INSTRUCTIONS TO CANDIDATES

1. IMPORTANT : CANDIDATES TO NOTE THAT ADDITIONAL SHEETS WILL NOT BE SUPPLIED AND CANDIDATES TO WRITE THEIR ANSWERS JUDICIOUSLY. CANDIDATES TO WRITE THEIR REGISTRATION NUMBER IN SPECIFIED SPACE ON FRONT PAGE ONLY. WRITING NUMBER OR NAME IN ANY OTHER PART OR MAKING SPECIFIC MARKS IS TREATED AS DELIBERATE ATTEMPT TO INFLUENCE EXAMINER AND WILL BE DEALT SERIOUSLY AS PER UNIVERSITY RULES(MALPRACTICE IN EXAMINATION).
2. Write on both sides. Do not write in the margin space.
3. Enter all details with Registration No., Programme, Semester etc. in the front page and do not write anything in any other space. Registration No. should be written legibly and shade the Corresponding circle in the OMR clearly with black/blue ball pen.
4. Candidates are required to put their signature and left hand thumb impression in the specified places.
5. No sheet shall be torn of from the answer-book provided, if any page is spoiled/damaged, put a line across it.
6. Do not leave any blank page between your answers. Answers written beyond blank pages may not be assessed, if by accident a page is left blank write on it "P.T.O" in bold letters.
7. At the end of the examination, answer-book whether written or blank, must be handed over to the Room Superintendent.
8. Nothing shall be written on the question paper or the blotting paper.
9. See that the answer-book supplied to you bear the signature of the Room Superintendent and date.
10. Write the question numbers (specifying the sub question, if any) in the margin and leave sufficient space after completion of answer to each question.
11. Exchange of writing materials, Communicating with other students, is strictly prohibited.
12. You will not be permitted to leave the examination hall until half an hour after the question papers are distributed.
13. During the last thirty minutes, you will not be allowed to leave the hall.
14. A Candidate is liable to be expelled from the examination hall and his/her case will be reported to the Registrar / Concerned officer of the University, if he / she
    (i) Brings any book, notes, mobiles any electronic instruments etc., into the examination hall,
    (ii) Speaks to or communicates in any other way with any other candidate while the examination is going on,
    (iii) Or takes with him/her any answer-book written or blank or Question Papers, while leaving the examination hall during examination,
    (iv) If found giving or receiving assistance, or copying from any paper book or notes or allowing any other candidates to copy from his/her answer book etc.
    (v) Writes either on blotting paper or any other paper clues or points which might possibly be of help to any other candidates during the examination,
    (vi) Uses or attempts to use in any other unfair means like smuggling in any other answer-book written outside or found guilty of impersonation,
    (vii) Discloses his/her identity or makes peculiar marks in his/her answer-book,
    (viii) Or uses abusive or obscene language or is guilty of any other misconduct of a serious nature.
15. A warning bell will be given ten minutes before the close of the examination. At the second bell, You must stop writing and be ready to hand over answer-book to the Room Superintendent. You must not leave your seat until all answer-books are collected by the Room Superintendent.
16. Candidates are forbidden to smoke or to take tea, coffee etc. In the Examination Hall, Drinking water will be supplied at the seat itself, if necessary.
17. Candidates who are not in their seats by the time notified, will not be admitted to the examination. The Chief Superintendent may however, at his discretion admit those who give him a satisfactory reason for the delay not exceeding 30 minutes after the commencement of examination.
18. A candidate who disobeys any instructions issued by the Chief Superintendent or Room Superintendent, or who is guilty of rude or disobedient behavior, is liable to be instantly expelled.
19. Use either blue or black ink pen or ballpoint pen. Do not change the color of ink in any condition. In case you are compelled to change the color do not forget to take the signature of Room Superintendent explaining him/her the situation.

PART-A.

c) Disability Indicators - Introduction

→ Poor health care service and delivery

→ Biological - Genetical factors

→ lack of accessement of facilities

→ low & income and lack of awarness and education

→ Cultural belives and some superstitionous faith

all these are the cause for disability.

and Indicators like - DALYs - Disability adjusted life years.

YPLL - Years of potential life lost

YLD - Years of lomited disability

are the distability Indicators.

Thus, disability Indicators play very curcial role in calculating Overall disability and the burden caused by disability to society and Global health challenge and if eradicated or reducing by policy and behavioral Change can benefits Public health majorly.

d) Risk factors are potential causes and determinants of incidence of disease, associated with risk factors or exposure to risk can end up causing disability, disease or even death. in severe cases.

Example - Smoking and passive smoking is a risk factor for lung cancer.

- Obesity
- Lack of physical exercise
- alcohol consumption
- high level of of triglycerides

all the risk factors for many disease like
- heart attack, stroke, Hypertension etc.

→ P.T.O.

e) Case Fatality Rate (CFR)

→ Is number of death occured due to a particular case by total number of people effected by the case / particular diasease.

ie - CFR = Number of deaths due to particular case/diasease / total number of people effected by that particular diasease/case x100.

→ P.T.O

f) Incidence - The occurance of 'new cases' of any health event or health behavior or diaseease
- In a particular geographical area in a particular time frame.

Prevalance - The total number of cases both 'new and existing/old' cases of diaseease or any health behavior/event occuring in a particu -lar geographical area with in a particular time frame.

g) Endemic - 'Expected frequency' or 'usual frequency' of diasease occurance in a particular geographical area with in the frame of ~~time~~ particular time.

Epidemic - 'unusual frequency' or 'unexpeced frequency' of diasease occurance 'that surpaisses the expected diasease frequency' and in particuler examined areea with consideration of timeline is called Epidemic

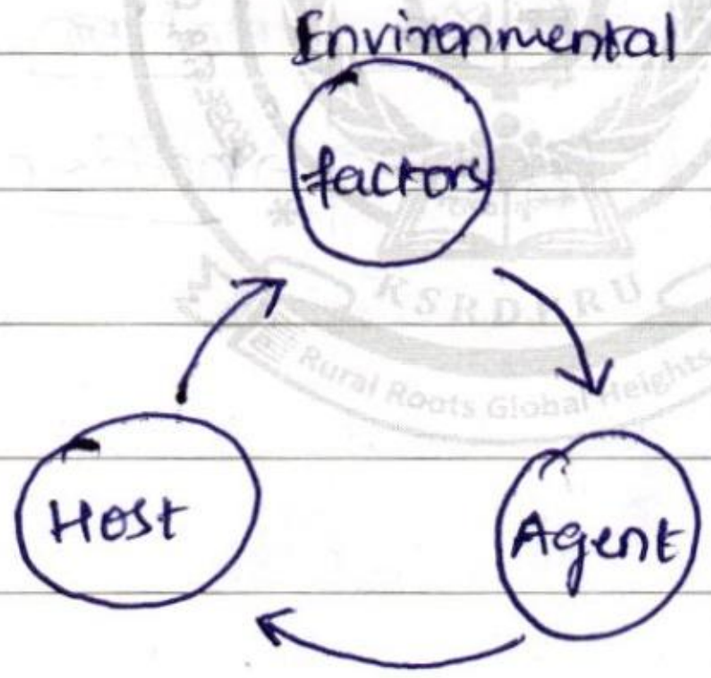
Pandemic - 'Diasease occurance more than an expected frequency' i.e - unusaual frequency / unexpeeted frequency 'mainly effecting a larger population' in a particulare time line example → effecting → 'nations', 'continents' etc.

PART-B.

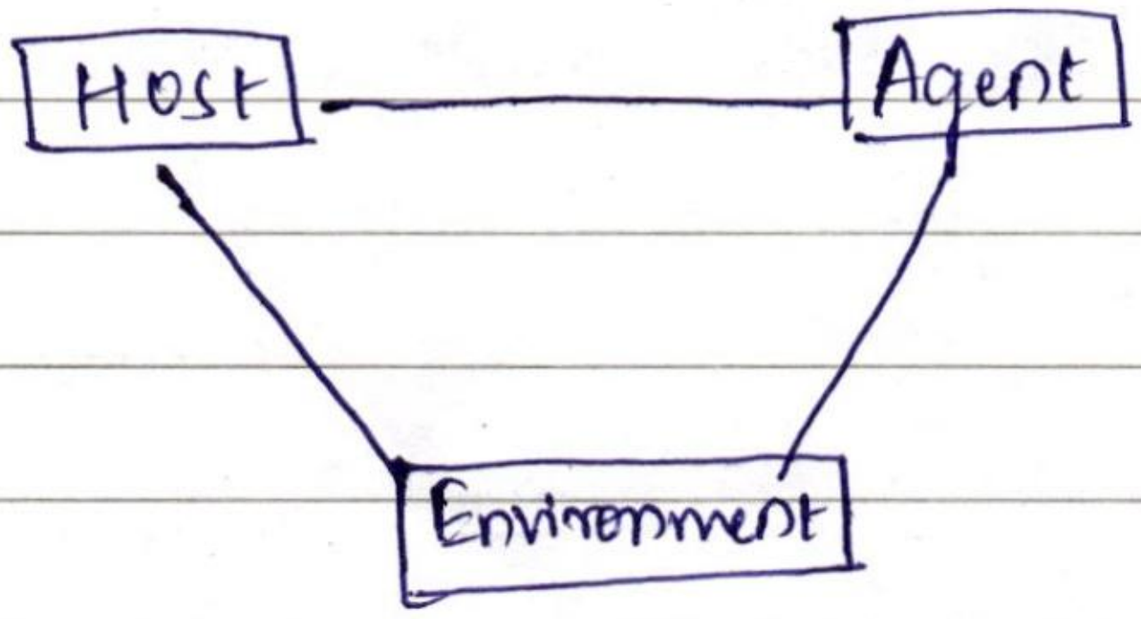
2) Epidemiological traid.

→ 'Traid' refers to 3 elements or factors
- Agent - pathogen / source of diaseae
- HOST - shelter / target of 'Agent'.
- Environment. - the surrounding that consists both host and agent in it.

Here in epidemelogical traid, we can see how the agent enters to susceptable host via environmental favaroble conditions.



or



The Interaction between all three factors/elements of Epidemological traid many times outputs disease condition/outbreaks.

→ Firstly Environment, that bears both host organism and agent that causes disease may some time favour the agent by few advers condition like extreme cold, moist or rain thus enabling agents to bring up their new progeny and many time due to these adversities human or host becomes more suseeptable and fall ill easily

→ Agent, many a times couldn't attact or Invade host's body without help of vectors and these vectors and favorble conditions are given by environment.

→ Host, mostly human in many case or mammals those are weak or susceptable to disease or pathogen/vector entry will be targetted because of Immunity factors, surrourdings and sometime lack of awarness and as all these three factor Interact with each other the disease pathogens is the outcome many atimes.

4) Determinants of Health.

Determinants are the "factor or causes that determine the health out comes" the poor/low or insufficent availibility or usage of these determinants cause disease or poor health outcome. similarly good and adequate assceibility and usage will also effect positively in health outcomes.

Determinants like -

→ Individual - Biological/Genetical deteerminant
- Behavioral /habits.

→ Socio-economical determinants - Social factors and economic status of individuals/family in community.

→ Environmental determinants - Naturally available resorces like air - its quality, water - its sanity level etc.

→ Political and Cultural determinants - The hirarcy system or the administrative system wher community and it's Individuals live and the Cultral practice and beliefs they do.

→ Science-Innvations and Eductions, technologies → educational and technological growth helps and uplifts health care facilities and awarness among Individuals.

Explanation → all the determinats plays cerci al role in health and its outcome - determine the productivi -ty of population and thus also determine their earning capability and Income and determinants inter-related and act to determine one certain outcome and improving the quality and availibitiny of these determinants ensure better health outcomes.

6) Herd Immunity with examples.

Immunity refers to the defence of the body to fight against foriegn or pathogens that attak and invade physiological fuctions causing illeffects. thus, Immuni ty play cureial role in defence and protection.
this may be innate immunity and may also be aquired immunity after the exposure of particular agent.

Heard Immunity → refers to the collective and group immunity against few particular disease events. this may be developed because of some particular reasons.

- like - exposure of epidemic event in that particular area thus enabling many of them to develop Immunity against that condition.
- Also, many a time geographical location of herd living in that particular area can also be a reason of herd immunity. example - the people living near himalayan valleys are been adopted to have large respiratory capacity than compared to people / herd live in plains thus enabling them immunity against lack of oxygen / hypoxia. that further prevents ischemic condition and reduces heart related disease.

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Considering children a greater and larger geographical are who are been vaccinated under universal Immunization are been vaccinated inorder to ensure a primary prevention and that builds heard Immunity / collective Immunity that can fight many health evils like polio, Hepitis B, tuberculosis etc.

Herd Immunity may also become activated or may get strong after several exposure of same pathogens / disease that occurs within community in large scale activating the antibodies in every individual of heard and thus preventing them from further infection spread and susceptability of herd

Herd Immunity is mainly important and curcial for preventing communicable diasease, their may effect the whole heard via Spreading thus public health Interventions and policy that focus on building heard immunity must be promoted and implemented to reduce the burden of communicable diasease.

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3) Measures of mortality and their importance in public health.

types

Curde death rate

Case fatality death rate

MOther mortality rate

Infant mortality rate

Speeific mortality rate

- Sex/gender Speeific
- Cause Speeific
- age Speeific.

Curde death rate refers to all deaths (without any Speeificity of Cause) in a population in proper time line.

Case fatality - is number of death Caused due to particular case bdp the total number of people effected by that Cause.

MOther mortality - Number of maternal deaths per 1000 live births

Infant mortality - number of Infants deaths per 1000 live births.

Speeific - like Sex - male/female deaths by total population of that gender. etc.

mortality is major health Indicatoring health that determines the health care feeility and living statues of people and feeility assessment. and gives us report on 'Heath status'

maintaing and regulating Interventions towards Controlling mortality rates benefits nation in Income, also reduce public 'health Sector's burden and measure taken to redeuce mortality rates benifit the sufficent way and adequate way of living in both community and families.

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9) Health Indicator and its uses
Classification of IMR and MMR.

Indicators like - mortality rates
- morbidity rates
- Prevalence
- Incidence; all Indicates health status and are used in tracking the results of health policies implemented / interventions by public health sectors.

morality - refers to total number of deaths by mid year population and can be classified into.
Infant mortality, maternal mortality, Cause specific mortality, gender specific mortality

morbidity is the departured state from physiological well being and indicates the population suffering form disability, illness or uneasy state.
Can be classified into - years of limited disability → disability adjusted life years. etc

and also factor like prevalance - number of cases both (old and new) that are effected by disease/ disability. can also ridicates health status of

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that geographical area.

→ Incidence - the number of new cases that are been adding ~~new~~ also indicate health status are all are called health indicators.

Classification of Infant mortality and maternal mortality

→ Infant mortality refers to the total deaths occured in infants (less than 1 year) per 1000 live birth

→ this emphasize the health status of infants and aids to make policy and regulations according to needs and observed figures.

$$IMR = \frac{\text{total death of infants in a calander year.}}{\text{Per (1000) thousand live birth in the same year}} \times 1000.$$

thus, Infant mortality is crucial health indicator of state/nation and determines the population of that geographical area and also gives us reports on nutritional value in mother and about health care facilities.

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→ Maternal Mortality rate
refers to death of mother within the 42 days of pregancy termination and mother "lactating and dead due to any included causes of pregnancy not due to accident or Incidence / complecations Other than related to pregnency.

$$MMR = \frac{\text{Number of maternal deaths}}{\text{per (1000) thousand live maternals or live birth mother in the same year}} \text{ Calender year} \times 100,000$$

Maternal mortality serves the main Indicating report of nutritional value in population, health assecibility conditions and determine healthy future / diasability-diasease of Infants as they are dependent on mothers for nutrition.

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12 Natural history of disease and levels of prevention.

Period of Pre pathogenesis	Period of pathogenisis
Before the mans is Involved.	After the host / human get Involved.
Agent targets the susceptable host via environment	→ Pathogen that enters the host can change, phisiological fuctions in host. Pathogenis Phase starts after entry of → Pathogen into host

→ P.T.O.

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levels of prevention → Predomial prevention

Steps or preventive mission take to eliminate risk factor.

Example- regular checkeups, physical activity, health diet.

→ primary prevention

Specific protection and mass education/awareness

- to mitigated the further complecations that the present risk faeros can potentially cause.

Example- Immunization programme.

→ Secondary prevention

Early diagnosis and prompt treatment.

→ Once after the risk factor effets the Population / Indinduals early diagnosis and Early detection and dignostic to prevent Chronic State of diaseses and disabilities.

→ tertiary prevention

once after the pathogenesis goes to advanced Stage effected population/Individuals to prevent further harm - like rehabilitation and disability

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reduction - thus all four prevention methods are crucial to inhibit the diseases and its adversities.

Explanation

Natural history of disease starts with pre-pathogenisis stage where no human is involved in the disease progression. Later on via vectors/vehicals agent make their way towards host and initiates the pathogentic phase where it starts from → physiological changes in the functions → then mild early stage of pathogenisis - further untreated condition leads to advanced stage - causing → illness - if treated then get back and get recovered but if left untreated than progess to disease → disability → chronic defect → and finally to death.

thus, preventions are important to prevent the final stage death by timely and proper surrillance and proper interventions.

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Work Sheet

ಪರೀಕ್ಷಾರ್ಥಿಗಳಿಗೆ ಸೂಚನೆಗಳು

1. ನಿಮಗೆ ಕೊಟ್ಟ ಉತ್ತರ ಪತ್ರಿಕೆಗಿಂತ ಯಾವುದೇ ಹೆಚ್ಚುವರಿ ಪುಟಗಳನ್ನು ಕೊಡಲಾಗುವುದಿಲ್ಲ. ಆದ್ದರಿಂದ ವಿದ್ಯಾರ್ಥಿಗಳು ಉತ್ತರ ಬರೆಯುವಾಗ ಪುಟಗಳ ಸದುಪಯೋಗದ ಬಗ್ಗೆ ಗಮನಿಸಬೇಕು. ವಿದ್ಯಾರ್ಥಿಗಳು ತಮ್ಮ ಸ್ಥಳಾಂಕವನ್ನು ಮೊದಲನೇ ಪುಟದಲ್ಲಿ ತೋರಿಸಿದ ಸ್ಥಳದಲ್ಲಿಯೇ ಬರೆಯತಕ್ಕದ್ದು ಮತ್ತು ಸ್ಥಳಾಂಕವನ್ನಾಗಲೀ ಹೆಸರನ್ನಾಗಲೀ ಬೇರೆ ಯಾವುದೇ ಸ್ಥಳದಲ್ಲಿ ಬರೆದರೆ, ಪರೀಕ್ಷಕರ ಸವಲತ್ತಿಗಾಗಿ ಸೂಚಿಸುತ್ತೀರೆಂದು ಪರಿಗಣಿಸಿ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕಾಯ್ದೆ (ಪರೀಕ್ಷೆ ಅವ್ಯವಹಾರ ಅಪರಾಧಕ್ಕಾಗಿ) ಯನುಸಾರ ಶಿಕ್ಷೆಗೆ ಗುರಿಪಡಿಸಲಾಗುವುದು.
2. ಉತ್ತರ ಪತ್ರಿಕೆಯ ಎರಡೂ ಬದಿಗೆ ಉತ್ತರಗಳನ್ನು ಬರೆಯತಕ್ಕದ್ದು. ಮಾರ್ಜಿನ್‌ನಲ್ಲಿ ಉತ್ತರ ಬರೆಯತಕ್ಕದ್ದಲ್ಲ.
3. ಉತ್ತರ ಪತ್ರಿಕೆಯ ಮೇಲಿನ ಪುಟದಲ್ಲಿ ತಮ್ಮ ಪರೀಕ್ಷಾ ನೋಂದಣಿ ಸಂಖ್ಯೆ, ಕಾರ್ಯಕ್ರಮ, ಸೆಮಿಸ್ಟರ್, ಇತ್ಯಾದಿ ಎಲ್ಲಾ ವಿವರಗಳನ್ನು ನಮೂದಿಸಬೇಕು ಹಾಗೂ ಯಾವುದೇ ಕಾರಣಕ್ಕೂ ಬೇರೆ ಸ್ಥಳದಲ್ಲಿ ಏನನ್ನೂ ಬರೆಯಬಾರದು. ನೋಂದಣಿ ಸಂಖ್ಯೆಯನ್ನು ಸ್ಪಷ್ಟವಾಗಿ ಬರೆದು ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಓ.ಎಂ.ಆರ್ ವೃತ್ತವನ್ನು ನೀಲಿ ಅಥವಾ ಕಪ್ಪು ಬಣ್ಣದ ಬಾಲ್ ಪೆನ್ನಿನಿಂದ ಗುರುತಿಸತಕ್ಕದ್ದು.
4. ವಿದ್ಯಾರ್ಥಿಗಳು ತಮ್ಮ ಸಹಿ ಹಾಗೂ ಎಡಗೈ ಹೆಬ್ಬಟ್ಟಿನ ಗುರುತನ್ನು ನಮೂದಿಸಿದ ಸ್ಥಳದಲ್ಲಿ ಹಾಕಬೇಕು.
5. ತೆಗೆದುಕೊಂಡ ಉತ್ತರ ಪತ್ರಿಕೆಯ ಪುಟವನ್ನು ಹರಿಯಬಾರದು ಒಂದು ವೇಳೆ ಯಾವುದೇ ಪುಟವು ಹಾಳಾಗಿದ್ದಲ್ಲಿ ಅದರ ಮೇಲೆ ಕತ್ತರಿಯ ಗುರುತು ಹಾಕಬೇಕು.
6. ಉತ್ತರ ಪತ್ರಿಕೆಯಲ್ಲಿ ಖಾಲಿಯಾಗಿ ಪುಟಗಳನ್ನು ಬಿಟ್ಟು ಮುಂದಿನ ಪುಟದಲ್ಲಿ ಉತ್ತರಗಳನ್ನು ಬರೆದರೆ ಅವುಗಳನ್ನು ಗಣನೆಗೆ ತೆಗೆದುಕೊಳ್ಳಲಾಗುವುದಿಲ್ಲ. ಒಂದು ವೇಳೆ ಕಣ್ ತಪ್ಪಿನಿಂದ ಸಂಭವಿಸಿದ್ದಲ್ಲಿ ಹಿಂದಿನ ಪುಟದ ಮೇಲೆ ಪುಟ ತಿರುವಿರಿ (ಪು.ತಿ.ನೋ) ಎಂದು ಸ್ಪಷ್ಟವಾಗಿ ದಪ್ಪ ಅಕ್ಷರಗಳನ್ನು ನಮೂದಿಸಬೇಕು.
7. ಪರೀಕ್ಷಾ ಸಮಯ ಮುಗಿದ ನಂತರ ಉತ್ತರ ಪತ್ರಿಕೆಯನ್ನು ಖಾಲಿಯಾಗಿರಲಿ ಇಲ್ಲವೇ ಉತ್ತರಗಳನ್ನು ಬರೆದಿರಲಿ ಅದನ್ನು ಕೋಣೆಯ ಮೇಲ್ವಿಚಾರಕರಿಗೆ ಒಪ್ಪಿಸತಕ್ಕದ್ದು.
8. ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆಯ ಅಥವಾ ಬ್ಲಾಟಿಂಗ್ ಪೇಪರ್ ಮೇಲೆ ಏನನ್ನು ಬರೆಯತಕ್ಕದ್ದಲ್ಲ.
9. ಮೇಲ್ವಿಚಾರಕರು ಉತ್ತರ ಪತ್ರಿಕೆಯ ಮೇಲೆ ತಮ್ಮ ಹಸ್ತಾಕ್ಷರ ಹಾಗೂ ದಿನಾಂಕವನ್ನು ನಮೂದಿಸಿದರ ಬಗ್ಗೆ ಗಮನ ಹರಿಸಬೇಕು.
10. ಪ್ರಶ್ನೆಗಳ ಹಾಗೂ ಉಪಪ್ರಶ್ನೆಗಳ ಸಂಖ್ಯೆಯನ್ನು ಉತ್ತರ ಪತ್ರಿಕೆಯ ಮಾರ್ಜಿನ್‌ನಲ್ಲಿ ನಮೂದಿಸತಕ್ಕದ್ದು. ಪ್ರತಿ ಪ್ರಶ್ನೆಯ ಉತ್ತರ ಮುಗಿದ ನಂತರ ಸೂಕ್ತ ಸ್ಥಳ ಬಿಡುವುದು.
11. ಉತ್ತರ ಬರೆಯುವ ಸಾಮಗ್ರಿಗಳನ್ನು ಒಬ್ಬರಿಗೊಬ್ಬರಿಗೆ ಬದಲಿಸುವುದನ್ನಾಗಲಿ ಹಾಗೂ ಮಾತನಾಡುವುದನ್ನಾಗಲಿ ನಿಷೇಧಿಸಿದೆ.
12. ಪರೀಕ್ಷೆ ಪ್ರಾರಂಭವಾದ ನಂತರ ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆ ನೀಡಿದ ಅರ್ಧ ತಾಸಿನವರೆಗೆ ಪರೀಕ್ಷಾ ಕೊಠಡಿಯನ್ನು ಬಿಟ್ಟು ಹೊರಗೆ ಹೋಗುವಂತಿಲ್ಲ.
13. ಪರೀಕ್ಷೆಯ ಕೊನೆಯ ಮೂವತ್ತು ನಿಮಿಷಗಳಲ್ಲಿ ಪರೀಕ್ಷಾ ಕೊಠಡಿಯಿಂದ ಹೊರಗೆ ಹೋಗುವಂತಿಲ್ಲ.
14. ವಿದ್ಯಾರ್ಥಿಗಳು ಈ ಮುಂದೆ ತಿಳಿಸಿದ ಯಾವುದಾದರೂ ಅಪರಾಧಗಳನ್ನು ಮಾಡಿದ್ದಲ್ಲಿ ಅವರನ್ನು ಪರೀಕ್ಷಾ ಕೊಠಡಿಯಿಂದ ಹೊರಗೆ ಹಾಕಲಾಗುವುದು ಹಾಗೂ ಸದರಿ ವಿಷಯವನ್ನು ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಸಚಿವರು/ಸಂಬಂಧಪಟ್ಟ ಅಧಿಕಾರಿಗಳಿಗೆ ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ ವರದಿ ಮಾಡಲಾಗುವುದು.
    (i) ಪರೀಕ್ಷಾ ಕೊಠಡಿಗೆ ನಕಲು ಪ್ರತಿಗಳಾದ ಪುಸ್ತಕ, ನೋಟ್ಸ್, ಚೀಟಿ, ಮೊಬೈಲ್ ಅಥವಾ ಇಲೆಕ್ಟ್ರಾನಿಕ್ಸ್ ಉಪಕರಣಗಳನ್ನು ತಂದರೆ.
    (ii) ಪರೀಕ್ಷೆ ನಡೆಯುವ ವೇಳೆಯಲ್ಲಿ ಬೇರೆ ವಿದ್ಯಾರ್ಥಿಗಳ ಜೊತೆಗೆ ಮಾತನಾಡಿದರೆ ಅಥವಾ ಯಾವುದೇ ವಿಷಯ ತಿಳಿಸಿದರೆ.
    (iii) ಪರೀಕ್ಷೆ ನಡೆಯುವ ವೇಳೆಯಲ್ಲಿ ಬರೆದ ಉತ್ತರ ಪತ್ರಿಕೆ ಅಥವಾ ಖಾಲಿ ಉತ್ತರ ಪತ್ರಿಕೆ ಅಥವಾ ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆಯನ್ನಾಗಲಿ ಪರೀಕ್ಷಾ ಕೊಠಡಿಯಿಂದ ಹೊರಗೆ ತೆಗೆದುಕೊಂಡುಹೋದರೆ.
    (iv) ಪರೀಕ್ಷೆ ವೇಳೆಯಲ್ಲಿ ಬೇರೆ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಪರೀಕ್ಷೆಗೆ ಸಂಬಂಧಿಸಿದ ಯಾವುದೇ ನಕಲು ಪ್ರತಿಗಳನ್ನು ಕೊಡುವುದಾಗಲಿ/ತೆಗೆದುಕೊಳ್ಳುವುದಾಗಲಿ ಅಥವಾ ತಮ್ಮ ಉತ್ತರ ಪತ್ರಿಕೆಯಿಂದ ನಕಲು ಮಾಡಲು ಅನುವು ಮಾಡುವುದಾಗಲಿ ಮಾಡಿದರೆ.
    (v) ಪರೀಕ್ಷೆ ನಡೆಯುವ ವೇಳೆಯಲ್ಲಿ ಬೇರೆ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಅನುಕೂಲವಾಗುವಂತೆ ಬ್ಲಾಟಿಂಗ್ ಪೇಪರ್ ಅಥವಾ ಯಾವುದೇ ಪೇಪರ್ ಮೇಲೆ ಸುಳಿವು ಅಥವಾ ಮಾಹಿತಿಯನ್ನು ಬರೆದರೆ.
    (vi) ಪರೀಕ್ಷಾ ಸಮಯದಲ್ಲಿ ತಮ್ಮ ಅಥವಾ ಬೇರೆಯವರ ಉತ್ತರ ಪತ್ರಿಕೆಯನ್ನು ಕದ್ದು ತರುವುದನ್ನಾಗಲೀ, ಹೊರಗೆ ಒಯ್ಯುವುದನ್ನಾಗಲೀ ಮತ್ತು ಬೇರೆಯವರ ಪರವಾಗಿ ಉತ್ತರ ಪತ್ರಿಕೆ ಬರೆಯುವುದನ್ನು ಮಾಡಿದರೆ.
    (vii) ವಿದ್ಯಾರ್ಥಿಯು ಉತ್ತರ ಪತ್ರಿಕೆಯಲ್ಲಿ ತಮ್ಮ ಗುರುತಿನ ಮಾಹಿತಿಯನ್ನು ನೀಡಿದರೆ ಅಥವಾ ವಿಶಿಷ್ಟ ಗುರುತುಗಳನ್ನು ಮಾಡಿದರೆ.
    (viii) ಅಥವಾ ನಿಂದಾತ್ಮಕ ಭಾಷೆಯನ್ನು ಬಳಸಿದರೆ ಅಥವಾ ಅಶ್ಲೀಲ ಭಾಷೆಗಳನ್ನು ಬಳಸಿದರೆ ಅಥವಾ ಇತರೆ ಯಾವುದೇ ಗುರುತರವಾದ ಅಪರಾಧಗಳನ್ನು ಮಾಡಿದರೆ.
15. ಪರೀಕ್ಷೆ ಮುಗಿಯುವುದಕ್ಕೆ 10 ನಿಮಿಷ ಮುಂಚಿತವಾಗಿ ಮೊದಲ ಗಂಟೆ ಬಾರಿಸಲಾಗುವುದು. ಎರಡನೇ ಗಂಟೆ ಬಾರಿಸಿದ ಕೂಡಲೇ ಉತ್ತರಗಳನ್ನು ಬರೆಯುವುದನ್ನು ನಿಲ್ಲಿಸಿ ಕೊಠಡಿ ಮೇಲ್ವಿಚಾರಕರಿಗೆ ಉತ್ತರ ಪತ್ರಿಕೆಯನ್ನು ಸಲ್ಲಿಸಲು ಸಿದ್ಧರಾಗಿರಬೇಕು. ಎಲ್ಲರ ಉತ್ತರ ಪತ್ರಿಕೆಗಳನ್ನು ಪಡೆಯುವವರೆಗೆ ವಿದ್ಯಾರ್ಥಿಗಳು ಕೊಠಡಿಯಿಂದ ಹೊರಗೆ ಹೋಗತಕ್ಕದ್ದಲ್ಲ.
16. ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಪರೀಕ್ಷಾ ಕೊಠಡಿಯಲ್ಲಿ, ಚಹ/ಕಾಫಿ ಕುಡಿಯವುದಾಗಲಿ, ಸಿಗರೇಟು ವಗೈರೆ ಸೇದುವುದಾಗಲಿ ನಿಷೇಧಿಸಲಾಗಿದೆ. ಅವಶ್ಯವಿದ್ದರೆ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಕುಡಿಯುವ ನೀರನ್ನು ಅವರಿದ್ದ ಸ್ಥಳದಲ್ಲಿಯೇ ಪೂರೈಸಲಾಗುವುದು.
17. ನಿಗದಿಪಡಿಸಿದ ವೇಳೆಗೆ ವಿದ್ಯಾರ್ಥಿಗಳು ಅವರ ಸ್ಥಾನದಲ್ಲಿರದಿದ್ದರೆ ಅವರಿಗೆ ಪರೀಕ್ಷೆಗೆ ಹಾಜರಾಗಲು ಅನುಮತಿಸಲಾಗುವುದಿಲ್ಲ, ಸರಿಯಾದ ಕಾರಣಗಳಿದ್ದಲ್ಲಿ ಮಾತ್ರ ಅನುಮತಿಯನ್ನು ನೀಡಲು ಸಂಬಂಧಿಸಿದ ಮುಖ್ಯ ಮೇಲ್ವಿಚಾರಕರಿಗೆ ವಿವೇಚನಾ ಅಧಿಕಾರವನ್ನು ನೀಡಲಾಗಿದೆ.
18. ಮುಖ್ಯ ಅಥವಾ ಕೊಠಡಿ ಮೇಲ್ವಿಚಾರಕರು ನೀಡಿರುವ ಯಾವುದೇ ಸೂಚನೆಗಳಿಗೆ ಅವಿಧೇಯತೆ ತೋರುವ ಅಥವಾ ಒರಟಾಗಿ ನಡೆದುಕೊಳ್ಳುವ ಅಥವಾ ಅವಿಧೇಯತೆಯಿಂದ ವರ್ತಿಸುವ ಅಭ್ಯರ್ಥಿಯನ್ನು ಆ ಕೂಡಲೇ ಪರೀಕ್ಷಾ ಕೊಠಡಿಯಿಂದ ಹೊರ ಕಳಿಸಲಾಗುವುದು.
19. ವಿದ್ಯಾರ್ಥಿಗಳು ಉತ್ತರ ಪತ್ರಿಕೆಗಳಲ್ಲಿ ಕೇವಲ ನೀಲಿ/ಕಪ್ಪು ಶಾಹಿಯ (ಇಂಕ್) ಪೆನ್ನನ್ನು ಅಥವಾ ಬಾಲ್ ಪೆನ್ನನ್ನು ಮಾತ್ರ ಉಪಯೋಗಿಸಬೇಕು. ಯಾವುದೇ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿ ಶಾಹಿಯ ಬಣ್ಣವನ್ನು ಬದಲಾಯಿಸುವ ಹಾಗಿಲ್ಲ, ಒಂದು ವೇಳೆ ಅನಾನುಕೂಲತೆಯಿಂದಾಗಿ ಬಣ್ಣವನ್ನು ಬದಲಿಸುವುದಾದರೆ ಉತ್ತರಗಳನ್ನು ಬರೆಯುವುದಕ್ಕಿಂತ ಮೊದಲು ವಿಷಯವನ್ನು ಕೊಠಡಿಯ ಮೇಲ್ವಿಚಾರಕರಿಗೆ ತಿಳಿಸಿ ಅವರ ಸಹಿಯನ್ನು ಪಡೆಯಲು ಮರೆಯದಿರಿ.