INI CET November 2026 Question Paper

Conducted by All India Institute of Medical Sciences (AIIMS), New Delhi

Time Allowed: 180 Minutes **Questions in this PDF: 16** **Maximum Marks: 200**

General Instructions

(i) This is the **memory-based** question paper of **INI CET November 2026** (for the **January 2027** session), conducted by **AIIMS New Delhi** on **1 November 2026** in Computer Based Test (CBT) mode.

(ii) The full paper contains **200 objective multiple choice questions**; this PDF lists **16 questions** recalled by candidates.

(iii) The duration of the exam is **180 minutes** and the maximum score is **200 marks**.

(iv) Each question has **four options**. Most questions have one best answer; the paper also has multiple-correct, match-the-following and image-based questions.

(v) **Marking scheme: +1 mark** for a correct answer, $-\frac{1}{3}$ **mark** for an incorrect answer, and **0 marks** for an unattempted question.

(vi) For multiple-correct questions, select all the correct options.

1. A 4-year-old with nephrotic syndrome completed the steroid course one week ago. On follow-up the urine dipstick shows trace protein; the child is asymptomatic with no edema. What is the clinical status?

(A) Relapse

(B) Remission

(C) Steroid-resistant nephrotic syndrome

(D) Steroid-dependent nephrotic syndrome

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2. Manic patient on lithium (therapeutic level) is started on a COX inhibitor for osteoarthritis and develops lithium toxicity symptoms. What is the mechanism?

(A) Action on glutathione of RBC

(B) Inhibition of renal prostaglandin synthesis decreasing GFR and lithium clearance

(C) Inhibition of hepatic microsomal enzymes

(D) Increased renal tubular secretion

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3. Patient with asthma and mild depression presenting with hemicranial headache attacks (about once a month) is started on migraine prophylaxis. Which agent is preferred?

(A) Propranolol

(B) Carbamazepine

(C) Topiramate

(D) Duloxetine

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4. Which of the following is a novel antidepressant?

(A) Fluoxetine (SSRI)

(B) Amitriptyline (TCA)

(C) Venlafaxine (SNRI)

(D) Vilazodone

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5. A 45-year-old with chronic diarrhoea and abdominal discomfort; stool examination reveals larvae of Strongyloides stercoralis. Which is the preferred drug for treatment?

(A) Nitazoxanide

(B) Metronidazole

(C) Paromomycin

(D) Ivermectin

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6. A 28-year-old male develops muscarinic toxicity following consumption of a mushroom. Which clinical manifestation is expected?

(A) Tachycardia

(B) Mydriasis

(C) Bradycardia

(D) Urinary retention

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7. A 65-year-old male chronic smoker with fatigue, nausea and confusion; imaging shows small cell carcinoma with SIADH. Which drug can be used for management?

(A) Desmopressin

(B) Tolvaptan

(C) Thiazides

(D) Furosemide

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8. Which parameters are routinely monitored during magnesium sulfate maintenance therapy to detect magnesium toxicity?

More than one option may be correct.

(A) Respiratory rate (should be more than 14 per minute)

(B) Deep tendon reflexes (knee jerk present)

(C) Urine output (more than 100 mL in 4 hours)

(D) Serum sodium level every hour

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9. Which of the following statements is FALSE regarding the pediatric larynx in comparison to the adult larynx?

(A) The paediatric larynx is funnel shaped while the adult larynx is cylindrical

(B) The narrowest part of the paediatric airway is the supraglottis

(C) The paediatric larynx lies high in the neck, so the epiglottis can touch the soft palate

(D) The anterior commissure lies at the inferior border of the thyroid cartilage, giving the vocal cords a slanted look

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10. Young man after blunt chest trauma, severely breathless, hypotensive, absent breath sounds over right hemithorax with hyperresonant percussion (tension pneumothorax). Most appropriate immediate intervention when needle decompression is the fastest available method?

(A) Intravenous fluid bolus and observe

(B) CT scan of the chest

(C) Intercostal drain insertion after radiological confirmation

(D) Immediate needle decompression of the right pleural space

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11. 29-year-old man with Crohn's disease with recurrent episodes of colicky abdominal pain, distension and vomiting. After initial decompression and resuscitation, imaging shows a localized fixed stricture with proximally dilated bowel loops. Obstructive symptoms persist despite medical management. Colon and rectum uninvolved. Best management?

(A) Right hemicolectomy

(B) Total proctocolectomy with end ileostomy

(C) Limited resection of the involved segment with primary anastomosis

(D) Restorative proctocolectomy with ileal pouch

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12. 70-year-old man with atrial fibrillation and severe abdominal pain with disproportionate abdominal signs (pain out of proportion), hemodynamically stable, acute mesenteric ischemia due to embolic arterial occlusion. Next step?

(A) Doppler

(B) Urgent CT angiography of abdomen and pelvis

(C) Plain abdominal radiograph

(D) Exploratory laparotomy

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13. 45-year-old man 48 hours after onset of severe abdominal pain with generalized guarding and rigidity, pulse 132, BP 78/46, reduced urine output; imaging shows pneumoperitoneum. Management?

(A) Transfer directly for laparotomy without resuscitation

(B) Immediate resuscitation and IV broad-spectrum antibiotics while arranging urgent laparotomy for source control

(C) Laparoscopic drainage alone without treating the perforation

(D) Antibiotics alone and observe

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14. 36-year-old man with severe pain during and after defecation and occasional streaks of blood. Posterior midline anal fissure with exposed internal sphincter fibres and sentinel skin tag. Symptoms persist despite stool softeners and topical treatment; increased resting tone, normal continence, no previous sphincter injury. Most appropriate definitive surgical treatment?

(A) Uncontrolled manual anal dilatation (Lord's procedure)

(B) Advancement flap

(C) Excision of sentinel tag alone

(D) Lateral internal sphincterotomy

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15. Which hypothalamic nucleus is responsible for pulsatile GnRH secretion?

(A) Preoptic nucleus

(B) Supraoptic nucleus

(C) Arcuate nucleus

(D) Paraventricular nucleus

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16. All of the following are risk factors for primary open angle glaucoma (POAG) except:

(A) Positive family history

(B) Myopia

(C) Hypermetropia

(D) Involvement of the MYOC gene
