



GOVERNMENT OF JAMMU AND KASHMIR
HEALTH AND MEDICAL EDUCATION DEPARTMENT
GOVERNMENT MEDICAL COLLEGE ANANTNAG

MAIN CAMPUS DIALGAM-192210 | ASSOCIATED HOSPITALS, JANGLAT MANDI & SHERBAGH-192101
E- mail Id- gmcantnag2018@gmail.com

Website: www.gmcantnag.net



No. GMCA/CES/01

Dated: 06 .06.2025

**Subject: Written Test for the recruitment of Senior Resident (Pathology)
advertised vide Advertisement Notice No. 07 GMCA of 2026, dated 02.04.2026
on contractual basis under S.O.364 held on 06.06.2026.**

The provisional key of Question Paper pertaining to the written test for the contractual post of Senior Resident (Pathology) under S.O.364 held on 06.06.2026 is hereby notified for seeking objection(s) from candidates.

| Q. No | Answer | Q. No. | Answer | Q. No | Answer | Q. No | Answer | Q. No | Answer |
|-------|--------|--------|--------|-------|--------|-------|--------|-------|--------|
| 1. | D | 11. | D | 21. | C | 31. | B | 41. | C |
| 2. | B | 12. | C | 22. | D | 32. | D | 42. | D |
| 3. | D | 13. | A | 23. | B | 33. | B | 43. | A |
| 4. | C | 14. | C | 24. | D | 34. | D | 44. | B |
| 5. | A | 15. | B | 25. | C | 35. | C | 45. | C |
| 6. | C | 16. | C | 26. | B | 36. | D | 46. | D |
| 7. | C | 17. | D | 27. | C | 37. | D | 47. | B |
| 8. | D | 18. | C | 28. | D | 38. | C | 48. | C |
| 9. | D | 19. | A | 29. | C | 39. | B | 49. | D |
| 10. | B | 20. | B | 30. | C | 40. | B | 50. | C |

If any candidate(s) feels that the key to any of the question(s) is wrong, he/she may give a representation on a prescribed format annexed as Annexure "A" along with documentary proof/evidence from a standard test book/reference and a fee of Rs. 300/- (in form of demand draft) per question (refundable in case of genuine/correct representation) to the Principal, Government Medical College, Anantnag within a period of two (02) days from the issuance of this notification.

Sd/-

Controller Examination
Government Medical College
Anantnag



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Annexure "A"

**Representation regarding objection(s) to any question/answer pertaining to Senior Resident
(Pathology) under S.O.364 Written Test held on 06.06.2026**

Name of Applicant: _____

Roll No. _____

Phone No. _____

Correspondence Address: _____

Demand Draft No. & Date _____

Candidate's Account No. (16 digit) & IFSC Code _____

| Question No. | Details of Objection | Detailed References |
|--------------|----------------------|---------------------|
| | | |

Signature of the Candidate

Note: Application for each question/answer shall be made on separate page in the given format.
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