian Penal Code, 1860
D) The Drugs and Magic Remedies Act, 1954

1. Which act regulates the sale and distribution of medicines in India, ensuring their safety and efficacy?

A) The Drug and Cosmetics Act, 1940

B) The Pharmacy Act, 1948

C) The Indian Penal Code, 1860

D) The Drugs and Magic Remedies Act, 1954

Explanation:- The Drug and Cosmetics Act, 1940, is a comprehensive legislation that regulates the manufacture, distribution, and sale of drugs and cosmetics in India. It ensures that these products meet safety, efficacy, and quality standards.

2. What is the primary objective of the Pharmacy Act, 1948?

A) To regulate the sale of drugs
B) To regulate the profession of pharmacy and the registration of pharmacists
C) To control drug prices
D) To enforce penalties for drug misuse

2. What is the primary objective of the Pharmacy Act, 1948?

A) To regulate the sale of drugs
B) To regulate the profession of pharmacy and the registration of pharmacists
C) To control drug prices
D) To enforce penalties for drug misuse

Explanation:- The Pharmacy Act, 1948, focuses on regulating the profession of pharmacy, including the registration of pharmacists and the establishment of State Pharmacy Councils to ensure professional standards.

3. Under the Drugs and Magic Remedies Act, 1954, what is prohibited?

A) Advertising of drugs for the treatment of certain diseases
B) Sale of counterfeit medicines
C) Import of unapproved drugs
D) Prescription of medicines without a license

3. Under the Drugs and Magic Remedies Act, 1954, what is prohibited?

A) Advertising of drugs for the treatment of certain diseases

B) Sale of counterfeit medicines

C) Import of unapproved drugs

D) Prescription of medicines without a license

Explanation:- The Drugs and Magic Remedies Act, 1954, prohibits the advertisement of drugs and remedies that claim to cure certain diseases, particularly those that may mislead or exploit consumers.

4. Which of the following is NOT a responsibility of the Drug Controller General of India (DCGI)?

A) Approval of new drugs
B) Regulation of clinical trials
C) Licensing of pharmacy shops
D) Monitoring drug safety and efficacy

4. Which of the following is NOT a responsibility of the Drug Controller General of India (DCGI)?

A) Approval of new drugs
B) Regulation of clinical trials
C) Licensing of pharmacy shops
D) Monitoring drug safety and efficacy

Explanation:- The DCGI is responsible for approving new drugs, regulating clinical trials, and ensuring drug safety and efficacy. Licensing of pharmacy shops is typically managed at the state level by State Licensing Authorities.

5. What does the Drug Price Control Order (DPCO) aim to address?

A) Drug manufacturing processes
B) Quality control of drugs
C) Sale of counterfeit drugs
D) Regulation of drug prices

5. What does the Drug Price Control Order (DPCO) aim to address?

A) Drug manufacturing processes
B) Quality control of drugs
C) Sale of counterfeit drugs
D) Regulation of drug prices

Explanation:- The Drug Price Control Order (DPCO) aims to regulate the prices of essential drugs to ensure they are affordable for the general public. It is part of the National Pharmaceutical Pricing Authority's (NPPA) mandate.

6. What is a primary responsibility of the State Pharmacy Council under the Pharmacy Act, 1948?

A) Approving new drugs
B) Regulating clinical trials
C) Licensing drug manufacturers
D) Maintaining the State Register of Pharmacists

6. What is a primary responsibility of the State Pharmacy Council under the Pharmacy Act, 1948?

A) Approving new drugs
B) Regulating clinical trials
C) Licensing drug manufacturers
D) Maintaining the State Register of Pharmacists

Explanation:- The State Pharmacy Council is responsible for maintaining the State Register of Pharmacists, which includes details of all registered pharmacists in that state.

7. Under the Pharmacy Practice Regulations, 2015, how often must a pharmacist complete Continuing Professional Education (CPE) activities?

A) Every 2 years
B) Annually
C) Every 5 years
D) Every 6 months

7. Under the Pharmacy Practice Regulations, 2015, how often must a pharmacist complete Continuing Professional Education (CPE) activities?

A) Every 2 years
B) Annually
C) Every 5 years
D) Every 6 months

Explanation:- The Pharmacy Practice Regulations, 2015, require pharmacists to engage in Continuing Professional Education (CPE) activities annually to stay updated with the latest practices and knowledge.

8. According to the Pharmacy Act, 1948, which of the following bodies is empowered to prescribe the code of ethics for pharmacists?

A) The Pharmacy Council of India (PCI)
B) The Drug Controller General of India (DCGI)
C) The Ministry of Health and Family Welfare
D) The State Health Department

8. According to the Pharmacy Act, 1948, which of the following bodies is empowered to prescribe the code of ethics for pharmacists?

A) The Pharmacy Council of India (PCI)
B) The Drug Controller General of India (DCGI)
C) The Ministry of Health and Family Welfare
D) The State Health Department

Explanation:- The Pharmacy Council of India (PCI) is responsible for prescribing the code of ethics and standards of practice for pharmacists to ensure professional and ethical conduct.

9. What is the primary focus of the Pharmacy Practice Regulations, 2015, regarding patient safety?

A) Ensuring accurate dispensing of medications and patient counseling
B) Regulating the cost of medications
C) Monitoring drug advertising
D) Licensing new pharmacy establishments

9. What is the primary focus of the Pharmacy Practice Regulations, 2015, regarding patient safety?

A) Ensuring accurate dispensing of medications and patient counseling

B) Regulating the cost of medications

C) Monitoring drug advertising

D) Licensing new pharmacy establishments

Explanation:- The Pharmacy Practice Regulations, 2015, emphasize the importance of accurate dispensing of medications and providing proper patient counseling to ensure patient safety and effective medication use.

10. Under the Pharmacy Act, 1948, what is required for a pharmacy professional to be eligible for registration?

A) A license from the Drug Controller General of India (DCGI)
B) A degree or diploma in pharmacy from a recognized institution
C) Experience in a hospital pharmacy setting
D) Completion of a specific number of practice hours

10. Under the Pharmacy Act, 1948, what is required for a pharmacy professional to be eligible for registration?

A) A license from the Drug Controller General of India (DCGI)
B) A degree or diploma in pharmacy from a recognized institution
C) Experience in a hospital pharmacy setting
D) Completion of a specific number of practice hours

Explanation:- Eligibility for registration under the Pharmacy Act, 1948, requires a degree or diploma in pharmacy from a recognized institution to ensure that pharmacists have the necessary educational qualifications.

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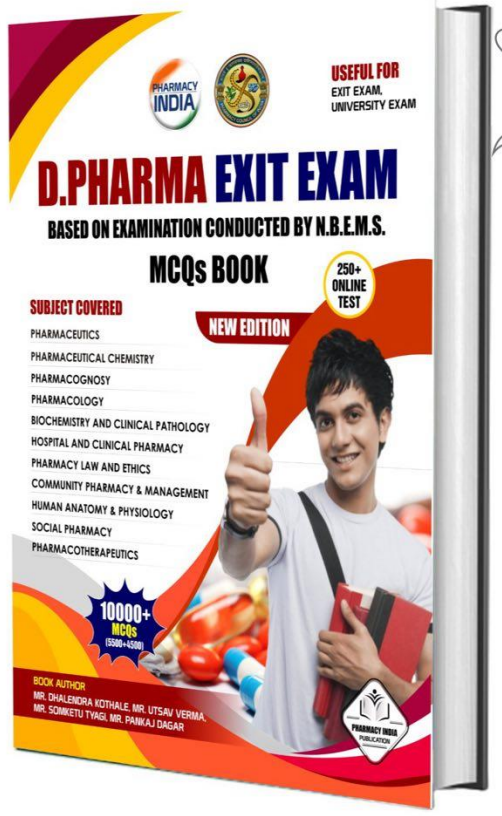

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11. What is the primary purpose of the Drugs and Cosmetics Act, 1940?

A) To regulate the manufacture, sale, and distribution of drugs and cosmetics
B) To control drug prices
C) To monitor clinical trials
D) To enforce penalties for drug misuse

11. What is the primary purpose of the Drugs and Cosmetics Act, 1940?

A) To regulate the manufacture, sale, and distribution of drugs and cosmetics

B) To control drug prices

C) To monitor clinical trials

D) To enforce penalties for drug misuse

Explanation:- The Drugs and Cosmetics Act, 1940, aims to regulate the manufacture, sale, and distribution of drugs and cosmetics to ensure their safety, efficacy, and quality.

12. Under the Drugs and Cosmetics Act, 1940, who is responsible for granting licenses for the manufacture of drugs?

A) The Central Drugs Standard Control Organization (CDSCO)
B) The State Drug Licensing Authority
C) The Ministry of Health and Family Welfare
D) The Drug Controller General of India (DCGI)

12. Under the Drugs and Cosmetics Act, 1940, who is responsible for granting licenses for the manufacture of drugs?

A) The Central Drugs Standard Control Organization (CDSCO)

B) The State Drug Licensing Authority

C) The Ministry of Health and Family Welfare

D) The Drug Controller General of India (DCGI)

Explanation:- The State Drug Licensing Authority is responsible for granting licenses for the manufacture of drugs under the Drugs and Cosmetics Act, 1940, while the CDSCO provides overall regulatory oversight.

13. Which of the following is a requirement under the Drugs and Cosmetics Rules, 1945?

A) Maintaining records of drug manufacture and sales
B) Providing clinical trial data
C) Obtaining approval from the Ministry of Health for each drug
D) Advertising drug efficacy

13. Which of the following is a requirement under the Drugs and Cosmetics Rules, 1945?

A) Maintaining records of drug manufacture and sales
B) Providing clinical trial data
C) Obtaining approval from the Ministry of Health for each drug
D) Advertising drug efficacy

Explanation:- The Drugs and Cosmetics Rules, 1945, require manufacturers to maintain detailed records of drug manufacture and sales to ensure compliance with safety and quality standards.

14. What recent amendment to the Drugs and Cosmetics Act, 1940, focuses on regulating the quality of medical devices?

A) The Drugs and Cosmetics (Amendment) Act, 2016
B) The Drugs and Cosmetics (Amendment) Act, 2020
C) The Medical Devices Rules, 2017
D) The Drugs and Magic Remedies Act, 1954

14. What recent amendment to the Drugs and Cosmetics Act, 1940, focuses on regulating the quality of medical devices?

A) The Drugs and Cosmetics (Amendment) Act, 2016
B) The Drugs and Cosmetics (Amendment) Act, 2020
C) The Medical Devices Rules, 2017
D) The Drugs and Magic Remedies Act, 1954

Explanation:- The Drugs and Cosmetics (Amendment) Act, 2020, introduced provisions to regulate the quality and safety of medical devices, enhancing regulatory oversight and consumer protection.

15. According to the Drugs and Cosmetics Act, 1940, what is the penalty for selling spurious drugs?

A) Imprisonment and/or a fine
B) Suspension of the drug license
C) Public warning and recall of the drugs
D) Revocation of the company's registration

15. According to the Drugs and Cosmetics Act, 1940, what is the penalty for selling spurious drugs?

A) Imprisonment and/or a fine
B) Suspension of the drug license
C) Public warning and recall of the drugs
D) Revocation of the company's registration

Explanation:- The Drugs and Cosmetics Act, 1940, imposes penalties including imprisonment and/or a fine for the sale of spurious drugs to deter illegal practices and protect public health.

16. What is the main objective of the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) To regulate and control the production, manufacture, distribution, and use of narcotic drugs and psychotropic substances
B) To control drug prices
C) To enforce drug safety standards
D) To promote the use of medicinal plants

16. What is the main objective of the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) To regulate and control the production, manufacture, distribution, and use of narcotic drugs and psychotropic substances

B) To control drug prices

C) To enforce drug safety standards

D) To promote the use of medicinal plants

17. Under the Narcotic Drugs and Psychotropic Substances Act, 1985, who is authorized to issue licenses for the production and distribution of narcotic drugs?

A) The Central Drugs Standard Control Organization (CDSCO)
B) The State Drug Licensing Authority
C) The Narcotics Control Bureau (NCB)
D) The Ministry of Health and Family Welfare

17. Under the Narcotic Drugs and Psychotropic Substances Act, 1985, who is authorized to issue licenses for the production and distribution of narcotic drugs?

A) The Central Drugs Standard Control Organization (CDSCO)
B) The State Drug Licensing Authority
C) The Narcotics Control Bureau (NCB)
D) The Ministry of Health and Family Welfare

Explanation:- The Narcotics Control Bureau (NCB) is responsible for issuing licenses and regulating the production and distribution of narcotic drugs and psychotropic substances under the Narcotic Drugs and Psychotropic Substances Act, 1985.

18. What is the maximum penalty for offenses related to trafficking in narcotic drugs under the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) Fine and suspension of drug licenses
B) Imprisonment for up to 5 years
C) Imprisonment for up to 20 years and/or a fine
D) Revocation of professional licenses

18. What is the maximum penalty for offenses related to trafficking in narcotic drugs under the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) Fine and suspension of drug licenses
B) Imprisonment for up to 5 years
C) Imprisonment for up to 20 years and/or a fine
D) Revocation of professional licenses

Explanation:- The Narcotic Drugs and Psychotropic Substances Act, 1985, stipulates severe penalties for trafficking in narcotic drugs, including imprisonment for up to 20 years and/or a fine, to deter illegal activities.

19. Which of the following substances is classified under the Narcotic Drugs and Psychotropic Substances Act, 1985, as a psychotropic substance?

A) Cocaine
B) Heroin
C) Methamphetamine
D) Opium

19. Which of the following substances is classified under the Narcotic Drugs and Psychotropic Substances Act, 1985, as a psychotropic substance?

A) Cocaine
B) Heroin
C) Methamphetamine
D) Opium

Explanation:- Methamphetamine is classified as a psychotropic substance under the Narcotic Drugs and Psychotropic Substances Act, 1985. The Act distinguishes between narcotic drugs and psychotropic substances based on their effects and potential for abuse.

20. What is required for a medical practitioner to prescribe narcotic drugs under the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) A special license issued by the Narcotics Control Bureau
B) Registration with the State Pharmacy Council
C) Approval from the Drug Controller General of India (DCGI)
D) Certification from a medical board

20. What is required for a medical practitioner to prescribe narcotic drugs under the Narcotic Drugs and Psychotropic Substances Act, 1985?

A) A special license issued by the Narcotics Control Bureau

B) Registration with the State Pharmacy Council

C) Approval from the Drug Controller General of India (DCGI)

D) Certification from a medical board

Explanation:- Medical practitioners must obtain a special license from the Narcotics Control Bureau to prescribe narcotic drugs legally, ensuring controlled use and preventing misuse

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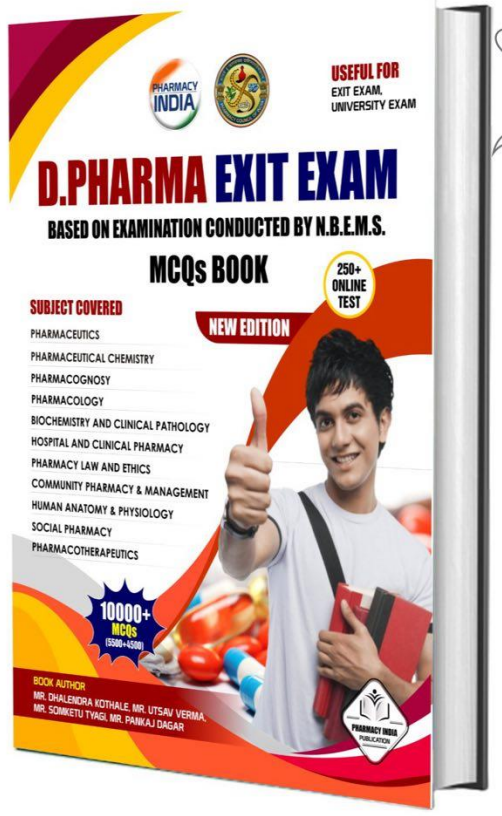

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21. What is the primary aim of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) To regulate drug prices
B) To prohibit objectionable advertisements of drugs and magic remedies
C) To ensure the quality of drugs
D) To control drug distribution

21. What is the primary aim of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) To regulate drug prices
B) To prohibit objectionable advertisements of drugs and magic remedies
C) To ensure the quality of drugs
D) To control drug distribution

Explanation:- The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, aims to prohibit advertisements that make false claims or misleading statements about the efficacy of drugs and magic remedies.

22. Under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, which of the following is considered an objectionable advertisement?

A) An ad promoting a new drug with scientific evidence
B) An ad claiming a drug can cure serious diseases without evidence
C) An ad showing drug usage instructions
D) An ad comparing drug prices

22. Under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, which of the following is considered an objectionable advertisement?

A) An ad promoting a new drug with scientific evidence
B) An ad claiming a drug can cure serious diseases without evidence
C) An ad showing drug usage instructions
D) An ad comparing drug prices

Explanation:- The Act prohibits advertisements that make unsubstantiated claims about curing serious diseases, as these can mislead consumers and promote unsafe practices.

23. Which authority is responsible for enforcing the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) The Drug Controller General of India (DCGI)
B) The Central Drugs Standard Control Organization (CDSCO)
C) The Ministry of Health and Family Welfare
D) The Narcotics Control Bureau (NCB)

23. Which authority is responsible for enforcing the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) The Drug Controller General of India (DCGI)
B) The Central Drugs Standard Control Organization (CDSCO)
C) The Ministry of Health and Family Welfare
D) The Narcotics Control Bureau (NCB)

Explanation:- The Ministry of Health and Family Welfare oversees the enforcement of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, ensuring compliance and taking action against objectionable advertisements.

24. What type of penalties can be imposed for violations of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) License suspension
B) Warning notices
C) Fines and imprisonment
D) Drug recall

24. What type of penalties can be imposed for violations of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) License suspension
B) Warning notices
C) Fines and imprisonment
D) Drug recall

Explanation:- Violations of the Act can result in fines and imprisonment to deter the dissemination of misleading and harmful advertisements.

25. Which of the following is NOT covered under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) Medical research studies
B) Advertisements for over-the-counter drugs
C) Advertisements claiming to cure chronic diseases
D) Advertisements for magic remedies with false claims

25. Which of the following is NOT covered under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954?

A) Medical research studies
B) Advertisements for over-the-counter drugs
C) Advertisements claiming to cure chronic diseases
D) Advertisements for magic remedies with false claims

Explanation:- The Act does not cover medical research studies but focuses on advertisements for drugs and magic remedies that make false or misleading claims.

26. What is the primary objective of the Prevention of Cruelty to Animals Act, 1960?

A) To prevent cruelty to animals and promote their welfare
B) To regulate the sale of animals
C) To control animal breeding
D) To enforce animal testing for cosmetics

26. What is the primary objective of the Prevention of Cruelty to Animals Act, 1960?

A) To prevent cruelty to animals and promote their welfare
B) To regulate the sale of animals
C) To control animal breeding
D) To enforce animal testing for cosmetics

Explanation:- The Prevention of Cruelty to Animals Act, 1960, aims to prevent cruelty to animals and promote their welfare by setting standards for their treatment and protection.

27. Under the Prevention of Cruelty to Animals Act, 1960, which authority is empowered to investigate complaints of animal cruelty?

A) The Drug Controller General of India (DCGI)
B) The Central Drugs Standard Control Organization (CDSCO)
C) The Animal Welfare Board of India (AWBI)
D) The Ministry of Environment and Forests

27. Under the Prevention of Cruelty to Animals Act, 1960, which authority is empowered to investigate complaints of animal cruelty?

A) The Drug Controller General of India (DCGI)
B) The Central Drugs Standard Control Organization (CDSCO)
C) The Animal Welfare Board of India (AWBI)
D) The Ministry of Environment and Forests

Explanation:- The Animal Welfare Board of India (AWBI) is responsible for investigating complaints and ensuring compliance with the Prevention of Cruelty to Animals Act, 1960.

28. Which of the following acts would be considered cruelty to animals under the Prevention of Cruelty to Animals Act, 1960?

A) Providing adequate food and shelter for pets
B) Inflicting unnecessary pain or suffering on animals
C) Using animals in research with ethical approval
D) Breeding animals for conservation purposes

28. Which of the following acts would be considered cruelty to animals under the Prevention of Cruelty to Animals Act, 1960?

A) Providing adequate food and shelter for pets
B) Inflicting unnecessary pain or suffering on animals
C) Using animals in research with ethical approval
D) Breeding animals for conservation purposes

Explanation:- The Act defines cruelty as inflicting unnecessary pain or suffering on animals, including abuse or neglect, and aims to protect animals from such treatment.

29. What is the penalty for causing unnecessary pain or suffering to animals under the Prevention of Cruelty to Animals Act, 1960?

A) Suspension of animal ownership rights
B) Fines and/or imprisonment
C) Revocation of animal breeding licenses
D) Public service orders

29. What is the penalty for causing unnecessary pain or suffering to animals under the Prevention of Cruelty to Animals Act, 1960?

A) Suspension of animal ownership rights
B) Fines and/or imprisonment
C) Revocation of animal breeding licenses
D) Public service orders

Explanation:- The Act imposes fines and/or imprisonment for those found guilty of causing unnecessary pain or suffering to animals, to ensure accountability and deterrence.

30. Under the Prevention of Cruelty to Animals Act, 1960, what is required for the use of animals in scientific experiments?

A) Approval from an Institutional Animal Ethics Committee
B) A special license from the Animal Welfare Board of India
C) Registration with the Ministry of Environment and Forests
D) Compliance with general animal welfare guidelines

30. Under the Prevention of Cruelty to Animals Act, 1960, what is required for the use of animals in scientific experiments?

A) Approval from an Institutional Animal Ethics Committee
B) A special license from the Animal Welfare Board of India
C) Registration with the Ministry of Environment and Forests
D) Compliance with general animal welfare guidelines

Explanation:- The Act requires that the use of animals in scientific experiments be approved by an Institutional Animal Ethics Committee to ensure that the experiments are conducted ethically and humanely.

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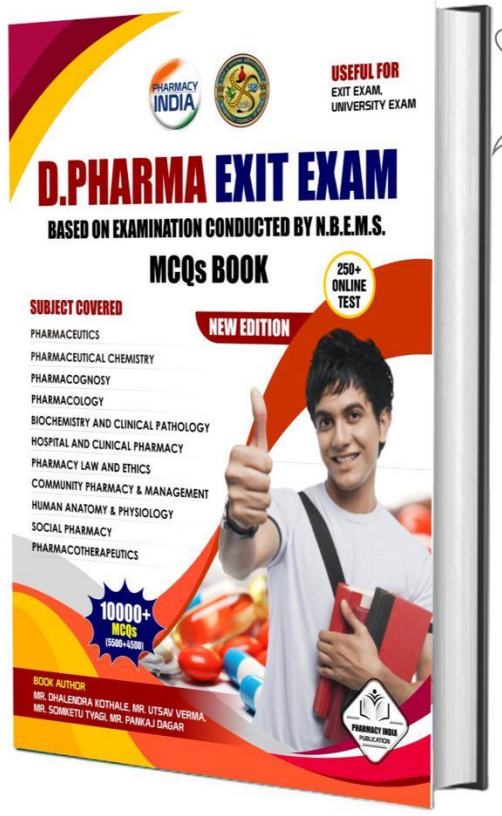

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31. What is the main purpose of the Poisons Act, 1919?

A) To regulate the sale of pharmaceutical drugs
B) To control the sale and use of poisons and toxic substances
C) To promote the use of antidotes
D) To oversee the manufacture of chemicals

31. What is the main purpose of the Poisons Act, 1919?

A) To regulate the sale of pharmaceutical drugs
B) To control the sale and use of poisons and toxic substances
C) To promote the use of antidotes
D) To oversee the manufacture of chemicals

Explanation:- The Poisons Act, 1919, is designed to control the sale, use, and distribution of poisons and toxic substances to prevent misuse and ensure public safety.

32. Under the Poisons Act, 1919, who is required to maintain a register of poisons?

A) The licensed seller of poisons
B) The local health authority
C) The drug manufacturer
D) The Ministry of Health and Family Welfare

32. Under the Poisons Act, 1919, who is required to maintain a register of poisons?

A) The licensed seller of poisons
B) The local health authority
C) The drug manufacturer
D) The Ministry of Health and Family Welfare

Explanation:- The Poisons Act, 1919, mandates that licensed sellers of poisons must maintain a register of poisons, including details of their sale and distribution, to ensure proper tracking and accountability.

33. Which of the following is considered a poison under the Poisons Act, 1919?

A) Common table salt
B) Sugar
C) Cyanide
D) Vitamin supplements

33. Which of the following is considered a poison under the Poisons Act, 1919?

A) Common table salt
B) Sugar
C) Cyanide
D) Vitamin supplements

Explanation:- Cyanide is classified as a poison under the Poisons Act, 1919, due to its toxic properties and potential to cause harm if misused.

34. What action is required from a seller when a poison is sold under the Poisons Act, 1919?

A) Recording the details of the transaction in a register
B) Issuing a receipt without recording details
C) Reporting the sale to the local police
D) Destroying any unused poison

34. What action is required from a seller when a poison is sold under the Poisons Act, 1919?

A) Recording the details of the transaction in a register
B) Issuing a receipt without recording details
C) Reporting the sale to the local police
D) Destroying any unused poison

Explanation:- Sellers are required to record details of each transaction involving poisons in a register to maintain proper documentation and control over the sale of these substances.

35. What is the penalty for violating the provisions of the Poisons Act, 1919?

A) Revocation of the drug license
B) Public warning
C) Suspension of the seller's operations
D) Imprisonment and/or a fine

35. What is the penalty for violating the provisions of the Poisons Act, 1919?

A) Revocation of the drug license
B) Public warning
C) Suspension of the seller's operations
D) Imprisonment and/or a fine

Explanation:- Violations of the Poisons Act, 1919, can result in imprisonment and/or a fine as penalties to enforce compliance and deter illegal activities related to poisons.

PHARMACEUTICS

1. When was the first edition of the Indian Pharmacopoeia published?

(a) 1955
(b) 1996
(c) 1975
(d) 1985

1. When was the first edition of the Indian Pharmacopoeia published?

(a) 1955
(b) 1996
(c) 1975
(d) 1985

Explanation: The first edition of the Indian Pharmacopoeia was published in 1955 to standardize the quality of medicines.

2. What does PCI stand for?

(a) Pharmacy Council of India
(b) Pharmacy Committee of India
(c) Pharmacy Certificate of India
(d) Pharmacy Course of India

2. What does PCI stand for?

(a) Pharmacy Council of India
(b) Pharmacy Committee of India
(c) Pharmacy Certificate of India
(d) Pharmacy Course of India

Explanation:- PCI stands for Pharmacy Council of India, which regulates the pharmacy education and practice in India.

3. Who chaired the first edition of the Indian Pharmacopoeia published in 1955?

(a) Prof. R. N. Chopra
(b) Prof. M. L. Schroff
(c) Dr. G. M. Sadique
(d) Dr. B. N. Ghosh

3. Who chaired the first edition of the Indian Pharmacopoeia published in 1955?

(a) Prof. R. N. Chopra
(b) Prof. M. L. Schroff
(c) Dr. G. M. Sadique
(d) Dr. B. N. Ghosh

Explanation:- Indian Pharmacopeia committee under chairmanship of Dr. B. N. Ghosh Published first edition of IP in 1955

4. In which year was the first edition of the US Pharmacopoeia (USP) published?

(a) 1820
(b) 1830
(c) 1850
(d) 1985

4. In which year was the first edition of the US Pharmacopoeia (USP) published?

(a) 1820
(b) 1830
(c) 1850
(d) 1985

Explanation:- The first edition of the US Pharmacopoeia was published in 1820.

5. What does "Pharmakon" mean?

(a) Is a Greek word
(b) Drug
(c) Knowledge
(d) Both (a) and (b)

5. What does "Pharmakon" mean?

(a) Is a Greek word
(b) Drug
(c) Knowledge
(d) Both (a) and (b)

Explanation:- "Pharmakon" is a Greek word that means both "drug" and "knowledge" related to medicinal substances.

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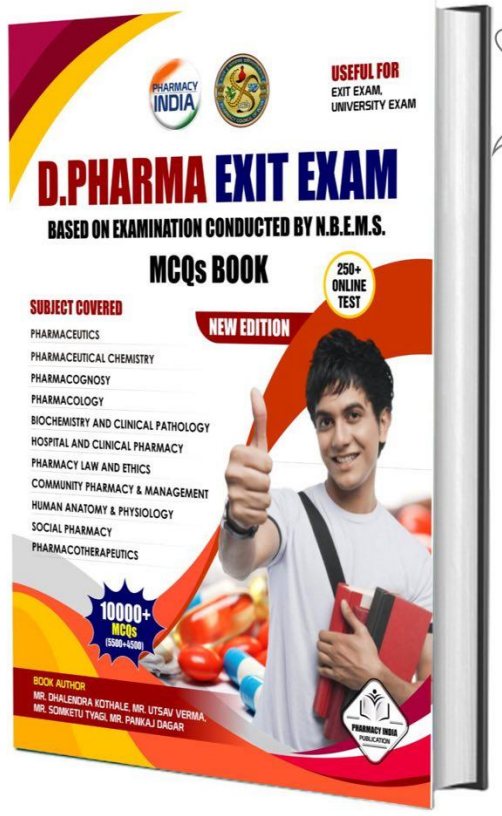

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6. When was the third edition of the Indian Pharmacopoeia published?

(a) 1955
(b) 1996
(c) 1976
(d) 1985

6. When was the third edition of the Indian Pharmacopoeia published?

(a) 1955
(b) 1996
(c) 1976
(d) 1985

Explanation:- The**Explanation:** The third edition of the Indian Pharmacopoeia was published in 1976. third edition of the Indian Pharmacopoeia was published in 1976.

7. Who is considered the father of pharmacy education in India?

(a) Prof. M. L. Schroff
(b) Prof. R. N. Chopra
(c) Dr. B. N. Ghosh
(d) Dr. G. M. Sadique

7. Who is considered the father of pharmacy education in India?

(a) Prof. M. L. Schroff
(b) Prof. R. N. Chopra
(c) Dr. B. N. Ghosh
(d) Dr. G. M. Sadique

Explanation:- Prof. M. L. Schroff is widely regarded as the father of pharmacy education in India due to his contributions to the field.

8. Who produces the Extra Pharmacopoeia?

(a) Professor Mahadeva Lal Schroff
(b) William Procter Jr
(c) Galen
(d) William Martindale

8. Who produces the Extra Pharmacopoeia?

(a) Professor Mahadeva Lal Schroff
(b) William Procter Jr
(c) Galen
(d) William Martindale

Explanation:- The Extra Pharmacopoeia is produced by William Martindale.

9. When was the most recent edition of the Indian Pharmacopoeia published?

(a) 1985
(b) 2010
(c) 2018
(d) 2022

9. When was the most recent edition of the Indian Pharmacopoeia published?

(a) 1985
(b) 2010
(c) 2018
(d) 2022

Explanation:- The most recent 9th edition of the Indian Pharmacopoeia was published in 2022.

10. **Who is recognized as the father of medicine?**

(a) Pasteur
(b) Hippocrates
(c) Lister
(d) Luther

10. **Who is recognized as the father of medicine?**

(a) Pasteur
(b) Hippocrates
(c) Lister
(d) Luther

Explanation:- Hippocrates is recognized as the father of medicine due to his contributions to the practice and principles of medicine.

11. In which year was the Pharmacy Council of India established?

(a) 1950
(b) 1948
(c) 1948
(d) 1949

11. In which year was the Pharmacy Council of India established?

(a) 1950
(b) 1948
(c) 1948
(d) 1949

Explanation:- The Pharmacy Council of India was established on 4th March in 1948.

12. What does USP stand for?

(a) The United State Pharmacology
(b) The United State Pharmacy
(c) The United State Pharmacopoeia
(d) The United State Pharmacy Association

12. What does USP stand for?

(a) The United State Pharmacology
(b) The United State Pharmacy
(c) The United State Pharmacopoeia
(d) The United State Pharmacy Association

Explanation:- USP stands for The United States Pharmacopoeia, a standard for medicines in the United States.

13. What is the fibrous raw material used for paper production?

(a) Hemicellulose
(b) Pulp
(c) Cellulose
(d) Lignin

13. What is the fibrous raw material used for paper production?

(a) Hemicellulose
(b) Pulp
(c) Cellulose
(d) Lignin

Explanation:- Pulp is the fibrous raw material used in paper production, derived from cellulose.

14. What is Type II glass commonly known as?

(a) General soda lime glass
(b) NP glass
(c) Borosilicate glass
(d) Treated soda lime glass

14. What is Type II glass commonly known as?

(a) General soda lime glass
(b) NP glass
(c) Borosilicate glass
(d) Treated soda lime glass

Explanation:- Type II glass is commonly referred to as treated soda lime glass

15. What characterizes thermoplastics?

(a) Get softened on heating
(b) Can be moulded
(c) Can not be degraded by repeated heating
(d) All of these

15. What characterizes thermoplastics?

(a) Get softened on heating
(b) Can be moulded
(c) Can not be degraded by repeated heating
(d) All of these

Explanation:- Thermoplastics soften when heated, can be molded, and can be reprocessed multiple times without significant degradation.

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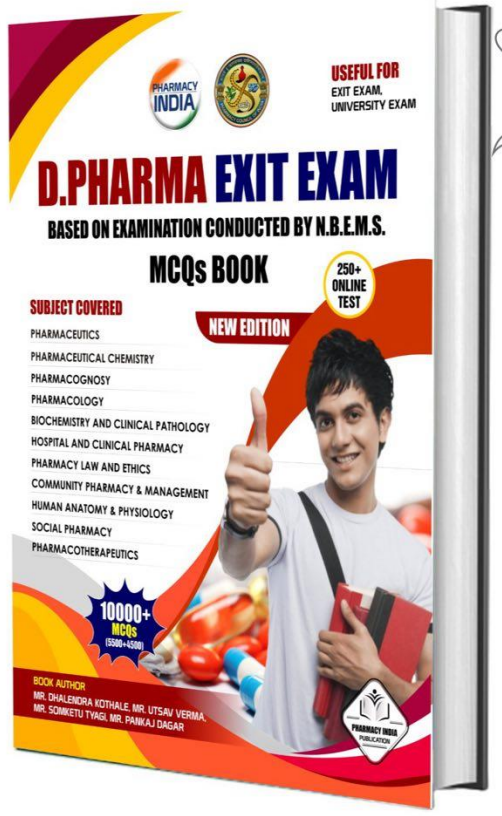

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16. What is the term for the package directly in contact with the formulation?

(a) Primary package
(b) Secondary package
(c) Both (a) and (b)
(d) Tertiary package

16. What is the term for the package directly in contact with the formulation?

(a) Primary package
(b) Secondary package
(c) Both (a) and (b)
(d) Tertiary package

Explanation:- The primary package is the packaging that is in direct contact with the product

17. What are cullets?

(a) Broken glass pieces
(b) Broken metal pieces
(c) Both (a) and (b)
(d) Broken plastic pieces

17. What are cullets?

(a) Broken glass pieces
(b) Broken metal pieces
(c) Both (a) and (b)
(d) Broken plastic pieces

Explanation:- Cullets are broken glass pieces used in the production of new glass.

18. How would you describe regular soda lime glass compared to Type II glass?

(a) Type II and acidic
(b) Type II and alkali
(c) Type III and acidic
(d) Type III and alkali

18. How would you describe regular soda lime glass compared to Type II glass?

(a) Type II and acidic
(b) Type II and alkali
(c) Type III and acidic
(d) Type III and alkali

Explanation:- Regular soda lime glass is typically classified as Type III glass, which is more alkaline compared to Type II glass.

19. How are plastic containers sterilized?

(a) Autoclave
(b) Bleach
(c) Ethylene oxide
(d) All of these

19. How are plastic containers sterilized?

(a) Autoclave
(b) Bleach
(c) Ethylene oxide
(d) All of these

Explanation:- Plastic containers can be sterilized using various methods, including autoclave, bleach, and ethylene oxide

20. What packaging material is suitable for storing photosensitive pharmaceutical products?

(a) Transparent glass container
(b) Amber coloured glass container
(c) Transparent plastic container
(d) Type I and II glass container

20. What packaging material is suitable for storing photosensitive pharmaceutical products?

(a) Transparent glass container
(b) Amber coloured glass container
(c) Transparent plastic container
(d) Type I and II glass container

Explanation:- Amber colored glass containers are suitable for storing photosensitive products as they protect from light exposure.

21. What material is used for containers storing injectables?

(a) Lime soda glass
(b) Type II glass
(c) Neutral glass
(d) Type I and type II glass

21. What material is used for containers storing injectables?

(a) Lime soda glass
(b) Type II glass
(c) Neutral glass
(d) Type I and type II glass

Explanation:- Containers for injectables are typically made from Type I or Type II glass to ensure compatibility and stability of the contents.

22. What serves as a fusion agent in glass composition?

(a) Cullet
(b) Soda ash
(c) Lime stone
(d) Sand

22. What serves as a fusion agent in glass composition?

(a) Cullet
(b) Soda ash
(c) Lime stone
(d) Sand

Explanation:- Soda ash is used as a fusion agent in glass composition to lower the melting point of the raw materials.

23. What sweetening agent is used in toothpastes?

(a) Sodium saccharin
(b) Sucrose
(c) Glycerine
(d) All of these

23. What sweetening agent is used in toothpastes?

(a) Sodium saccharin
(b) Sucrose
(c) Glycerine
(d) All of these

Explanation:- Sodium saccharin is commonly used as a sweetening agent in toothpastes due to its non-cariogenic properties.

24. Where are artificial sweeteners commonly found?

(a) Baked goods, puddings, and candy
(b) Soft drinks and powdered drink mixer
(c) Jams, and jellies
(d) All of these

24. Where are artificial sweeteners commonly found?

(a) Baked goods, puddings, and candy
(b) Soft drinks and powdered drink mixer
(c) Jams, and jellies
(d) All of these

Explanation:- Artificial sweeteners are used in a variety of products, including baked goods, soft drinks, and jams

25. Which artificial sweeteners are FDA-approved?

(a) Aspartame
(b) Saccharin
(c) Sucralose
(d) All of these

25. Which artificial sweeteners are FDA-approved?

(a) Aspartame
(b) Saccharin
(c) Sucralose
(d) All of these

Explanation:- Aspartame, saccharin, and sucralose are all FDA-approved artificial sweeteners.

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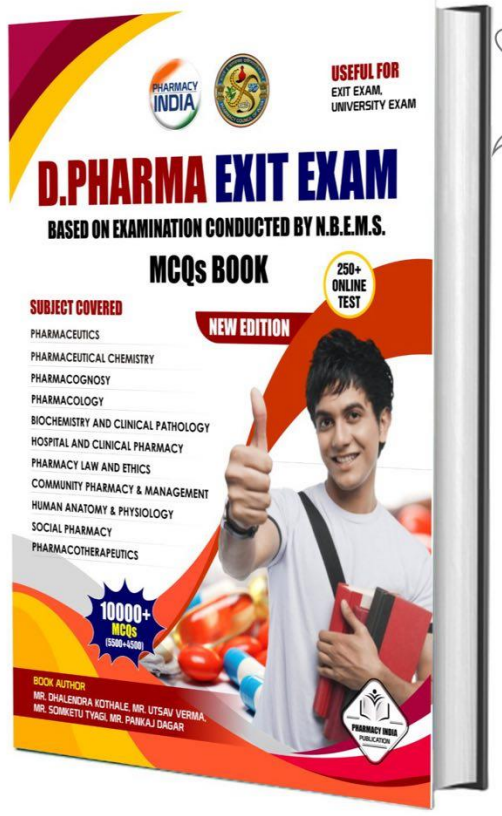

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26. What determines the success or failure of a preservative in preventing microbial spoilage?

(a) Interaction between preservative and surfactant
(b) Interaction between preservative and active substances
(c) Sorption by packaging materials
(d) All of the above

26. What determines the success or failure of a preservative in preventing microbial spoilage?

(a) Interaction between preservative and surfactant
(b) Interaction between preservative and active substances
(c) Sorption by packaging materials
(d) All of the above

Explanation:- The effectiveness of a preservative can be influenced by its interaction with other ingredients, packaging materials, and other factors.

27. What is used as a flavouring agent?

(a) Menthol
(b) Chloroform
(c) Both
(d) None

27. What is used as a flavouring agent?

(a) Menthol
(b) Chloroform
(c) Both
(d) None

Explanation:- Menthol is commonly used as a flavoring agent due to its minty taste, while chloroform is not used for flavoring. Chloroform is now used only in low concentrations as a flavouring agent. It is used as a flavoring agent in toothpaste.

28. Which is a synthetic sweetener?

(a) Glucose
(b) Sucrose
(c) Sorbitol
(d) Aspartame

28. Which is a synthetic sweetener?

(a) Glucose
(b) Sucrose
(c) Sorbitol
(d) Aspartame

Explanation:- Aspartame is a synthetic sweetener, unlike glucose, sucrose, and sorbitol, which are naturally occurring.

29. Which sugar has a bitter taste?

(a) Glucose
(b) Sucrose
(c) Saccharin
(d) None

29. Which sugar has a bitter taste?

(a) Glucose
(b) Sucrose
(c) Saccharin
(d) None

Explanation:- Saccharin is known for its bitter aftertaste compared to other sugars.

30. Which flavour is not associated with a sour taste?

(a) Citrus flavours
(b) Liquorice
(c) Raspberry
(d) Mint spice

30. Which flavour is not associated with a sour taste?

(a) Citrus flavours
(b) Liquorice
(c) Raspberry
(d) Mint spice

Explanation:- Liquorice is known for its distinct sweet taste, not a sour one.

31. What are widely used and excellent preservatives?

(a) Mercurial
(b) Quaternary ammonium compounds
(c) Both (a) and (b)
(d) Acidic

31. What are widely used and excellent preservatives?

(a) Mercurial
(b) Quaternary ammonium compounds
(c) Both (a) and (b)
(d) Acidic

Explanation:- Both mercurial compounds and quaternary ammonium compounds are used as effective preservatives.

32. How is Benzalkonium chloride categorized?

(a) Acidic preservative
(b) Neutral preservative
(c) Mercurial preservative
(d) Quaternary ammonium compounds

32. How is Benzalkonium chloride categorized?

(a) Acidic preservative
(b) Neutral preservative
(c) Mercurial preservative
(d) Quaternary ammonium compounds

Explanation:- Benzalkonium chloride is categorized as a quaternary ammonium compound used as a preservative.

33. Which of the following substances is size reduced by precipitation method?

(a) Fibrous material
(b) Coal
(c) Mercuric oxide
(d) All of the above

33. Which of the following substances is size reduced by precipitation method?

(a) Fibrous material
(b) Coal
(c) Mercuric oxide
(d) All of the above

Explanation:- Mercuric oxide is size-reduced by the precipitation method, unlike fibrous material or coal.

34. Brittle drugs size-reduced by which mill?

(a) Ball mill
(b) Hammer mill
(c) Fluid energy mill
(d) Both (a) and (b)

34. Brittle drugs size-reduced by which mill?

(a) Ball mill
(b) Hammer mill
(c) Fluid energy mill
(d) Both (a) and (b)

Explanation:- Brittle drugs can be size-reduced using either ball mills or hammer mills.

35. Which of the following mills works on the principle of both attrition and impact?

(a) Hammer mill
(b) Pin mill
(c) Ball mill
(d) Cutter mill

35. Which of the following mills works on the principle of both attrition and impact?

(a) Hammer mill
(b) Pin mill
(c) Ball mill
(d) Cutter mill

Explanation:- Ball mills work on both attrition and impact principles for size reduction.

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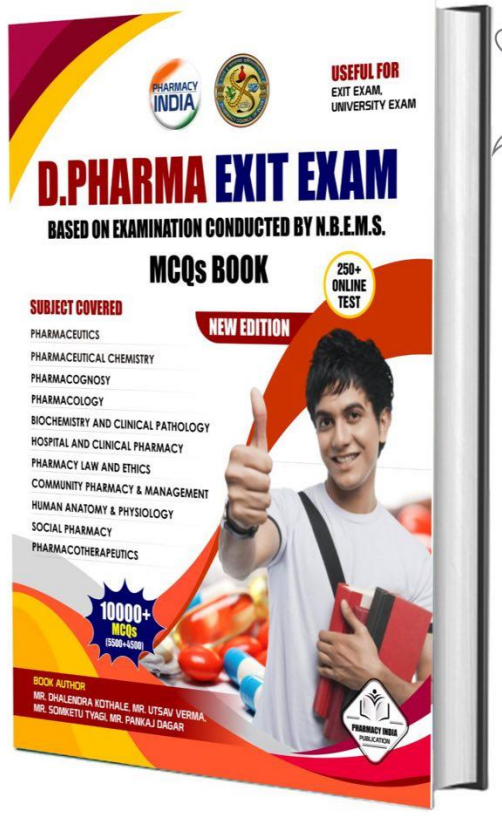

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36. Which type of particles is preferred for compound powders?

(a) Very fine particles
(b) Moderately coarse particles
(c) Both can work
(d) None of the above

36. Which type of particles is preferred for compound powders?

(a) Very fine particles
(b) Moderately coarse particles
(c) Both can work
(d) None of the above

Explanation:- Very fine particles are generally preferred for compound powders to ensure proper flow and mixing.

37. Mechanism on which Ball Mill operates is

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) None

37. Mechanism on which Ball Mill operates is

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) None

Explanation:- The ball mill operates on the principles of both impact and attrition.

38. Mechanism on which Fluid Energy Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) None of the above

38. Mechanism on which Fluid Energy Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) None of the above

Explanation:- Fluid energy mill uses both impact and attrition for size reduction.

39. Mechanism on which Hammer Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) Cutting

39. Mechanism on which Hammer Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) Cutting

Explanation:- Hammer mill use impact mechanism for size reduction

40. Mechanism on which Cutter Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) Cutting

40. Mechanism on which Cutter Mill operates is:

(a) Impact
(b) Attrition
(c) Impact and Attrition
(d) Cutting

Explanation:- Cutter mills operate primarily on the principle of cutting for size reduction

COMMUNITY PHARMACY & MANAGEMENT

1. What is the primary role of a hospital pharmacist?

A) Dispensing medications to patients
B) Advising physicians and healthcare professionals on drug therapy
C) Managing hospital inventory of medical supplies
D) Conducting clinical trials in a hospital setting

1. What is the primary role of a hospital pharmacist?

A) Dispensing medications to patients
B) Advising physicians and healthcare professionals on drug therapy
C) Managing hospital inventory of medical supplies
D) Conducting clinical trials in a hospital setting

Explanation:-

The primary role of a hospital pharmacist is to ensure the safe and effective use of medications in the hospital setting. This involves advising healthcare professionals on the best drug therapy options for patients, ensuring that medications are used appropriately, and monitoring patient outcomes.

2. Which of the following is an important function of a hospital pharmacy's Drug and Therapeutics Committee (DTC)?

A) Recommending drugs for formulary inclusion
B) Handling patient complaints regarding service
C) Conducting physical exams on patients
D) Purchasing medical equipment

2. Which of the following is an important function of a hospital pharmacy's Drug and Therapeutics Committee (DTC)?

A) Recommending drugs for formulary inclusion
B) Handling patient complaints regarding service
C) Conducting physical exams on patients
D) Purchasing medical equipment

Explanation:-

The Drug and Therapeutics Committee (DTC) is responsible for managing the hospital formulary, which involves selecting the most appropriate, effective, and safe medications for use in the hospital. This committee ensures that only high-quality, cost-effective medications are available for patient care.

3. Which of the following is a key objective of hospital pharmacy management?

A) Maximizing revenue from medication sales
B) Reducing medication errors and ensuring patient safety
C) Increasing the number of medications prescribed
D) Promoting the use of non-prescription drugs

3. Which of the following is a key objective of hospital pharmacy management?

A) Maximizing revenue from medication sales
B) Reducing medication errors and ensuring patient safety
C) Increasing the number of medications prescribed
D) Promoting the use of non-prescription drugs

Explanation:-

Hospital pharmacy management is primarily focused on optimizing patient outcomes by ensuring the safe, effective, and rational use of medications.

4. Which system in hospital pharmacy focuses on reducing medication errors and improving patient outcomes?

A) Computerized Physician Order Entry (CPOE)
B) Medication Advertising System
C) Pharmacy Sales Optimization System
D) Drug Inventory Management System

4. Which system in hospital pharmacy focuses on reducing medication errors and improving patient outcomes?

A) Computerized Physician Order Entry (CPOE)
B) Medication Advertising System
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Explanation:-

CPOE is a system used in hospitals to electronically enter medication orders. This system helps reduce medication errors by improving the accuracy and legibility of orders, providing decision support, and preventing adverse drug events

5. What is the term for ensuring that a patient receives the appropriate medication, in the correct dose, via the right route, at the right time?

A) Therapeutic Substitution
B) Medication Reconciliation
C) The Five Rights of Medication Administration
D) Adverse Drug Event Monitoring

5. What is the term for ensuring that a patient receives the appropriate medication, in the correct dose, via the right route, at the right time?

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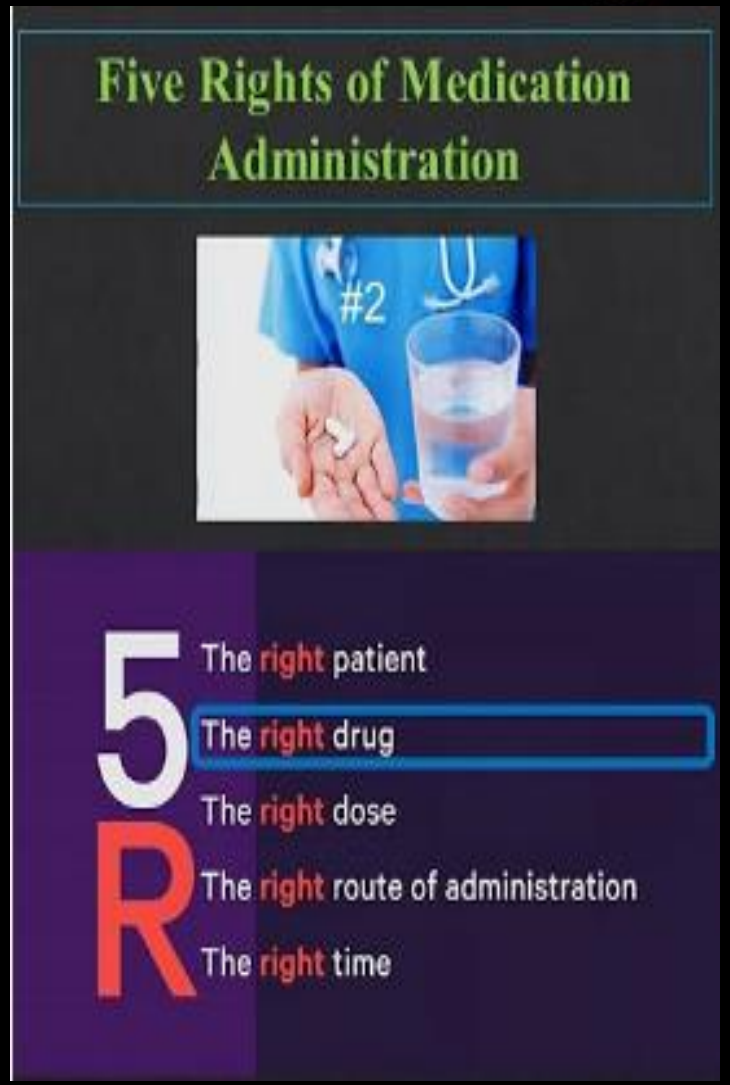
B) Medication Reconciliation
C) The Five Rights of Medication Administration
D) Adverse Drug Event Monitoring

Explanation:-

The Five Rights of Medication Administration are a fundamental principle in healthcare that aims to ensure medication safety. These include ensuring the **right patient** receives the **right drug**, in the **right dose**, via the **right route**, at the **right time**. This protocol is critical in preventing medication errors and ensuring patient safety in hospitals.



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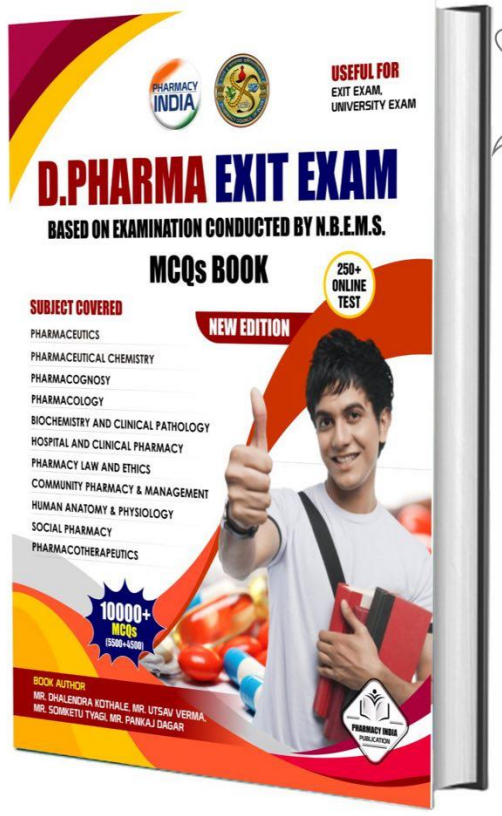

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6. Which committee is primarily responsible for ensuring rational use of drugs within the hospital?

A) Infection Control Committee
B) Pharmacy and Therapeutics Committee
C) Medical Records Committee
D) Quality Assurance Committee

6. Which committee is primarily responsible for ensuring rational use of drugs within the hospital?

A) Infection Control Committee
B) Pharmacy and Therapeutics Committee
C) Medical Records Committee
D) Quality Assurance Committee

Explanation:-

The Pharmacy and Therapeutics (P&T) Committee is responsible for managing the hospital's drug formulary and ensuring that medications are used safely, effectively, and cost-efficiently. This committee plays a key role in promoting rational drug use, developing guidelines, and monitoring adverse drug reactions.

7. The primary role of the Infection Control Committee in a hospital is to:

A) Supervise all surgeries performed in the hospital
B) Ensure the availability of vaccines for all staff
C) Develop strategies to prevent and control infections
D) Approve patient admissions to intensive care units

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C) Develop strategies to prevent and control infections
D) Approve patient admissions to intensive care units

Explanation:-

The Infection Control Committee (ICC) is responsible for minimizing the risk of infections within the hospital. It develops and implements protocols to prevent hospital-acquired infections (HAIs), ensures staff follow hygiene practices, and monitors infection control measures to protect both patients and staff.

8. Which hospital committee oversees and ensures that clinical research within the hospital meets ethical standards?

A) Research and Development Committee
B) Clinical Audit Committee
C) Institutional Review Board (IRB)
D) Mortality and Morbidity Committee

8. Which hospital committee oversees and ensures that clinical research within the hospital meets ethical standards?

A) Research and Development Committee
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D) Mortality and Morbidity Committee

Explanation:-

The Institutional Review Board (IRB), also known as the Ethics Committee, ensures that all clinical research conducted within the hospital complies with ethical guidelines and standards.

9. Which of the following is the main function of the Hospital's Quality Assurance Committee?

A) Monitoring and evaluating the quality of patient care
B) Managing hospital staff schedules
C) Conducting financial audits of hospital departments
D) Overseeing hospital marketing strategies

9. Which of the following is the main function of the Hospital's Quality Assurance Committee?

A) Monitoring and evaluating the quality of patient care processes.
B) Managing hospital staff schedules
C) Conducting financial audits of hospital departments
D) Overseeing hospital marketing strategies

Explanation:-

The Quality Assurance (QA) Committee is responsible for ensuring that the hospital provides high-quality healthcare services. This committee evaluates patient care processes, sets standards for care, and implements programs to continuously improve the quality of services offered by the hospital.

10. What is the primary responsibility of the Mortality and Morbidity (M&M) Committee in a hospital?

A) To discuss legal aspects of hospital management
B) To review cases of patient deaths and complications
C) To provide financial support to patients
D) To handle administrative tasks in hospital departments

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A) To discuss legal aspects of hospital management
B) To review cases of patient deaths and complications
C) To provide financial support to patients
D) To handle administrative tasks in hospital departments

Explanation:

The Mortality and Morbidity (M&M) Committee reviews cases of patient deaths, complications, or unexpected outcomes.

11. What is the primary objective of inventory control in hospital pharmacy?

A) Maximizing sales of drugs
B) Ensuring the availability of medicines while minimizing costs
C) Ensuring a surplus of medications at all times
D) Reducing the number of prescriptions filled

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A) Maximizing sales of drugs
B) Ensuring the availability of medicines while minimizing costs
C) Ensuring a surplus of medications at all times
D) Reducing the number of prescriptions filled

Explanation:-

Inventory control in hospital pharmacy aims to balance the availability of essential medications while minimizing costs. This ensures that the right medications are available when needed, without overstocking, which could lead to expiration and financial losses.

12. Which inventory management method ensures that the oldest stock is used first, especially for perishable items like medications?

A) Last In, First Out (LIFO)
B) First In, First Out (FIFO)
C) Just In Time (JIT)
D) Economic Order Quantity (EOQ)

12. Which inventory management method ensures that the oldest stock is used first, especially for perishable items like medications?

A) Last In, First Out (LIFO)
B) First In, First Out (FIFO)
C) Just In Time (JIT)
D) Economic Order Quantity (EOQ)

Explanation:-

The FIFO method ensures that the oldest stock is used before newer stock, which is particularly important for medications and perishable items. This method helps prevent the expiration of drugs and reduces the risk of waste.

13. What is the primary goal of the Just-In-Time (JIT) inventory system in hospitals?

A) Keeping large quantities of stock to avoid shortages
B) Minimizing inventory levels by receiving supplies only when needed
C) Reducing the cost of purchasing medications
D) Ensuring medications are ordered in bulk for discounts

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Explanation:-

The Just-In-Time (JIT) system is designed to reduce the amount of inventory held by hospitals. Supplies are ordered and delivered just in time for use, reducing storage costs and minimizing waste due to expired or unused products.

14. Which of the following terms refers to the process of verifying and comparing actual stock levels against the inventory records?

A) Stock forecasting (guesing)
B) Stock reconciliation (checking/ to match)
C) Stockpiling (accumulate a large stock)
D) Stock shelving (used for First In, First Out (FIFO)

14. Which of the following terms refers to the process of verifying and comparing actual stock levels against the inventory records?

A) Stock forecasting (guesing)
B) Stock reconciliation (checking/ to match)
C) Stockpiling (accumulate a large stock)
D) Stock shelving (used for First In, First Out (FIFO)

Explanation:-

Stock reconciliation is the process of physically counting the items in inventory and comparing the count to the inventory records.

15. Which of the following inventory control techniques is most suitable for classifying hospital inventory based on their importance and cost?

A) EOQ (Economic Order Quantity)
B) ABC Analysis
C) VED Analysis
D) Perpetual Inventory System

15. Which of the following inventory control techniques is most suitable for classifying hospital inventory based on their importance and cost?

A) EOQ (Economic Order Quantity)
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C) VED Analysis
D) Perpetual Inventory System

Explanation:-

ABC Analysis classifies inventory into three categories:

A items are high-value, critical items that require tight control.

B items are moderately important.

C items are low-cost and less important.

This method helps prioritize management efforts, focusing more on high-value items that contribute the most to hospital costs.

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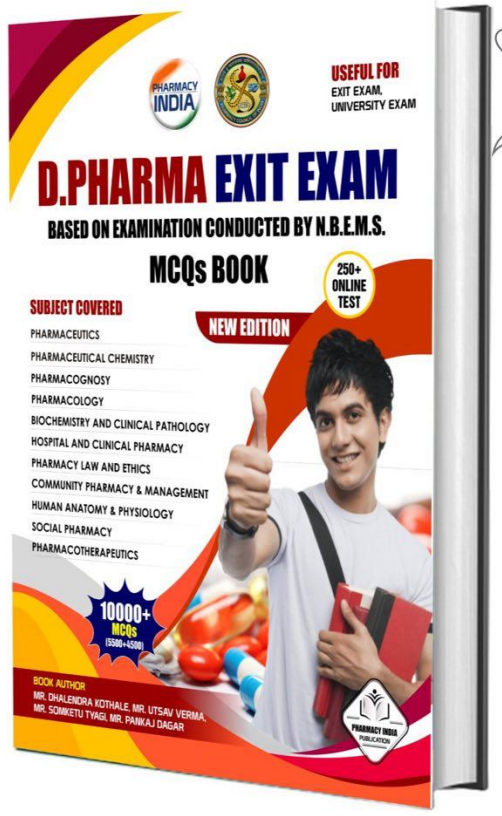

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16. What is the most common system for drug distribution in hospitals?

A) Ward stock system
B) Unit dose system
C) Centralized drug distribution
D) Pharmacy-based prescription system

16. What is the most common system for drug distribution in hospitals?

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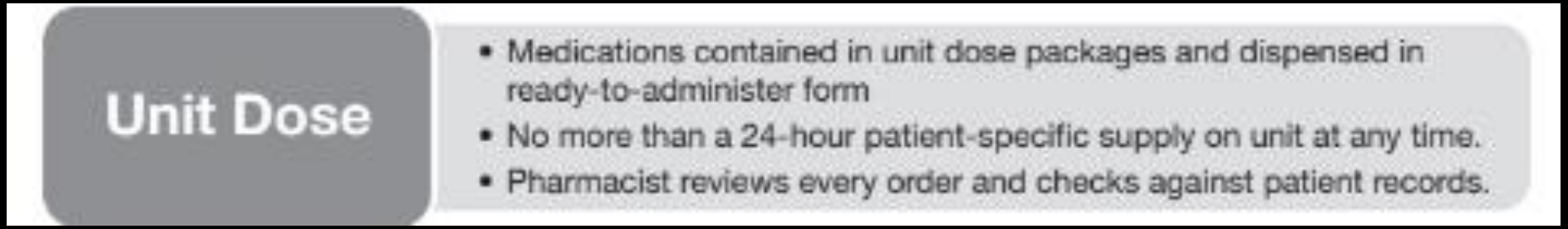

Explanation:-

The unit dose system is widely used in hospitals because it provides medications in single-use packages that are ready to administer. This system minimizes medication errors, reduces waste, and improves accountability in drug distribution.

Unit Dose

- Medications contained in unit dose packages and dispensed in ready-to-administer form
- No more than a 24-hour patient-specific supply on unit at any time.
- Pharmacist reviews every order and checks against patient records.

17. What is the primary advantage of the unit dose drug distribution system in hospitals?

A) It reduces the cost of medications
B) It allows patients to self-administer medications
C) It decreases the chance of medication errors
D) It minimizes the need for pharmacy staff

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A) It reduces the cost of medications
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D) It minimizes the need for pharmacy staff

Explanation:-

The unit dose system enhances patient safety by reducing the risk of medication errors. Medications are prepared in exact doses, minimizing confusion during administration and ensuring patients receive the correct dose of the correct drug at the right time.

18. Which of the following is a disadvantage of the ward stock drug distribution system?

A) Increased medication waste due to overstocking
B) Improved access to medications for nursing staff
C) Reduced medication error rates
D) Lower drug inventory costs

18. Which of the following is a disadvantage of the ward stock drug distribution system?

A) Increased medication waste due to overstocking
B) Improved access to medications for nursing staff
C) Reduced medication error rates
D) Lower drug inventory costs

Explanation:-

The ward stock system involves storing larger quantities of drugs in nursing stations, which can lead to overstocking and medication waste.

19. Which of the following is true about centralized drug distribution in hospitals?

A) It provides personalized delivery of medications to individual patients
B) Medications are dispensed from a central pharmacy and delivered to hospital wards
C) It reduces the need for drug inventory control
D) It increases the chances of drug shortages

19. Which of the following is true about centralized drug distribution in hospitals?

A) It provides personalized delivery of medications to individual patients

B) Medications are dispensed from a central pharmacy and delivered to hospital wards

C) It reduces the need for drug inventory control

D) It increases the chances of drug shortages

Explanation:-

Centralized drug distribution involves dispensing medications from a central pharmacy, which is then delivered to different wards or departments. This system allows for more control over drug use and inventory management, though it may take longer to fulfill urgent needs.

20. What is the primary purpose of a drug distribution system in a hospital?

A) To ensure maximum revenue generation from drug sales
B) To provide patients with over-the-counter medications
C) To ensure the timely and safe delivery of medications to patients
D) To provide medications only when patients request them

20. What is the primary purpose of a drug distribution system in a hospital?

A) To ensure maximum revenue generation from drug sales
B) To provide patients with over-the-counter medications
C) To ensure the timely and safe delivery of medications to patients
D) To provide medications only when patients request them

Explanation:-

The main purpose of a drug distribution system in a hospital is to ensure that medications are delivered to patients in a timely and safe manner. This includes ensuring the correct dosage and medication type is administered, reducing delays in treatment, and ensuring medication safety and efficacy.

21. What is the primary purpose of compounding in hospital pharmacy practice?

A) To reduce medication costs
B) To prepare personalized medications for individual patients
C) To mass-produce medications for the hospital
D) To increase the shelf life of commercial drugs

21. What is the primary purpose of compounding in hospital pharmacy practice?

A) To reduce medication costs
B) To prepare personalized medications for individual patients
C) To mass-produce medications for the hospital
D) To increase the shelf life of commercial drugs

Explanation:-

Compounding in hospitals allows pharmacists to prepare customized medications tailored to the specific needs of individual patients, such as altering dosage forms, excluding allergens, or preparing medications that are not commercially available.

22. Which of the following best describes sterile compounding in hospitals?

A) The preparation of drugs in solid oral dosage forms
B) The mixing of non-sterile powders for topical use
C) The preparation of medications that must be free from microbial contamination
D) The packaging of over-the-counter medications for hospital use

22. Which of the following best describes sterile compounding in hospitals?

A) The preparation of drugs in solid oral dosage forms
B) The mixing of non-sterile powders for topical use
C) The preparation of medications that must be free from microbial contamination
D) The packaging of over-the-counter medications for hospital use

Explanation:-

Sterile compounding involves the preparation of medications, such as intravenous (IV) fluids or injections, that must be free from microbial contamination to ensure patient safety, particularly for medications that are introduced directly into the bloodstream or body cavities.

23. Which of the following is required for pharmacists engaged in sterile compounding?

A) A working knowledge of FDA drug approval processes
B) Use of a laminar airflow hood or cleanroom
C) The ability to prescribe medications independently
D) Experience with non-sterile medication production

23. Which of the following is required for pharmacists engaged in sterile compounding?

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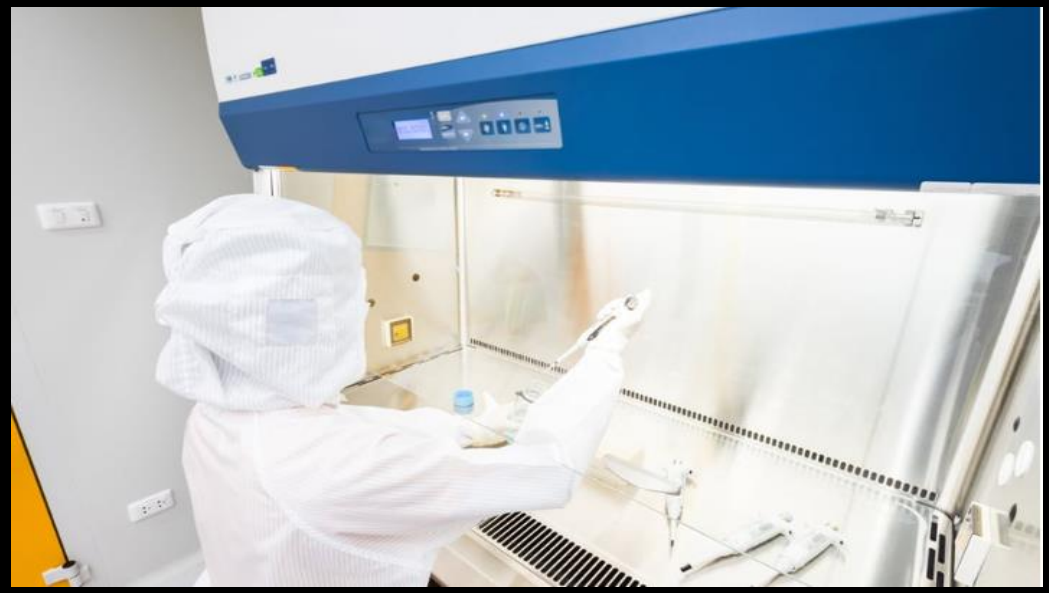

Explanation:-

Pharmacists who perform sterile compounding must use a laminar airflow hood or cleanroom to maintain a sterile environment. These systems minimize the risk of contamination during the preparation of sterile medications, such as IV fluids or injections.

24. Why is accurate compounding important in pediatric and geriatric hospital patients?

A) To avoid using commercially available medications
B) To adjust medication doses to appropriate strengths
C) To decrease the frequency of drug administration
D) To prevent healthcare providers from prescribing medications

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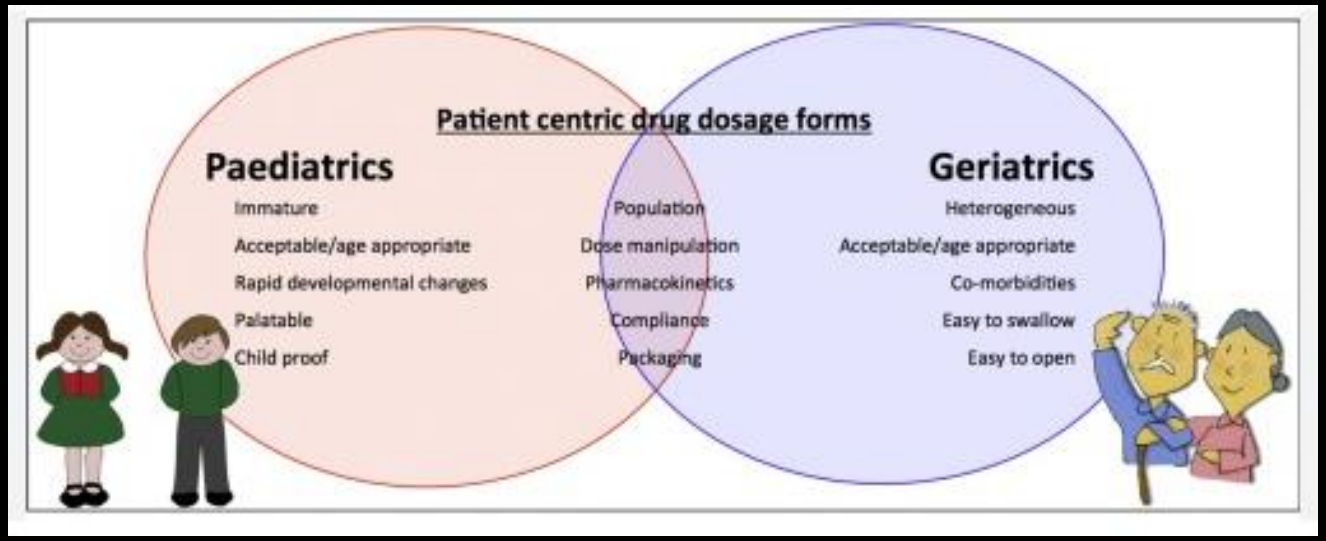
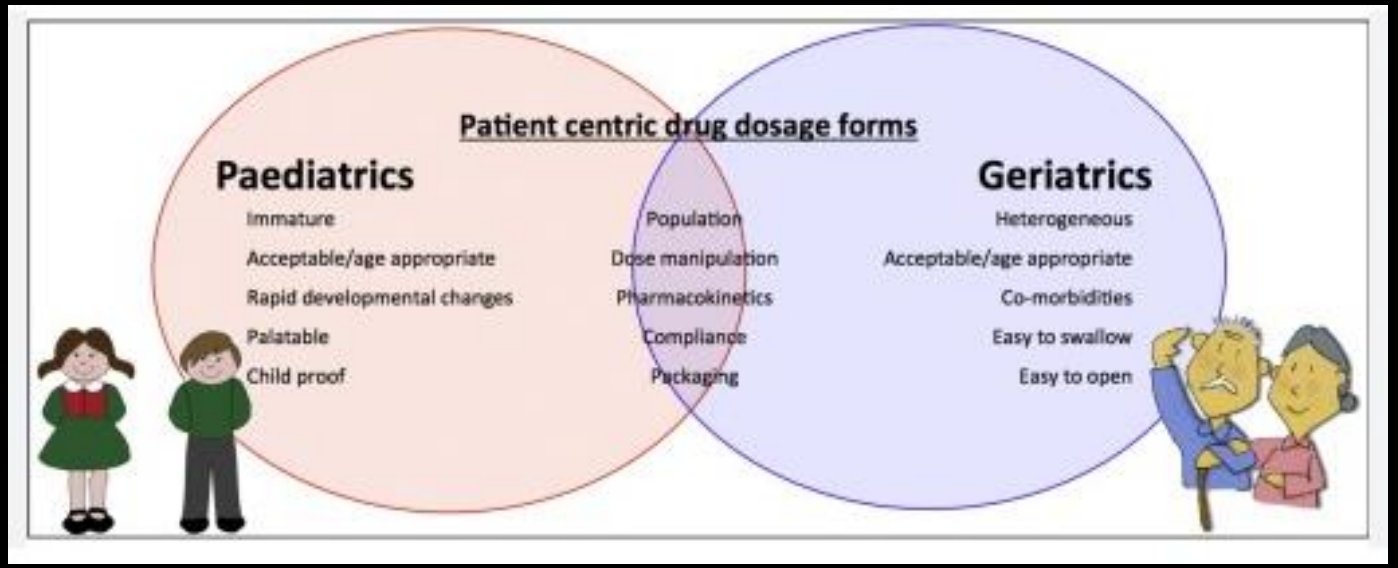


Explanation:-

Pediatric and geriatric patients often require customized doses of medications that are not available in standard commercial formulations. Accurate compounding allows pharmacists to tailor the strength of medications to meet the specific needs of these patients, ensuring safety and effectiveness.



25. Which of the following is an example of non-sterile compounding in a hospital pharmacy?

A) Preparing an IV antibiotic solution
B) Mixing a topical ointment for a specific patient
C) Reconstituting a powdered drug with sterile water
D) Preparing total parenteral nutrition (TPN) solutions

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A) Preparing an IV antibiotic solution
B) Mixing a topical ointment for a specific patient
C) Reconstituting a powdered drug with sterile water
D) Preparing total parenteral nutrition (TPN) solutions

Explanation:-

Non-sterile compounding involves the preparation of medications that do not require a sterile environment. An example is mixing topical ointments or creams for specific patients. These preparations are not introduced into body areas but must still be prepared with high standards of accuracy and safety.

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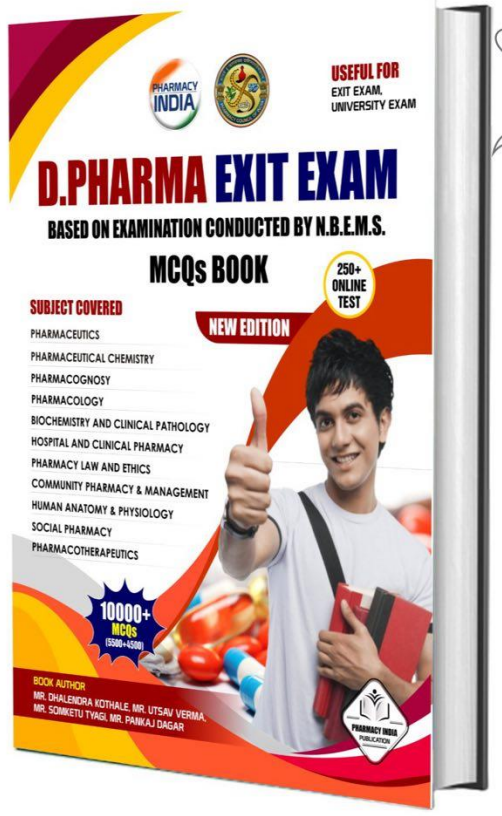

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26. What are radiopharmaceuticals primarily used for in hospitals?

A) Pain management
B) Imaging and treatment of diseases
C) Antibiotic therapy
D) Vaccination programs

26. What are radiopharmaceuticals primarily used for in hospitals?

A) Pain management
B) Imaging and treatment of diseases
C) Antibiotic therapy
D) Vaccination programs

Explanation:-

Radiopharmaceuticals are radioactive substances used primarily for diagnostic scans. They help visualize internal organs and tissues or target specific areas for treatment with radiation.

27. Which of the following is a common isotope used in diagnostic imaging with radiopharmaceuticals?

A) Iodine-131
B) Technetium-99m
C) Radium-223
D) Strontium-89

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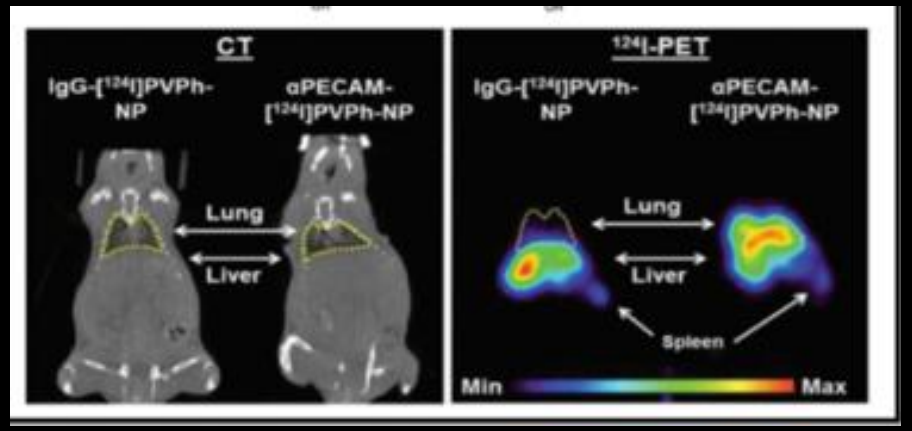
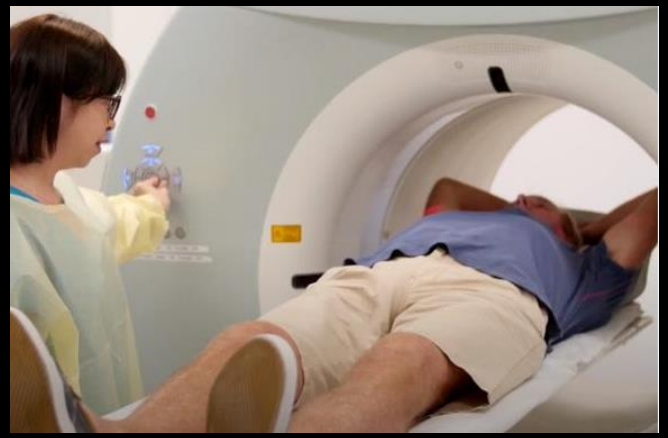
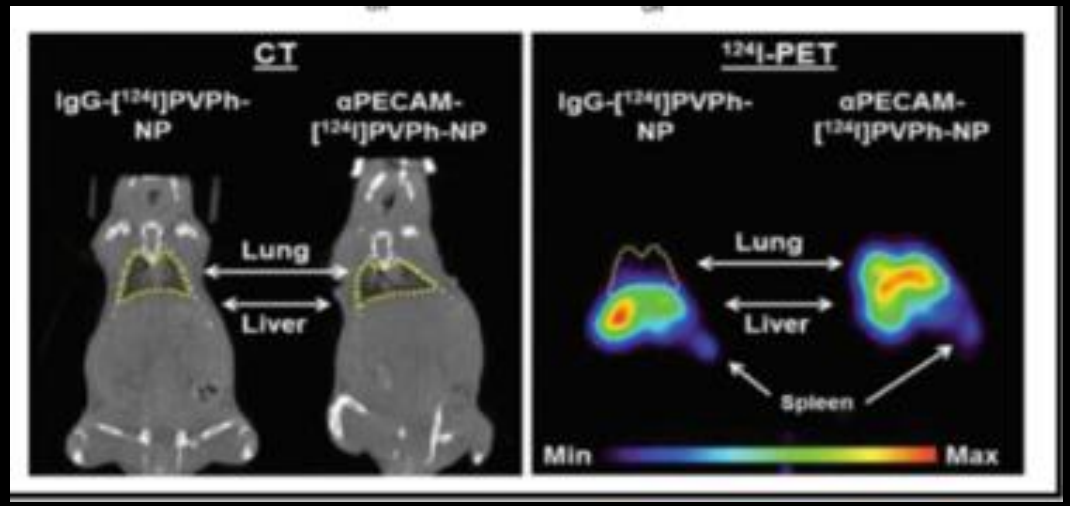




Explanation:-

Technetium-99m is the most widely used isotope in diagnostic imaging due to its short half-life and ability to emit gamma radiation, which allows for high-quality imaging while minimizing radiation exposure to the patient.



28. What is the main advantage of using radiopharmaceuticals in positron emission tomography (PET) scans?

A) They reduce the cost of imaging
B) They provide high-resolution images of physiological functions
C) They are non-invasive and require no radiation
D) They prevent the need for MRI scans

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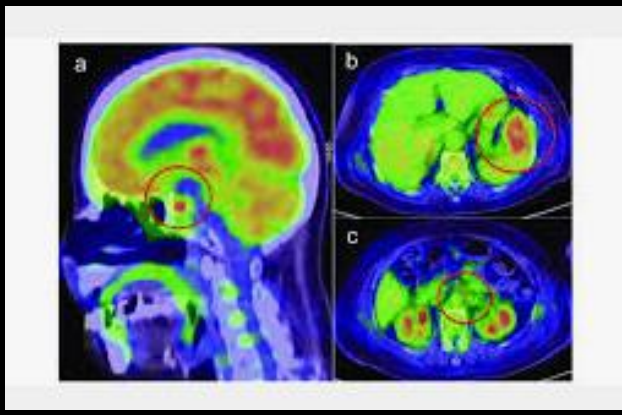
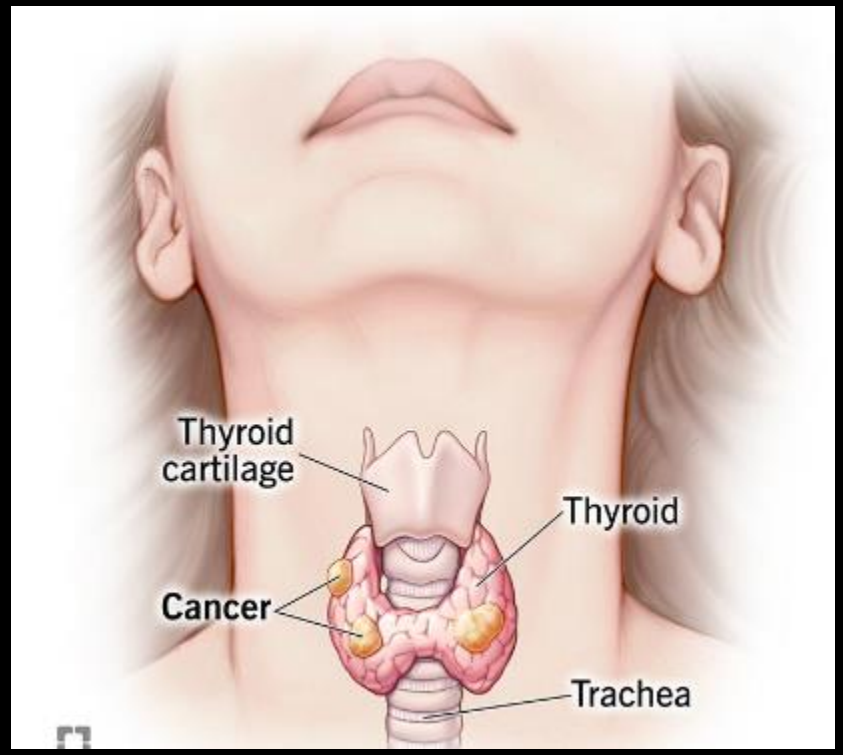


A) They reduce the cost of imaging
B) They provide high-resolution (3D) images of physiological functions
C) They are non-invasive and require no radiation
D) They prevent the need for MRI scans

29. Which radiopharmaceutical is commonly used for the treatment of hyperthyroidism and thyroid cancer?

A) Iodine-123
B) Technetium-99m
C) Iodine-131
D) Fluorine-18



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C) Iodine-131
D) Fluorine-18

Explanation:-

Iodine-131 is used for both diagnostic and therapeutic purposes in the thyroid gland. It is effective in treating hyperthyroidism and certain types of thyroid cancer because iodine is naturally absorbed by the thyroid, and the radiation from I-131 destroys overactive or cancerous thyroid tissue.

30. Which regulatory body oversees the use of radiopharmaceuticals in hospitals?

A) U.S. Food and Drug Administration (FDA)
B) Centers for Disease Control and Prevention (CDC)
C) Environmental Protection Agency (EPA)
D) Nuclear Regulatory Commission (NRC)

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D) Nuclear Regulatory Commission (NRC)

Explanation:-

The Nuclear Regulatory Commission (NRC) regulates the use of radiopharmaceuticals in hospitals, ensuring that radioactive materials are used safely and effectively.

31. What is one of the primary benefits of using Electronic Health Records (EHRs) in hospital pharmacy practice?

A) Reducing the number of medications prescribed
B) Enhancing communication between healthcare providers
C) Eliminating the need for drug interactions monitoring
D) Increasing the number of patient visits

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A) Reducing the number of medications prescribed
B) Enhancing communication between healthcare providers
C) Eliminating the need for drug interactions monitoring
D) Increasing the number of patient visits

Explanation:-

EHRs improve communication between healthcare providers by providing a centralized, accessible record of patient information.

32. Which software feature is most useful for managing medication orders and dispensing in hospital pharmacies?

A) Inventory management
B) Patient appointment scheduling
C) Electronic prescribing (e-prescribing)
D) Billing and insurance claims processing

32. Which software feature is most useful for managing medication orders and dispensing in hospital pharmacies?

A) Inventory management
B) Patient appointment scheduling
C) Electronic prescribing (e-prescribing)
D) Billing and insurance claims processing

Explanation:-

Electronic prescribing (e-prescribing) allows pharmacists to receive and manage medication orders electronically. This reduces the risk of prescription errors, improves the accuracy of medication orders, and facilitates faster and more efficient dispensing of medications.

33. What is the primary purpose of Computerized Physician Order Entry (CPOE) systems in hospital pharmacies?

A) To track patient appointment histories
B) To allow physicians to enter and send medication orders electronically
C) To manage hospital staff payroll
D) To create educational materials for patients

33. What is the primary purpose of Computerized Physician Order Entry (CPOE) systems in hospital pharmacies?

A) To track patient appointment histories
B) To allow physicians to enter and send medication orders electronically
C) To manage hospital staff payroll
D) To create educational materials for patients

Explanation:-

CPOE systems enable physicians to enter and send medication orders directly into the hospital's electronic system. This reduces the risk of prescription errors, enhances order accuracy, and streamlines the medication ordering process.

34. Which type of software would most likely be used for tracking and managing drug inventory in a hospital pharmacy?

A) Laboratory information management system (LIMS)
B) Hospital information system (HIS)
C) Pharmacy management system (PMS)
D) Electronic health record (EHR) system

34. Which type of software would most likely be used for tracking and managing drug inventory in a hospital pharmacy?

A) Laboratory information management system (LIMS)
B) Hospital information system (HIS)
C) Pharmacy management system (PMS)
D) Electronic health record (EHR) system

Explanation:-

A pharmacy management system is specifically designed to track and manage drug inventory, including ordering, stock levels, expiration dates, and usage. This software helps ensure that medications are available when needed and helps manage inventory efficiently.

35. Which of the following is a key advantage of using automated dispensing systems in hospital pharmacies?

A) Increased manual data entry
B) Reduction in medication dispensing accuracy
C) Decrease in medication retrieval time
D) Increase in medication errors

35. Which of the following is a key advantage of using automated dispensing systems in hospital pharmacies?

A) Increased manual data entry
B) Reduction in medication dispensing accuracy
C) Decrease in medication retrieval time
D) Increase in medication errors

Explanation:-

Automated dispensing systems streamline the medication dispensing process by quickly and accurately retrieving medications. This reduces the time required for medication retrieval, minimizes error, and increases overall efficiency in the pharmacy.

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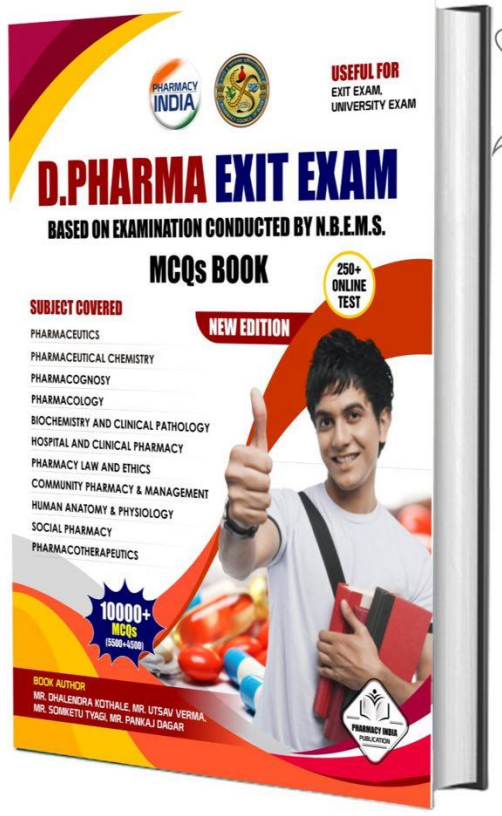

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HOSPITAL & CLINICAL PHARMACY

1. the history of community pharmacy in India starts with opening of chemist shop in _____ year.

a) 1811
b) 1812
c) 1813
d) 1814

1. the history of community pharmacy in India starts with opening of chemist shop in _____ year.

a) 1811

b) 1812

c) 1813

d) 1814

The history of pharmacy profession or practice in India starts with opening of chemist shop in 1811 by Scotch M Bathgate opened in Kolkata. This was probably the beginning of pharmacy practice in India.

2. The preparation of SOPs in pharmacy is the responsibility of _____.

a) Staff nurse
b) Physician
c) Pharmacist
d) None

2. The preparation of SOPs in pharmacy is the responsibility of _____.

a) Staff nurse

b) Physician

c) Pharmacist

d) None

3. The part of prescription called subscription contains, direction to the _____.

a) Physician
b) Pharmacist
c) Staff nurse
d) None

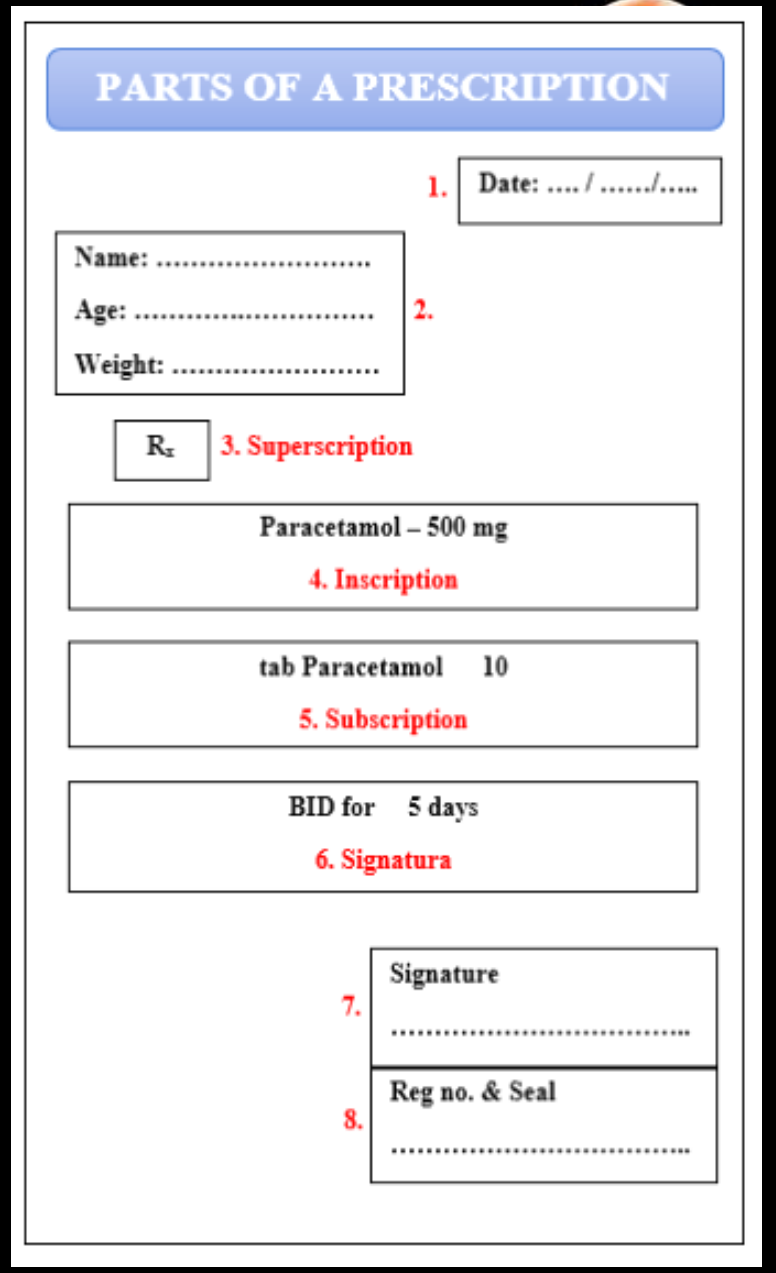
3. The part of prescription called subscription contains, direction to the _____.

a) Physician

b) Pharmacist

c) Staff nurse

d) None



4. Communication is a parts of ____ Skill.

a) Hard
b) Soft
c) Rough
d) Short

4. Communication is a parts of ____ Skill.

a) Hard

b) Soft

c) Rough

d) Short

5. Minimum space required for retail drug store is

a) 100 m^2

b) 50 m^2

c) 10m^2

d) 20m^2

5. Minimum space required for retail drug store is

a) 100 m^2

b) 50 m^2

c) 10m^2

d) 20m^2

6. Minimum practical training required for registration of pharmacists is not less than

a) 100 hours

b) 200 hours

c) 500 hours

d) None

6. minimum practical training required for registration of pharmacists is not less than

a) 100 hours

b) 200 hours

c) 500 hours

d) None

7. The Aarogya setu app is launched by the government of india during the fight against

a) Tuberculosis

b) Polio

c) Covid-19

d) Leprosy

7. The Aarogya setu app is is launched by the government of india during the fight against

a) Tuberculosis

b) Polio

c) Covid-19

d) Leprosy

8. Storage at cold condition indicates

a) Keeping below 0°C

b) Keeping at 0°C

c) Keeping at 0°C to -18°C

d) Keeping at 2°C to 8°C

8. Storage at cold condition indicates

a) Keeping below 0°C

b) Keeping at 0°C

c) Keeping at 0°C to -18°C

d) Keeping at 2°C to 8°C

9. Medicines like Ibuprofen, Naproxen are

a) OTC in India

b) Schedule II in India

c) Schedule X in India

d) Schedule G in India

9. Medicines like Ibuprofen, Naproxen are

a) OTC in India

b) Schedule II in India

c) Schedule X in India

d) Schedule G in India

10. Which of the following health screening services in non-invasive?

a) Blood glucose level

b) Blood pressure level

c) Blood hemoglobin level

d) Blood lipid level

Q10)Which of the following health screening services in non-invasive?

a) Blood glucose level

b) Blood pressure level

c) Blood hemoglobin level

d) Blood lipid level

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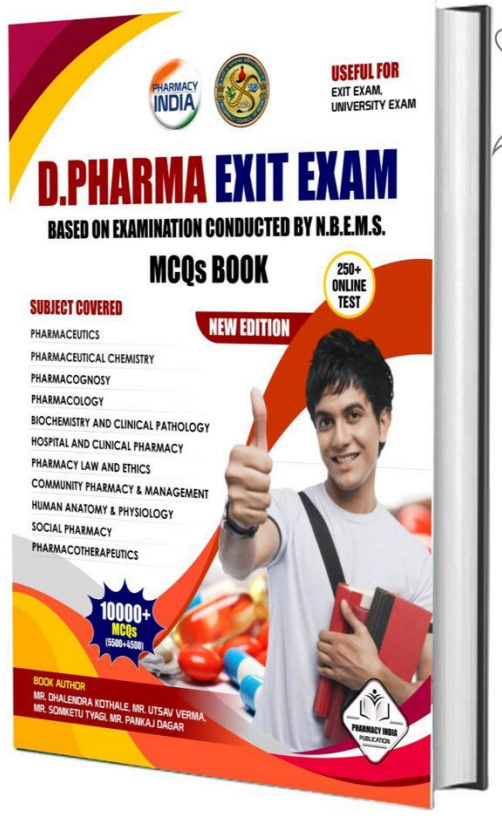

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Q11) GPP for community pharmacy setting is developed by

a) WHO and FIP

b) WHO and UNICEF

c) FIP and UNICEF

d) WHO

Q11) GPP for community pharmacy setting is developed by

a) WHO and FIP

b) WHO and UNICEF

c) FIP and UNICEF

d) WHO

Q12) Cash memo is the testimony of

a) Purchase record

b) Sales record

c) Counselling record

d) None of the above

Q12) Cash memo is the testimony of

a) Purchase record

b) Sales record

c) Counselling record

d) None of the above

Q13) _____ deals with varied area of patient care, drug dispensing & advising patient on safe & rational use of drug

a) Clinical Pharmacy
b) Community Pharmacy
c) Industrial Pharmacy
d) Regulatory Pharmacy

Q13) _____ deals with varied area of patient care, drug dispensing & advising patient on safe & rational use of drug

a) Clinical Pharmacy

b) Community Pharmacy

c) Industrial Pharmacy

d) Regulatory Pharmacy

Q14) EDC stands for

a) Essential Drug Conjugate

b) Emergency Drug Concept

c) Essential Drug Concept

d) Essential during Counseling

Q14) EDC stands for

a) Essential Drug Conjugate

b) Emergency Drug Concept

c) Essential Drug Concept

d) Essential during Counseling

Q15) _____ Pharmacist has at least one year experience of providing pharmaceutical care to patients

a) Registered
b) Chief
c) Clinical
d) Qualified

Q15) _____ Pharmacist has at least one year experience of providing pharmaceutical care to patients

a) Registered

b) Chief

c) Clinical

d) Qualified

Q16) SOPs provide additional information for the

a) Selling Process

b) Audit Process

c) Pharmaceutical Practice

d) Purchasing Process

Q16) SOPs provide additional information for the

a) Selling Process

b) Audit Process

c) Pharmaceutical Practice

d) Purchasing Process

Q17) EPS stands for

a) Electronics Practice system

b) Electronics prescription support

c) Electronics Problem Services

d) Electronics Prescription Service

Q17) EPS stands for

a) Electronics Practice system

b) Electronics prescription support

c) Electronics Problem Services

d) Electronics Prescription Service

Q18) _____ is a leaflet containing specific information regarding the drug product for the healthcare professional & is included in the pack of product

a) Ancillary Label

b) Patient Prescription

c) Package Insert

d) Dispensing Label

Q18) _____ is a leaflet containing specific information regarding the drug product for the healthcare professional & is included in the pack of product

a) Ancillary Label

b) Patient Prescription

c) Package Insert

d) Dispensing Label

Q19) Compounded prescription are also known as

a) Remedium Cardinale

b) Remedium Adjuvans

c) Formula Magistralis

d) Remedium Constituens

Q19) Compounded prescription are also known as

a) Remedium Cardinale

b) Remedium Adjuvans

c) Formula Magistralis

d) Remedium Constituens

Q20) Geographical distance between the sender& receiver communication is one of the most common _____ in communication

a) Gender Barriers
b) Physical Barrier
c) Psychological Barriers
d) Cultural Barriers

Q20) Geographical distance between the sender& receiver communication is one of the most common _____ in communication

a) Gender Barriers

b) Physical Barrier

c) Psychological Barriers

d) Cultural Barriers

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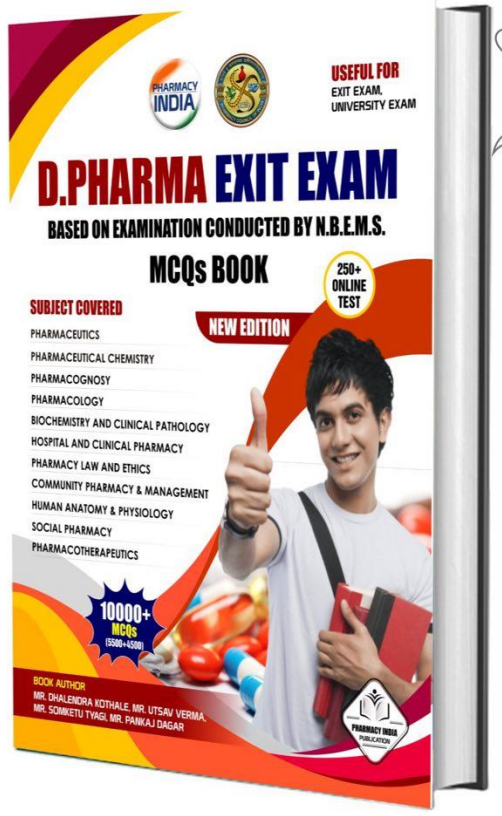

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Q21) The element of face-to-face communication is _____

a) Word
b) Body Language
c) Tone of Voice
d) All of the above

Q21) The element of face-to-face communication is _____

a) Word

b) Body Language

c) Tone of Voice

d) All of the above

Q22) Tachycardia means

a) Decrease Heart Rate

b) Increase Heart Rate

c) Increase Blood Pressure

d) Decrease Blood Pressure

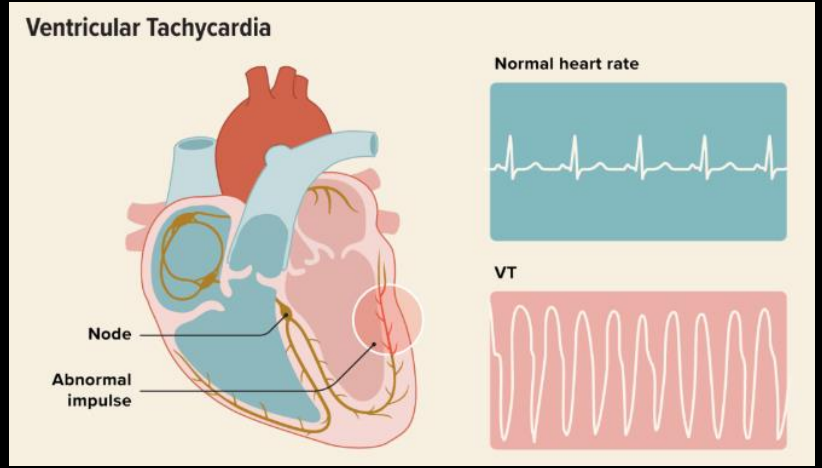
Q22) Tachycardia means

a) Decrease Heart Rate

b) Increase Heart Rate

c) Increase Blood Pressure

d) Decrease Blood Pressure



Q23) DOT stands for

a) Directly Observed Testing

b) Directly Observed Therapy

c) Directly Observed Technique

d) Decrease Observed Therapy

Q23) DOT stands for

a) Directly Observed Testing

b) Directly Observed Therapy

c) Directly Observed Technique

d) Decrease Observed Therapy

Q24_____ is not a disease but is an important risk factor for several complications that ultimately result in organ damage

a) Cancer
b) Tuberculosis
c) Lymphoma
d) Hypertension

Q24_____ is not a disease but is an important risk factor for several complications that ultimately result in organ damage

a) Cancer

b) Tuberculosis

c) Lymphoma

d) Hypertension

Q25 The health belief model developed in_____

a) 1954
b) 1964
c) 1974
d) 1984

Q25 The health belief model developed in_____

a) 1954

b) 1964

c) 1974

d) 1984

Q26) The quality of doctor-patient relationship is an important factor that influences_____

a) Patient Medication Adherence

b) Therapeutic Care

c) Patient Counseling

d) Medication Information Service

Q26) The quality of doctor-patient relationship is an important factor that influences_____

a) Patient Medication Adherence

b) Therapeutic Care

c) Patient Counseling

d) Medication Information Service

Q27) Which one is a common malignancy among women?

a) Cervical Cancer
b) Breast Cancer
c) Prostate Cancer
d) Colorectal Cancer

Q27) Which one is a common malignancy among women?

a) Cervical Cancer

b) Breast Cancer

c) Prostate Cancer

d) Colorectal Cancer

Q28) Patient having _____ is at a higher risk of Colorectal Cancer

a) GERD

b) Tuberculosis

c) Paralysis

d) Diabetes

Q28) Patient having _____ is at a higher risk of Colorectal Cancer

a) GERD (a chronic digestive condition that occurs when stomach contents leak into the esophagus)

b) Tuberculosis

c) Paralysis

d) Diabetes

Q29) Bacteria, Viruses & Parasites are the most common causes of_____

a) Diarrhea
b) Dengue
c) Hypertension
d) Angina

Q29) Bacteria, Viruses & Parasites are the most common causes of_____

a) Diarrhea

b) Dengue

c) Hypertension

d) Angina

Q30) _____ is a broad term that encompasses a wide range of unpleasant body sensations

a) Grimacing
b) Depression
c) Pain
d) Muscle Spasm

Q30) _____ is a broad term that encompasses a wide range of unpleasant body sensations

a) Grimacing

b) Depression

c) Pain

d) Muscle Spasm

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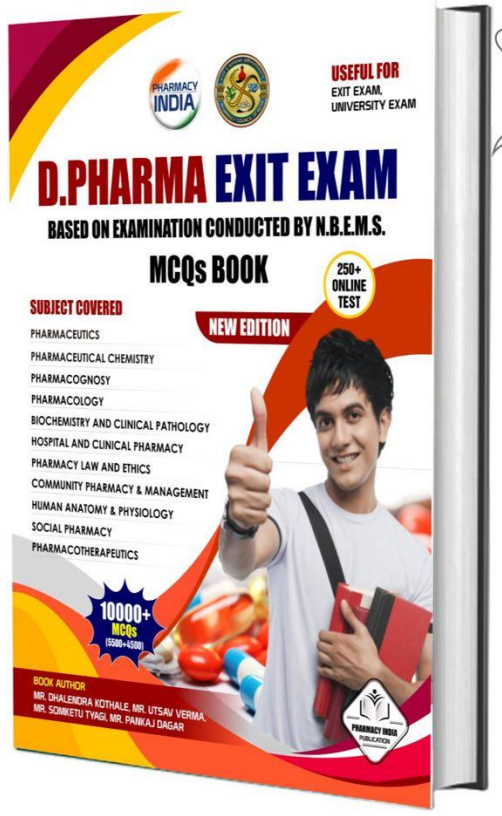

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31. Restricted salt intake is recommended in _____

a) High Blood pressure

b) Low Blood pressure

c) Diabetes

d) Asthma

31. Restricted salt intake is recommended in _____

a) High Blood pressure

b) Low Blood pressure

c) Diabetes

d) Asthma

32. From the following features, what is applicable to petty cash?

a) Small amount of cash

b) used for minor expenses

c) Is easy and quick way for payment

d) all of the above

32. From the following features, what is applicable to petty cash?

a) Small amount of cash

b) used for minor expenses

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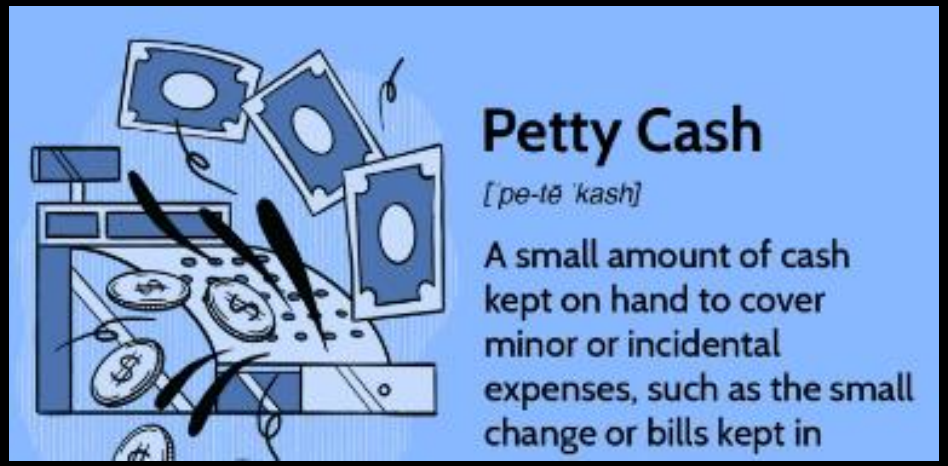
d) all of the above



33. The professional responsibilities of a community pharmacist does not include

a) Prescription processing
b) Health promotion
c) Patient counselling
d) Prescribing medicines

33. The professional responsibilities of a community pharmacist does not include

a) Prescription processing

b) Health promotion

c) Patient counselling

d) Prescribing medicines

34. Community pharmacy is situated in the

(a) In community
(b) In hospital
(c) In clinic
(d) None of these

34. Community pharmacy is situated in the

(a) In community
(b) In hospital
(c) In clinic
(d) None of these

35. Currently, one needs at least a _____ to practice as a pharmacist in India

(a) Degree in Pharmacy
(b) Masters in Pharmacy
(c) Pharm D
(d) Diploma in pharmacy

35. Currently, one needs at least a _____ to practice as a pharmacist in India

(a) Degree in Pharmacy
(b) Masters in Pharmacy
(c) Pharm D
(d) Diploma in pharmacy

36. Earliest pharmacies were known as

(a) Medicine point
(b) Apothecary shops
(c) Pharmacy
(d) Drug store

36. Earliest pharmacies were known as

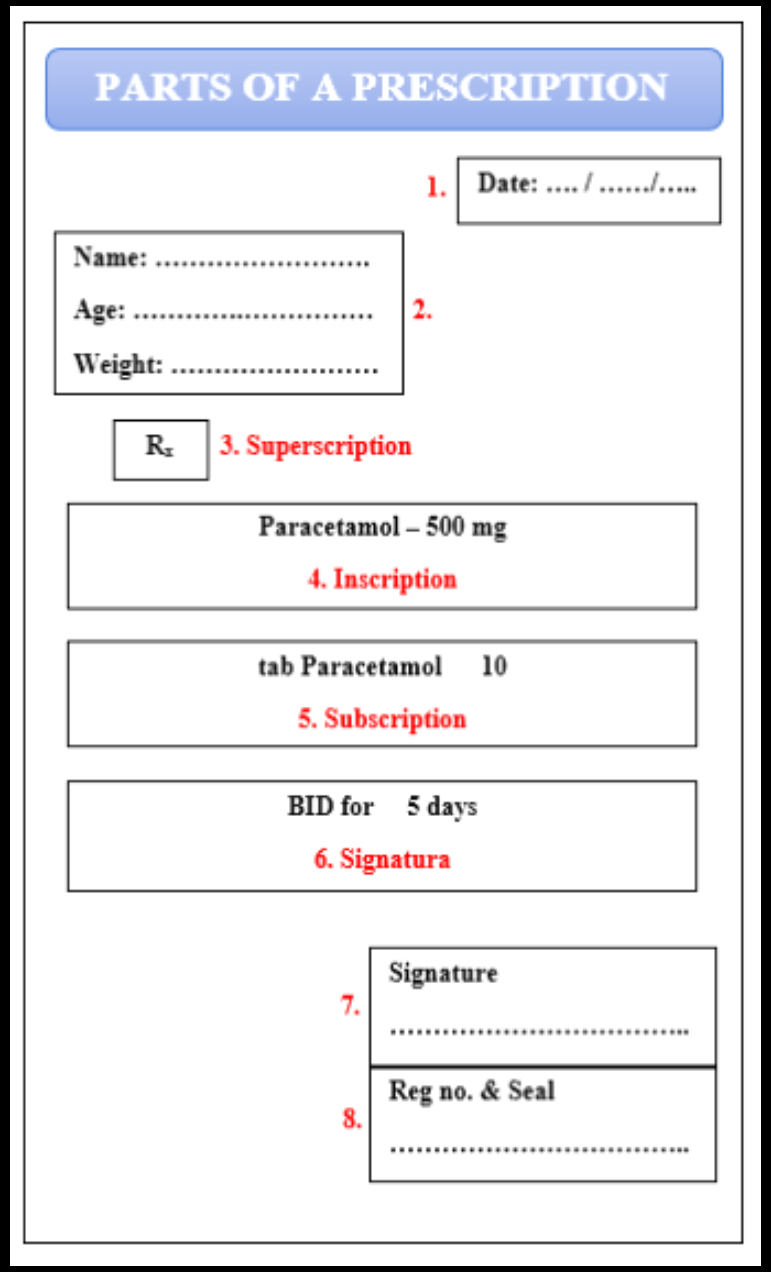
(a) Medicine point
(b) Apothecary shops
(c) Pharmacy
(d) Drug store

37. Rx is used to denote

(a) Superscription
(b) Subscription
(c) Inscription
(d) Signature

37. Rx is used to denote

(a) Superscription
(b) Subscription
(c) Inscription
(d) Signature

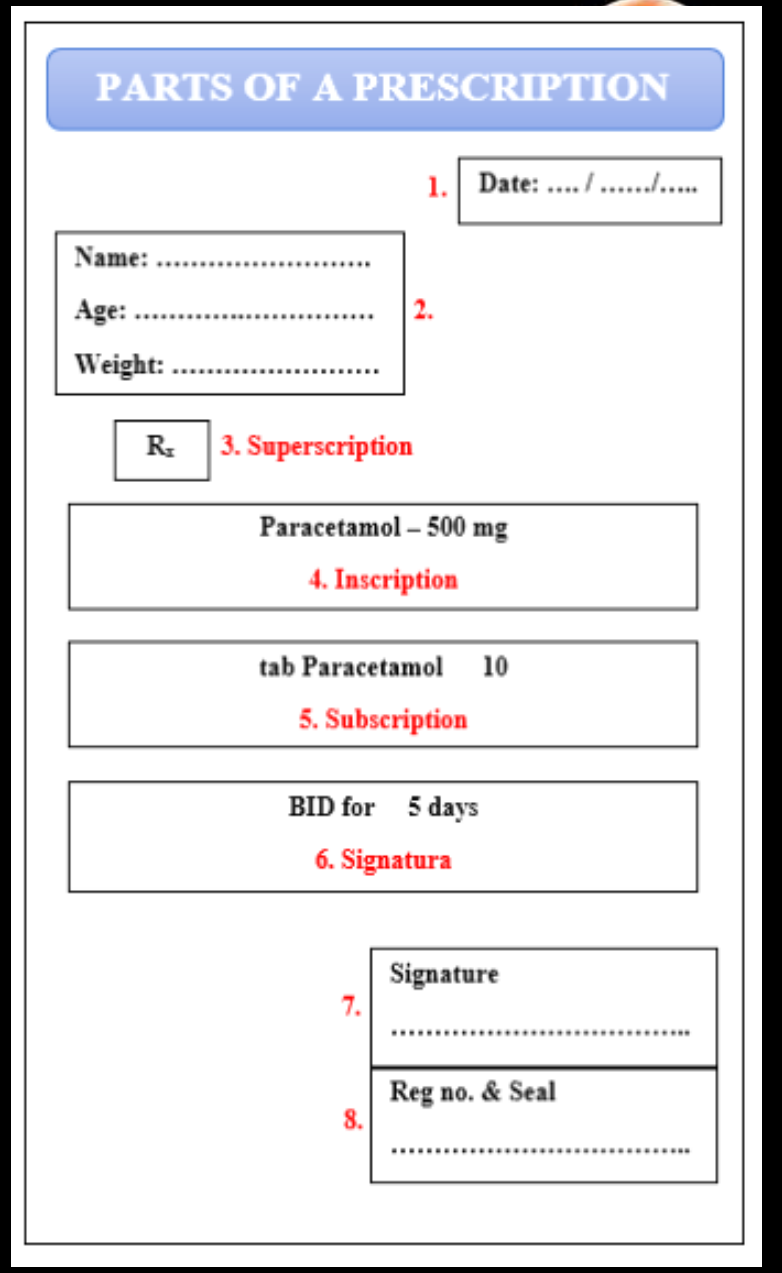


38. Signatura is the direction given to

(a) Prescriber
(b) Pharmacist
(c) Patient
(d) Manufacturer

38. Signatura is the direction given to

(a) Prescriber
(b) Pharmacist
(c) Patient
(d) Manufacturer



39. Specific warnings that are placed on filled prescriptions

(a) Auxiliary labels
(b) R_x label
(c) Warning labels
(d) None of these

39. Specific warnings that are placed on filled prescriptions

(a) Auxiliary labels
(b) R_x label
(c) Warning labels
(d) None of these

40. Handling of prescription includes

(a) Receiving, reading and checking
(b) Collecting and weighing materials
(c) Compounding, labelling and packaging
(d) All of these

40. Handling of prescription includes

(a) Receiving, reading and checking

(b) Collecting and weighing materials

(c) Compounding, labelling and packaging

(d) All of these

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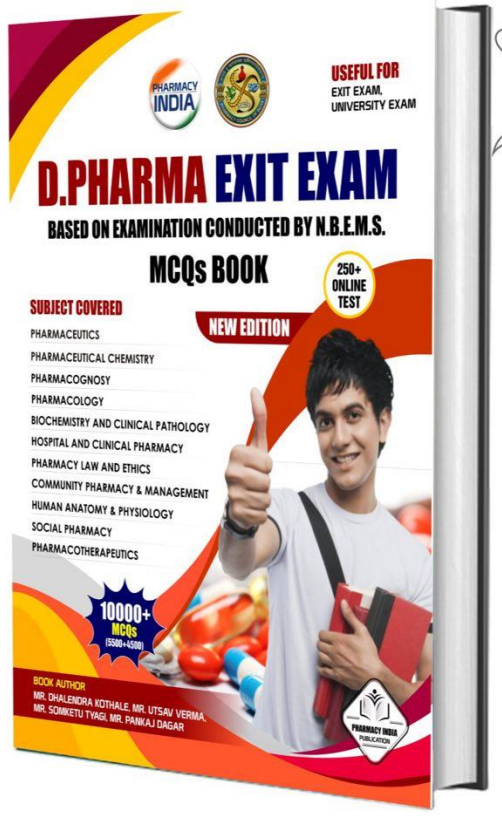

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