

Government Medical College and Hospital Sector 32, Chandigarh

Post: Senior Resident: MD General Medicine for General Medicine and Allied specialities (Cardiology, Neurology, Medical Gastroenterology), Emergency Medicine, CMO (General Medicine);

QUESTION BOOKLET

Time: 120 Minutes

Number of Question: 100

Maximum Marks: 100

Name of Candidate

Roll Number: In figure

In Words

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Signature of the Candidate: _____

DO NOT OPEN THE SEAL ON THE BOOKLET UNTIL ASKED TO DO SO

INSTRUCTIONS:-

1. Write your Roll Number on the Question Booklet and also on the OMR Sheet in the space provided. You will be required to give your thumb impression on the OMR sheet in the space provided.
2. This question booklet contains 100 MCQ's. Once you are permitted to open the Question Booklet, please check for any missing question / misprint etc. and in case of any discrepancy, inform the Assistant Superintendent / Invigilator within 10 minutes of the start of the test.
3. Each question has four alternative answer (A, B, C, D) out of which only one is correct. For each question, **darken only one bubble (A or B or C or D)**, whichever you think is the correct answer, on the OMR Answer sheet **with Black or Blue Ball Pen only**. Do not use any other Pen / Gel pen / Pencil etc. **Do not Tick ✓ or × on the OMR Sheet**. Darken the bubbles in the OMR Answer Sheet according to the Serial No. of the Questions given in the Question Booklet.
4. Each MCQ is of One (01) mark. There is no negative marking.
5. If you do not want to answer a question, leave all the bubbles corresponding to that question blank in the OMR Answer sheet.
6. The OMR Answer sheet is designed for computer evaluation. Therefore, if you do not follow the instructions given, it may make evaluation by the computer difficult. Any resultant loss to the candidates on the above account, i.e. not following instructions completely and properly, shall be the responsibility of the candidates only.
7. After the test, handover the Question Booklet and OMR sheet to the Invigilator on duty.
8. A Candidate who creates disturbance of any kind or changes his/her seat or is found in possession of any paper or the any assistance or found giving or receiving assistance or found using any other unfair means during the examination will be expelled from the examination by the Centre superintendent/Observer whose decision shall be final.
9. Telecommunication equipment such as pager, cellular phone, wireless, scanner, smart watch/ watch etc. is not permitted inside the examination hall. Use of calculators is not allowed.
10. Candidate should ensure accuracy of their personal details on the OMR Sheet i.e. Name and Roll No. as well as thumb impression. The personal details are to be filled in by the candidates with his/her own hand writing.

1. True about likelihood ratios (LR)
 - A. $LR = \text{probability of a finding in patients with disease} / \text{probability of a finding in all patients}$
 - B. An LR of greater than 1 decreases the probability of disease
 - C. An LR of less than 1 increases the probability of disease
 - D. An LR of 1 carries little diagnostic weight

2. Consider the table.

	Disease	No disease
Positive test	A (True positive)	B (False positive)
Negative test	C (False negative)	D (True negative)

Which of the answers is correct?

- A. Sensitivity = $A/(A+B) \times 100$
 - B. Sensitivity = $A/(A+C) \times 100$
 - C. Specificity = $D/(A+B) \times 100$
 - D. Specificity = $D/(B+C) \times 100$
3. Type 1 thinking in clinical decision-making is
 - A. Analytical, systematic
 - B. Less prone to error
 - C. Intuitive, automatic
 - D. Slow, effortful
4. Framing effect is
 - A. The influence of either negative or positive feelings towards patients
 - B. The tendency to look for confirming evidence to support a theory rather than looking for disconfirming evidence to refute it
 - C. How a case is presented in handover—can generate bias in the listener
 - D. The tendency to place too much faith in opinion instead of gathered evidence
5. Plotting the logarithm of drug dose against drug response typically produces a
 - A. Sigmoidal dose–response curve
 - B. U-shaped dose–response curve
 - C. M-shaped dose–response curve
 - D. Linear kinetics curve
6. Sulphonylurea receptor is a type of
 - A. G-protein-coupled receptors
 - B. Kinase-linked receptors
 - C. Channel-linked receptors
 - D. Transcription factor receptors

7. Adverse effects that occur at doses within the therapeutic range are called
 - A. Toxic effects
 - B. Side-effects
 - C. Hyper-susceptibility effects
 - D. Tachyphylaxis
8. Tolerance to a drug describes
 - A. A rapid loss of response due to depletion of chemicals that may be necessary for the pharmacological actions of the drug
 - B. The extent to which a drug can produce a target-specific response when all available receptors or binding sites are occupied
 - C. Lower plasma and tissue drug concentrations as a result of altered pharmacokinetics
 - D. A gradual loss of response to a drug due to decrease in receptor numbers or the development of counter-regulatory physiological changes
9. Drugs are preferred to be administered via the buccal or rectal mucosa, or parenteral route when
 - A. First-pass metabolism in the liver is to be avoided
 - B. The drugs have long half-life
 - C. When therapeutic index is narrow
 - D. When the drug follows zero-order kinetics for elimination
10. Increased risk of serious dermatological reactions with carbamazepine is seen in which of the following genetic variant of Human leucocyte antigen (HLA)
 - A. HLA-B *1502
 - B. HLA-B *1504
 - C. HLA-B *1506
 - D. HLA-B *1508
11. Which of the following drug has a high therapeutic index?
 - A. Amikacin
 - B. Lithium
 - C. Levodopa
 - D. Pantoprazole
12. Type A adverse drug reactions are
 - A. Predictable and dose-dependent
 - B. Unpredictable due to immunological or genetic factors
 - C. Seen only after prolonged continuous exposure to a drug
 - D. Delayed until long after drug exposure

13. Which of the following is cytochrome P450 (CYP) enzyme inducer?
 - A. Phenytoin
 - B. Clarithromycin
 - C. Cimetidine
 - D. Grapefruit juice
14. Commonest cause of hospital prescribing errors is
 - A. Significant allergy to drug
 - B. Premature discontinuation of drug
 - C. Omission on discharge
 - D. Omission on admission
15. Phase II of the clinical development of new drugs involves
 - A. Healthy volunteers (10–20)
 - B. Healthy volunteers (100–200)
 - C. Patients (100–200)
 - D. Patients (100s–1000s)
16. Which of the following drugs take the maximum number of days to achieve steady state
 - A. Digoxin
 - B. Lithium
 - C. Levothyroxine
 - D. Theophylline
17. Which of the following diseases is associated with coding triplet expansions?
 - A. Huntington's disease
 - B. Werner's syndrome
 - C. Triple X syndrome
 - D. Williams' syndrome
18. The mode of disease inheritance where transmission to 50% of offspring occurs independent of gender is
 - A. Autosomal dominant
 - B. Autosomal recessive
 - C. X-linked
 - D. Mitochondrial inheritance
19. Which of the following diseases has X-linked inheritance?
 - A. Wilson's disease
 - B. Primary agammaglobulinemia
 - C. Alpha1-antitrypsin deficiency
 - D. Gilbert's syndrome
20. Waddling gait is typically seen in
 - A. Spastic paraparesis
 - B. L4-L5 radiculopathy
 - C. Cerebrovascular disease
 - D. Proximal myopathies
21. The gait in Parkinsonism is typically
 - A. Stiff-legged, circumduction gait
 - B. Slapping, high-stepping gait
 - C. Narrow-based, short stride gait
 - D. Wide-based, unsteady gait
22. Which of the following is a true statement?
 - A. Oligodendrocytes form the structural framework for neurons
 - B. Astrocytes form and maintain the myelin sheath
 - C. Microglial cells are derived from lymphocytes
 - D. Ependymal cells line the cerebral ventricles
23. Dressing apraxia is due to lesions of
 - A. Non-dominant Parietal lobe
 - B. Dominant Parietal lobe
 - C. Non-dominant Temporal lobe
 - D. Dominant Temporal lobe
24. Contralateral homonymous upper quadrantanopia is due to lesions of
 - A. Non-dominant Parietal lobe
 - B. Dominant Parietal lobe
 - C. Non-dominant Temporal lobe
 - D. Occipital lobe
25. Agnosia is
 - A. Inability to determine three-dimensional shape by touch
 - B. Inability to perform complex movements in the presence of normal motor, sensory and cerebellar function
 - C. Inability to recognize familiar objects
 - D. Inability to read and comprehend written language
26. Homonymous hemianopia with macular sparing is seen with lesions of
 - A. Occipital lobe
 - B. Non-dominant Parietal lobe
 - C. Dominant Parietal lobe
 - D. Non-dominant Temporal lobe

- 27.** Muscle fasciculation implies
- Acute denervation with partial re-innervation
 - Chronic denervation with partial re-innervation
 - A monosynaptic reflex leading to protective muscle contraction
 - A polysynaptic reflex leading to protective muscle contraction
- 28.** Cogwheel rigidity implies
- Inability to produce rapid, accurate, regularly alternating movements
 - Tremor in combination with rigidity
 - Increased tone, more apparent during rapid stretching
 - Continuously increased tone throughout the range of movement at any speed of stretch
- 29.** Broca's area is located in the
- Angular gyri of the anterior parietal lobe
 - Supramarginal gyri of the anterior parietal lobe
 - Posterior end of the dominant inferior frontal gyrus
 - Posterior end of the dominant inferior temporal gyrus
- 30.** A 'balaclava helmet' distribution sensory loss in the face is seen with
- Lower brainstem lesions
 - Pontine lesions
 - Lower cervical spinal cord lesions
 - Midbrain lesions
- 31.** Chaddock's sign is elicited by
- Stroking the outer sole of the foot
 - Stroking of the lateral malleolus
 - Scratching along the crest of the patient's tibia in a downward motion
 - Squeezing the patient's calf muscle tightly
- 32.** Regarding bladder innervations
- The sympathetic supply to the bladder arises from roots T8-T10
 - The parasympathetic supply is from the inferior hypogastric plexus
 - Somatic supply to the external sphincter is via the pudendal nerves
 - Sympathetic-mediated detrusor contraction helps in voiding
- 33.** Site of lesions in Claude syndrome is
- Anterior cerebral peduncle (mid-brain)
 - Cerebral peduncle involving red nucleus
 - Dorsal mid-brain (tectum)
 - Ponto-medullary junction
- 34.** Weber syndrome is characterized by Ipsilateral 3rd nerve palsy and
- Ipsilateral 6th nerve palsy
 - Contralateral 6th nerve palsy
 - Contralateral upper motor neuron 7th nerve palsy
 - Ipsilateral lower motor neuron 7th nerve palsy
- 35.** In T2-FLAIR images
- The White matter (cortex) appears white
 - The Cerebrospinal fluid (CSF) appears white
 - The Grey matter (cortex) appears grey
 - The Grey matter (cortex) appears white
- 36.** The alpha rhythm on electroencephalogram (EEG)
- Is suppressed on eye opening
 - Has a frequency of 14-16 Hz
 - Is most prominent in frontal area
 - Is seen in deep sleep
- 37.** The electroencephalogram (EEG) in Creutzfeldt-Jakob disease shows
- Burst-suppression
 - Periodic sharp-waves of 1- to 2-Hz frequency
 - Lateralized periodic discharges
 - Generalized triphasic wave pattern
- 38.** An increasing consistent compound muscle action potentials with high-frequency repetitive nerve stimulation at 3-15/sec is seen in
- Healthy individuals
 - Myasthenia gravis
 - Lambert-Eaton syndrome
 - Guillain-Barré syndrome
- 39.** Oligoclonal bands in Cerebrospinal fluid can be seen in
- Subarachnoid haemorrhage
 - Healthy adults
 - Healthy infants
 - Acute bacterial meningitis

40. A 78-year-old with right-sided headache, visual symptoms, weakness, malaise and scalp tenderness is likely to have
- Trigeminal Neuralgia
 - Temporal arteritis
 - Migraine
 - Herpes Zoster
41. Facial shingles most commonly affects the
- 1st (ophthalmic) division of the trigeminal nerve
 - 2nd (maxillary) division of the trigeminal nerve
 - 3rd (mandibular) division of the trigeminal nerve
 - 2nd (maxillary) division of the facial nerve
42. Identify the correct dose and rate of IV infusion (with cardiac monitoring) in status epilepticus
- Phenytoin: 50 mg/kg IV at 50 mg/min
 - Sodium valproate: 20-30 mg/kg IV at 40 mg/min
 - Phenobarbital: 100 mg/kg IV at at 100 mg/min
 - Levetiracetam: 100 mg/kg IV at at 50 mg/min
43. Transient epileptic amnesia is due to
- Temporal lobe epilepsy
 - Migraine, occurring in the hippocampus
 - Parietal lobe epilepsy
 - Korsakoff's syndrome
44. Hoover's sign is useful to confirm
- Functional weakness
 - Facial weakness
 - Myasthenia gravis
 - Ankylosing spondylitis
45. Hyperacusis in lower motor facial nerve palsy may be due to the involvement of
- Chorda tympani nerve
 - Nerve to stapedius
 - Vestibulocochlear nerve
 - Middle ear ossicles
46. Bilateral posterior columns of the spinal cord are affected in
- Anterior spinal artery thrombosis,
 - Brown-Séquard syndrome
 - Central cord syndrome
 - Multiple sclerosis
47. Teichopsia is seen in
- Trigeminal Neuralgia
 - Temporal arteritis
 - Migraine
 - Herpes Zoster
48. The most common cause of hemiballism is
- Stroke in contralateral subthalamic nucleus
 - Demyelination of contralateral subthalamic nucleus
 - Stroke in contralateral caudate nucleus
 - Demyelination of contralateral thalamic nucleus
49. Positive olfactory symptoms may arise in
- Parkinson's disease
 - Frontal lobe lesions
 - Alzheimer's disease
 - Temporal lobe lesions
50. Charles Bonnet syndrome is a phenomenon characterized by
- Fortification spectra in migraine
 - Flashing coloured lights (teichopsia)
 - Simple flashes of light (phosphenes)
 - Release phenomena in a blind visual field
51. Extraocular muscle palsy with eye 'down and out' is seen in
- 3rd nerve palsy
 - 4th nerve palsy
 - 6th nerve palsy
 - Horner's syndrome
52. Identify the true statement about papilloedema
- The earliest sign is hyperaemia of the nasal part of the disc
 - Disc cupping becomes prominent
 - Retinal haemorrhages are unusual
 - Lack of papilloedema never excludes raised intracranial pressure
53. Bilaterally small pupils that do not constrict when exposed to bright light but do constrict when focused on a nearby object is called
- Argyll Robertson pupil
 - Holmes-Adie pupil
 - Marcus Gunn pupil
 - Thompson pupil

54. A Bisferiens pulse is seen in
 A. Mild Aortic regurgitation
 B. Mitral stenosis
 C. Hypertrophic cardiomyopathy
 D. Ventricular septal defect
55. The intensity of first heart sound is increased with
 A. Tricuspid regurgitation
 B. Short PR interval
 C. Calcified Mitral stenosis
 D. Aortic regurgitation
56. In severe aortic stenosis the following is true
 A. The Murmur is diastolic in timing
 B. The pulse is bounding collapsing in character
 C. Aortic component of the second heart sound is soft
 D. Systolic hypertension is common
57. The Valsalva manoeuvre results in the following
 A. Increase in intensity of murmur of Tricuspid regurgitation
 B. Decrease in intensity of Mitral Valve Prolapse murmur
 C. Increase in intensity of murmur of Hypertrophic Cardiomyopathy
 D. Increase intensity of Mitral stenosis murmur
58. Reperfusion with streptokinase is indicated in patients presenting with chest pain of 2 hours onset and
 A. Horizontal ST depression of 2 mm
 B. New-onset of left bundle branch block
 C. Cardiac troponins > 99th percentile of upper reference range
 D. Deep T wave inversions in anterior leads
59. A patient has Myocardial infarction ST elevation of > 2 mm in leads II, III and aVF. The diagnosis is
 A. Apical myocardial infarction
 B. Lateral myocardial infarction
 C. Inferior myocardial infarction
 D. Right ventricular myocardial infarction
60. The Killip Classification is used to stratify patients risk in
 A. Myocardial Infarction
 B. Rheumatic heart disease
 C. Atrial fibrillation
 D. Ventricular arrhythmias
61. The following is contraindicated in right ventricular myocardial infarction
 A. Nitroglycerin
 B. Volume loading with Fluid bolus administration
 C. Dobutamine
 D. Reperfusion therapy
62. The benefit of nesiritide over nitroprusside in acute heart failure is
 A. It can be given by oral route
 B. It does not need invasive hemodynamic monitoring
 C. It is better than other drugs in acute heart failure
 D. It can be used in hypertensive emergencies
63. A patient with acute rheumatic arthritis will have
 A. Dramatic response to Aspirin
 B. Deforming arthritis
 C. Mainly small joint involvement
 D. Sydenham's chorea
64. An example of an accessory conduction pathway which leads to Wolff-Parkinson-White syndrome is:
 A. Bundle of His
 B. Kent
 C. Wenckebach
 D. Mobitz
65. The Anti-arrhythmic drug that reduces the rate of rise of Phase 0 AND Shortens the duration of the action potential is:
 A. Flecainide
 B. Propafenone
 C. Lidocaine
 D. Acebutalol
66. Screening for latent tuberculosis is essential before starting treatment of Rheumatoid arthritis with
 A. Methotrexate
 B. Infliximab
 C. Lefunomide
 D. Sulfasalazine

67. A patient on treatment with JAK inhibitor Tofacitinib for rheumatoid arthritis is likely to have
- Herpes zoster infection
 - Neutrophilia
 - Polycythemia
 - Lowering of cholesterol levels
68. Arthritis mutilans is common in
- Ankylosing spondylitis
 - Rheumatoid Arthritis
 - Psoriatic arthritis
 - Gonococcal arthritis
69. A bamboo spine on X ray is typical of
- Rheumatoid arthritis
 - CREST syndrome
 - Ankylosing spondylitis
 - Psoriasis
70. Hypoxia causes
- Inhibition of anaerobic glycolysis
 - Inactivation of cellular Ca^{+2} -dependent phospholipases
 - Pulmonary arteriolar constriction
 - Systemic arteriolar constriction
71. In hypoxia
- The haemoglobin oxygen dissociation curve is displaced to the left
 - The haemoglobin oxygen dissociation curve is displaced to the right
 - Tissue oxygen extraction from capillary blood is increased
 - The affinity of haemoglobin for carbon monoxide decreases
72. An FiO_2 of 100% does not improve the PaO_2 in
- Hypoventilation syndromes
 - V/Q mismatch
 - Tetralogy of Fallot
 - High altitude pulmonary illness
73. In carbon monoxide intoxication, the
- O_2 saturation is normal
 - Hemoglobin transports oxygen as COHb
 - Tissue oxygenation is normal
 - The Hb- O_2 dissociation curve shifts to the right
74. In anemic hypoxia
- Arterial PaO_2 is decreased due to decreased haemoglobin
 - O_2 transported per unit blood volume is diminished
 - Tissue oxygen consumption is increased
 - O_2 saturation in venous blood remains the same
75. During exercise
- The arterio-venous O_2 difference is reduced
 - The venous blood has a higher PaO_2 due to hyperdynamic circulation
 - Tissue oxygen consumption remains normal due to increased cardiac output
 - The Hb- O_2 dissociation curve shifts to the right
76. Chronic mountain sickness is characterized by
- Increased respiratory drive
 - Reduced ventilation
 - Increased tissue oxygen delivery
 - Increased myocardial contractility
77. Increased mortality risk from ARDS is predicted by
- An early elevation in pulmonary dead space (>0.60) and ($\text{PaO}_2/\text{FiO}_2 < 100$ mmHg)
 - Level of PEEP (>10 cm H_2O) and respiratory system compliance (<40 mL/cm H_2O)
 - The extent of alveolar infiltrates on chest radiography
 - The corrected expired volume per minute (>10 L/min)
78. Contraindications for Non-invasive ventilation include
- Stress-induced lower gastrointestinal bleed
 - Heart rate of more than 120
 - Acute myocardial infarction
 - Recent intracranial bleed
79. Drug(s) that should be avoided while intubating bronchial asthma patients
- Opiates and benzodiazepines
 - Morphine
 - Fentanyl
 - Etomidate

80. The following condition indicates non-amenability to weaning:
- Lung injury is stable or resolving
 - The patient is capable of initiating spontaneous breaths
 - Low PEEP/FiO₂ (<8 cmH₂O) and FiO₂ (<0.5)
 - Patient receiving vasopressors
81. Occupational exposure identified as a risk factor for lung cancer is
- Mercury sulphate
 - Bischloromethyl ether
 - Fuller's earth
 - Cadmium sulphate
82. Primary lung adenocarcinomas can be identified by immunohistochemistry using
- Neuron-specific enolase and chromogranin
 - Napsin-A and thyroid transcription factor-1
 - Cytokeratins 7 and 20
 - CK5/6 and calretinin
83. Sitophilus granaries is an antigen for
- Miller's lung
 - Wood worker's lung
 - Potato riddler's lung
 - Tobacco worker's lung
84. Williams-Campbell syndrome is associated with
- Central bronchiectasis
 - Pan-acinar emphysema
 - Cystic fibrosis
 - Centriacinar emphysema
85. Screening tool that is validated and identifies patients with COPD is
- Epworth Sleepiness Scale
 - Berlin Questionnaire
 - STOP-Bang questionnaire
 - St George's respiratory questionnaire
86. Which of the following is the best indicator to assess iron deficiency anaemia:
- TIBC increased, Ferritin increased, Transferrin saturation increased, Serum transferrin receptors increased
 - TIBC reduced, Ferritin reduced, Transferrin saturation reduced, Serum transferrin receptors decreased
 - TIBC increased, Ferritin reduced, Transferrin saturation reduced, Serum transferrin receptors decreased
 - TIBC increased, Ferritin reduced, Transferrin saturation reduced, Serum transferrin receptors increased
87. Which one of the following is NOT a Romanowsky stain?
- May-Grunwald-Giemsa stain
 - Leishman stain
 - Fields stain
 - Papanicolaou stain
88. Patients with which of the following conditions is associated with ADAMTS13 deficiency?
- Immune thrombocytopenia
 - Haemolytic uremic syndrome
 - Thrombotic thrombocytopenic purpura
 - Von Willebrand disease
89. Which is the most common cause of microangiopathic haemolytic anaemia?
- Disseminated intravascular coagulation
 - TTP
 - HUS
 - Cardiac valve prosthesis
90. "Drepanocytes" are seen in?
- Thalassemia
 - Post splenectomised patients
 - Sickle cell anaemia
 - G6PD deficiency
91. Liquid chromatography is used to detect
- Thalassemia
 - Acute myeloid leukemia
 - Aplastic anemia
 - Hereditary spherocytosis

92. Which of the following primary immunodeficiency disorders has phagocytic defect and recurrent pyogenic infection?
- Pearson syndrome
 - Ig A deficiency
 - Chediak Higashi Syndrome
 - Combined Variable Immune Deficiency
93. Imerslund Grasbeck syndrome is associated with which micronutrient deficiency?
- Vitamin A deficiency
 - Vitamin B12 deficiency
 - Iron deficiency
 - Zinc deficiency
94. Which of the following is the most common trigger for hemolysis in G6PD deficiency?
- Infection
 - Drugs
 - Fava beans
 - Dehydration
95. Transformation of CLL to an aggressive lymphoma is termed as:
- Richter's syndrome
 - De-differentiation syndrome
 - Gaisbock syndrome
 - Blast crisis
96. Which of the following statements is FALSE about von Willebrand factor?
- It is synthesized by hepatocytes
 - Its deficiency can also cause factor 8 defect
 - Its deficiency may affect platelet adhesion
 - It serves as a carrier for factor 8
97. Which of the following statements is true regarding functional platelet disorders?
- Normal platelet count and normal BT
 - Normal platelet count and increased BT
 - Decreased platelet count and increased BT
 - Decreased platelet count and decreased BT
98. Which one of the following is a most specific myeloid marker?
- CD 19
 - CD 117
 - MPO
 - CD33
99. A high serum-ascitic albumin gradient (SAAG) is observed in
- Tubercular peritonitis
 - Pancreatic ascites
 - Budd-Chiari syndrome
 - Peritoneal carcinomatosis
100. Drug useful in refractory ascites is
- Midodrine
 - Carvedilol
 - Clinidipine
 - Sildenafil

SUBJECT GENERAL MEDICINE

1	D	21	C	41	A
2	B	22	D	42	B
3	C	23	A	43	A
4	C	24	C	44	A
5	A	25	C	45	B
6	C	26	A	46	D
7	B	27	B	47	C
8	D	28	B	48	A
9	A	29	C	49	C
10	A	30	A	50	D
11	D	31	B	51	A
12	A	32	C	52	D
13	A	33	B	53	A
14	D	34	C	54	C
15	C	35	D	55	B
16	C	36	A	56	C
17	A	37	B	57	C
18	A	38	C	58	B
19	B	39	D	59	C
20	D	40	B	60	A
61	A	81	B		
62	B	82	B		
63	A	83	A		
64	B	84	A		
65	C	85	D		
66	B	86	D		
67	A	87	C		
68	C	88	C		
69	C	89	A		
70	C	90	C		
71	B	91	A		
72	C	92	C		
73	A	93	B		
74	B	94	A		
75	D	95	A		
76	B	96	A		
77	A	97	B		
78	C	98	C		
79	B	99	C		
80	D	100	A		