

BENGAL SCHOOL OF TECHNOLOGY

(A College of Pharmacy)

Approved by Pharmacy Council of India, New Delhi

Affiliated to: Maulana Abul Kalam Azad University of Technology (MAKAUT) (Formerly known as West Bengal University of Technology) & West Bengal State Council of Technical and Vocational Education and Skill Development (WBSCT&VE&SD)

Accredited by NAAC, Accredited by NBA for B. Pharm

Sugandha, Delhi Road, Near Chinsurah Railway Station, Dist: Hooghly-712 102, West Bengal

Date: 02/04/2024

NOTICE

This is for information to all concerned that the additional classes for the "Slow Learners" will commence from 8th April 2024 (Monday) in the slots available in the regular class routine till the completion of this ongoing current semester class works. All the students who are identified as a Slow Learners by the respective subject teachers are instructed to attend the additional classes as scheduled by the respective subject teachers.

Note:

1. Students will be categorized as "Slow Learners" for subjects if they secured less than 50% marks in the relevant subject's in the CA3 Examination.
2. The list of the Slow Learners will be available with respective subject teachers.

 02/04/2024

OIC

Examination Cell



Principal

Bengal School of Technology

Copy to:

1. Faculty Notice Board
2. Student's Notice Board
3. All Concerned What's App group



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Sugandha, Delhi Road, Near Chinsurah Railway Station, Dist: Hooghly-712 102, West Bengal


Date: 01/04/2024

NOTICE

This is hereby informed to all the learned faculty members to identify the "Slow Learner" in their respective subjects based on their performance in the CA3 Exams. Further all faculty members are also requested to give additional attention as mentioned below to all Slow Learners:

- Additional Theory Classes.
- Provide some Study Materials.
- Provide some model questions & model answers.

Note: Students who have secured less than 50% mark in CA3 Examination can be considered as "Slow Learners"


01/04/2024

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Sugandha, Delhi Road, Near Chinsurah Railway Station, Dist: Hooghly-712 102, West Bengal

Date: 02/11/2023

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Date: 02/11/2023


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BENGAL SCHOOL OF TECHNOLOGY-- GPAT REGISTRATION FORM (2023-24)

* Indicates required question

1. Email *

2. Name *

3. Roll Number *

4. WhatsApp Number *

5. WILL COMPULSORILY ATTAIN ALL GPAT CLASSES & MOCK TESTS *

Mark only one oval.

Agree

Disagree

6. IF LOW ATTENDANCE MY NAME CAN BE DELETED FROM GPAT CLASSES *

Mark only one oval.

Agree

Disagree

Attested

Dr. P. Suresh

Principal

Bengal School of Technology

Sugandha, Delhi Road

Howrah, Pin-712102, W.B.



Estd: 2006

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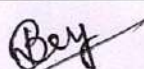
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Sugandha, Delhi Road, Near Chinsurah Railway Station, Dist: Hooghly-712 102, West Bengal

GPAT ROUTINE FOR B.PHARM 3RD YEAR & 4TH YEAR JANUARY 2024

NAME OF TEACHERS	DATE OF CONDUCTION OF CLASSES	DAY and TIME	TOPIC TO BE COVERED
Mrs. Trisha Chatterjee	19.01.2024	FRIDAY (4.10-5.10PM)	Pharm. Engineering
Mrs. Trisha Chatterjee	16.02.2024	FRIDAY (4.10-5.10PM)	Pharm. Engineering
Miss Arunima Nag	23.02.2024	FRIDAY (4.-5.10PM)	Tablets
Miss Arunima Nag	8.03.2024	FRIDAY (4.-5.10PM)	Preformulation study
Mrs. Saumya Das	15.3.2024	FRIDAY (4.-5.10PM)	Parenterals
Dr. Paramita Dey	29.3.2024	FRIDAY (4.-5.10PM)	Aerosols
Mrs. Dishari Dutta	05.04.2024	FRIDAY (4.-5.10PM)	Chemical Kinetics


Dr. Paramita Dey
Coordinator,
BST GPAT Committee

Dr. Paramita Dey
IQAC Coordinator
Bengal School of Technology
Sugandha, Delhi Road
Hooghly-712102


Dr. P. Suresh
Principal, BST

Dr. P. Suresh
Principal
Bengal School of Technology
Sugandha, Delhi Road
Pin-712102, Hooghly
West Bengal

Contact: 033-26866064/ 9073944794 E Mail: principal@bstpharmacy.in

Visit: www.bstpharmacy.in

Courses offered: D. Pharm, B. Pharm, M. Pharm (Pharmaceutics), M. Pharm (Pharmacology)



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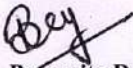
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
Estd: 2006

GPAT ROUTINE FOR B.PHARM 3RD YEAR & 4TH YEAR AUGUST 2023

NAME OF TEACHERS	DATE OF CONDUCTION OF CLASSES	DAY and TIME	TOPIC TO BE COVERED
Mrs. Trisha Chatterjee	04.08.2023	FRIDAY (4.10-5.10PM)	Pharm. Engineering
Mrs. Trisha Chatterjee	18.08.2023	FRIDAY (4.-5.10PM)	Pharm. Engineering
Dr. Paramita Dey	01.09.2023	FRIDAY (4.-5.10PM)	Parenterals
Miss Arunima Nag	15.09.2023	FRIDAY (4.-5.10PM)	Tablets
Mrs. Sangita Panja	29.09.2023	FRIDAY (4.-5.10PM)	Capsules


Dr. Paramita Dey
Coordinator,
BST GPAT Committee

Dr. Paramita Dey
IQAC Coordinator
Bengal School of Technology
Sugandha, Delhi Road
Hooghly - 712102


Dr. P. Suresh
Principal, BST

Dr. P. Suresh
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GPAT/2022-2023/MODEL QUESTION/PHARMACOLOGY/FULL MARKS 40 (2 marks each)

- Drugs are not suggested for oral route:
 - GTN
 - Insulin
 - Penicillin
 - All
- There is a 100% possibility of making insulin a parenteral formulation. But point out the area of administration-
 - S.C.
 - Intramuscular I.M.
 - I.V.
 - All
- Glucagon and Insulin effect on blood glucose level is called-
 - Physiological antagonism
 - Agonistic action
 - Active transport system action
 - None of these
- Point out the options from the following that states an example for physiological antagonism:
 - Alpha2 and beta2 receptor in terms of insulin action
 - Glucagon and insulin in terms of blood glucose level
 - Acetylcholine and histamine in terms of heart beat
 - All of these
- Sympathetic system is considered to be a main cause to exacerbate diabetes mellitus in patients.
 - TRUE
 - FALSE
- Insulin receptors are phosphorylated kinase residues of tyrosine kinase receptors
 - TRUE
 - FALSE
- Cox pathway can be responsible for hypoglycaemia
 - TRUE
 - FALSE
- Glucose metabolism is enhanced due to insulin like activity of-
 - Isoprenaline
 - Adrenalin
 - PGE2
 - Feedback mechanism of Anti-pituitary hormones
- Possible Drug interactions may be-
 - Aminophylline + insulin
 - Depot formulation of insulin
 - Sustained release insulin tablets and food
 - All of these
- Apart from GLUT receptors, IGF (insulin like growth factors) are also responsible for


Attested


Dr. P. Suresh
Principal

Bengal School of Technology
Sugandha, Delhi Road
Hooghly, Pin-712102, W.B.

11. Vagal tone apart from regulating heart rate is also responsible for hypoglycaemia
a. TRUE
b. FALSE
12. Transcription, translocation both processes are responsible for insulin biosynthesis
a. TRUE
b. FALSE
13. Which of the following confirmed values meet the diagnostic threshold for diabetes?
a. fasting blood glucose? 140 mg/dl
b. random glucose > 160 mg/dl
c. 2 hour post prandial glucose \geq to 126 mg/dl
d. fasting blood glucose \geq 126 mg/dl
14. Point out the correct option from the following-
a. Thyroid hormone acts upon nuclear receptor
b. It acts on cell surface receptors
c. Both a & b
d. Only b
15. Transcriptional changes followed by protein synthesis are brought about by the action of Thyroid hormone
a. TRUE
b. FALSE
16. A person treated with Levodopa will have less release of TSH
a. TRUE
b. FALSE
17. T3 and T4 has sympathomimetic action on cardiac muscles
a. TRUE
b. FALSE
18. Atrial fibrillation can be a cause of hyperthyroidism
a. TRUE
b. FALSE
19. Hypothyroidism reduces the myocardial O₂ consumptions
a. TRUE
b. FALSE
20. Thyrotropin has a therapeutic use in myxedema
a. TRUE
b. FALSE

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GPAT/2022-2023/MODEL QUESTION/PHARMACOLOGY/FULL MARKS 40 (2 marks each)

1. Drugs are not suggested for oral route:

- a. GTN
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- c. Penicillin
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2. There is a 100% possibility of making insulin a parenteral formulation. But point out the area of administration-

- a. S.C.
- b. Intramuscular I.M.
- c. I.V.
- d. All

3. Glucagon and Insulin effect on blood glucose level is called-

- a. Physiological antagonism
- b. Agonistic action
- c. Active transport system action
- d. None of these

4. Point out the options from the following that states an example for physiological antagonism:

- a. Alpha2 and beta2 receptor in terms of insulin action
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5. Sympathetic system is considered to be a main cause to exacerbate diabetes mellitus in patients.

- a. TRUE
- b. FALSE

6. Insulin receptors are phosphorylated kinase residues of tyrosine kinase receptors

- a. TRUE
- b. FALSE

7. Cox pathway can be responsible for hypoglycaemia

- a. TRUE
- b. FALSE

8. Glucose metabolism is enhanced due to insulin like activity of-

- a. Isoprenaline
- b. Adrenalin
- c. PGE2
- d. Feedback mechanism of Anti-pituitary hormones

9. Possible Drug interactions may be-

- a. Aminophylline + insulin
- b. Depot formulation of insulin
- c. Sustained release insulin tablets and food
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10. Apart from GLUT receptors, IGF (insulin like growth factors) are also responsible for


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Sugandha, Delhi Road, Near Chinsurah Railway Station, Dist: Hooghly-712 102, West Bengal

Date - 30/8/24

Mock Test - 4

5

GPAT MOCK TEST QUESTIONS

Answer the following questions:

- Identify the potent macrolide that act as 2nd line drug in multidrug regimen of tuberculosis.
a) Roxithromycin b) Erythromycin c) Clarithromycin d) Telithromycin ✓
- Which fluoroquinolone possess the longest plasma half-life?
a) Gatifloxacin b) Ciprofloxacin c) Sparfloxacin d) Gemifloxacin ✓
- Which of these penicillinase resistant penicillins is highly acid unstable?
a) Oxacillin b) Cloxacillin c) Ampicillin d) Methicillin ✓
- Which of these cephalosporins can be used clinically in Methicillin resistant Staphylococcus infection?
a) Cefuroxime b) Ceftaroline c) Cefepime d) Ceftriazone
- Name the β lactamase inhibitor that is used along with ampicillin to treat gonorrhoea.
a) Sulbactam b) Tazobactam c) Clavulanic acid d) Avibactam ✗
- Identify the most potent anti-pseudomonal penicillin among the following options.
a) Piperacillin b) Carbenicillin c) Methicillin d) Penicillin V
- At which stage of whooping cough, macrolide antibiotics show maximum bacteriocidal effect?
a) Cattarhal Stage b) Convalescent stage c) Paroxysmal stage d) Prophylactic phase ✗
- Which generation fluoroquinolone require single dosing for patient?
a) 1st b) 2nd c) 4th d) 3rd ✗

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9. Torsades de pointes (QT prolongation) is common adverse effect of fluoroquinolones. Identify the drug that doesn't show this effect.

- a) Levofloxacin b) Moxifloxacin c) Gatifloxacin d) Ofloxacin

10. Imipenem can be hydrolyzed by carbapenemase enzyme produced by

- a) Enterobacteriaceae b) *Streptomyces clavuligerus* c) *Klebsiella pneumoniae* d) *Neisseria gonorrhoeae*

11. Jarisch-Herxheimer Reaction from administering penicillin G occurs due to lytic product of-

- a) *Rickettsia* b) Spirochete c) *Listeria* d) *Mycoplasma*

12. 2nd generation cephalosporins are not suitable for-

- a) UTI b) Influenza c) Sinusitis d) Anaerobic infections

13. Identify the drug that has highest activity against carbapenemase enzyme of *Klebsiella* bacteria.

- a) Tazobactam b) Relebactam c) Avibactam d) Salbactam

14. Which of the following doesn't require the combination with dehydropeptidase inhibitors? i. Doripenem ii. Imipenem iii. Ertapenem iv. Meropenem v. Panipenem

- a) iii, iv, v
b) i, ii, iv
c) ii, iii, v
d) i, iii, iv

15. Identify the drugs that can be used in community-acquired pneumonia.

i. Gentamycin, ii. Ceftobiprole, iii. Trimethoprim, iv. Ceftriaxone, v. Ceftolozane

- a) i, iv & v
b) ii, iii & v
c) only ii
d) ii & iv

16. Which of these drugs cannot be used against MRSA?

- a) Delafloxacin
b) Ceftaroline
c) Imipenem
d) Ertapenem

17. Methicillin is sensitive towards-

- a) Cephalosporinase producing *Staphylococcus aureus*
b) Methicillin resistant *Staphylococcus aureus*
c) Penicillinase producing *Staphylococcus aureus*
d) Non-penicillinase producing *Staphylococcus aureus*

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Principal
Bengal School of Technology
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Hooghly, Pin-712102, W.P.

18. Which of these antimicrobial drugs cannot be employed in anaerobic infections?

- i. Penicillin G, ii. Ertapenem, iii. Doripenem, iv. Imipenem, v. Cefixime
- a) i, iv, v
b) ii, iv, v
c) i, iii, iv
d) iii, iv, v

19. FQs acts by inhibiting bacterial topoisomerase IV enzyme. Which of these following effects is actually shown by topoisomerase IV in bacterial DNA pre-replication process?

- a) Positive DNA coiling
b) Sealing of both DNA strands
c) Sealing of one DNA strand
d) Nicking of both DNA strands

20. Penicillin acts by inhibiting the transpeptidation of-

- a) L-Ala of NAM with D-Ala-L-Lys-[Gly]₅ of NAG
b) D-Ala of NAM with L-Lys-[Gly]₅ of NAM
c) L-Ala of NAG with D-Ala-L-Lys-[Gly]₅ of NAG
d) D-Ala of NAG with L-Lys-[Gly]₅ of NAM

21. Which of these is safe but should not clinically used in complicated UTI?

- a) Ofloxacin
b) Levofloxacin
c) Ciprofloxacin
d) Norfloxacin

22. Which of these statements is/are related to advantage of Azithromycin as compared to other macrolides?

- i. Activity against H.pylori is better in Clarithromycin
ii. Three times a day dosing is required in erythromycin
iii. 'Croup' is eradicated at the paroxysmal stage in Whooping Cough
iv. Clarithromycin inhibits hepatic oxidation of carbamazepine by cytochrome P450 enzyme inhibition
v. Telithromycin shows QT prolongation like adverse effects to majority of patients
vi. Clarithromycin is a second-line drug in Tuberculosis in AIDS patient

- a) i, iii, vi
b) ii, iv, v
c) ii, iii, vi
d) i, ii, iv, v

23. 5th generation cephalosporin, Cefotazone is often combined with-

- a) Sulbactam.
b) Aztreonam
c) Tazobactam
d) Cilastatin

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24. If a patient doesn't respond to fluoroquinolones against infections caused by *S. typhi*, then which combination can be indicated as an alternative as empirical therapy?

- a) Ceftriaxone + Cefuroxime
- b) Cefaclor + Cefoperazone
- c) Ceftriaxone + Cefoperazone
- d) Ceftaroline + Gentamycin

25. Chloramphenicol acts by-

- a) Binding to 30S subunit and prevent access of aminoacyl-tRNA to the site A on the mRNA template
- b) Bind to 30S-50S complex and prevent the site P on the mRNA template
- c) Binds to 50S subunit near the A site
- d) Binds to 50S subunit near the E site

8
—
25

- 3 = 5

3/9/24

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ANIKET MANDAL, (4th, 7th Sem)

1930L921007.

GPAT MOCK TEST QUESTIONS

Test-4

30/08/24.

1.5

Answer the following questions:

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a) Roxithromycin b) Erythromycin c) Clarithromycin d) Telithromycin ✓
2. Which fluoroquinolone possess the longest plasma half-life?
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- a) Enterobacteriaceae b) *Streptomyces clavuligerus* ~~c) *Klebsiella pneumoniae*~~ d) *Neisseria gonorrhoeae* ✓

11. Jarisch-Herxheimer Reaction from administering penicillin G occurs due to lytic product of-

- ~~a) Rickettsia~~ b) Spirochete c) Listeria d) Mycoplasma ✗

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- c) i, iii, iv
- d) iii, iv, v

19. FQs acts by inhibiting bacterial topoisomerase IV enzyme. Which of these following effects is actually shown by topoisomerase IV in bacterial DNA pre-replication process?

- a) Positive DNA coiling
- b) Sealing of both DNA strands
- c) Sealing of one DNA strand
- d) Nicking of both DNA strands

20. Penicillin acts by inhibiting the transpeptidation of-

- a) L-Ala of NAM with D-Ala-L-Lys-[Gly]₅ of NAG
- b) D-Ala of NAM with L-Lys-[Gly]₅ of NAM
- c) L-Ala of NAG with D-Ala-L-Lys-[Gly]₅ of NAG
- d) D-Ala of NAG with L-Lys-[Gly]₅ of NAM

21. Which of these is safe but should not clinically used in complicated UTI?

- a) Ofloxacin
- b) Levofloxacin
- c) Ciprofloxacin
- d) Norfloxacin

22. Which of these statements is/are related to advantage of Azithromycin as compared to other macrolides?

- i. Activity against H.pylori is better in Clarithromycin
- ii. Three times a day dosing is required in erythromycin
- iii. 'Croup' is eradicated at the paroxysmal stage in Whooping Cough
- iv. Clarithromycin inhibits hepatic oxidation of carbamazepine by cytochrome P450 enzyme inhibition
- v. Telithromycin shows QT prolongation like adverse effects to majority of patients
- vi. Clarithromycin is a second-line drug in Tuberculosis in AIDS patient

- a) i, iii, vi
- b) ii, iv, v
- c) ii, iii, vi
- d) i, ii, iv, v

23. 5th generation cephalosporin, Ceftriaxone is often combined with-

- a) Sulbactam.
- b) Aztreonam
- c) Tazobactam
- d) Cilastatin

Attested

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24.If a patient doesn't respond to fluoroquinolones against infections caused by *S.typhi*, then which combination can be indicated as an alternative as empirical therapy?


- a) Ceftriaxone + Cefuroxime
- b) Cefaclor + Cefoperazone
- c) Ceftriaxone + Cefoperazone
- d) Ceftaroline + Gentamycin

25.Chloramphenicol acts by-

- a) Binding to 30S subunit and prevent access of aminoacyltRNA to the site A on the mRNA template
- b) Bind to 30S-50S complex and prevent the site P on the mRNA template
- c) Binds to 50S subunit near the A site
- d) Binds to 50S subunit near the E site

$\frac{6}{25} - 4.5 \times 1.5$
99/24

Attested


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2023-2024

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Sr. No.	Roll No.	Name of Students	Date of												classes	
			04.08.2023	18.8.2023	01.9.2023	15.9.2023	29.9.2023	19.1.2024	10.2.2024	24.2.2024	8.3.2024	15.3.2024	29.3.2024			
	1	Ankita Chosh	P	P	A	P	P	P	P	P	P	P	P	P	P	A
	2	Binoy Patra	A	P	P	P	P	P	P	P	P	P	P	P	P	A
	3	Hrishankar Maity	P	P	P	P	P	P	P	P	P	A	P	P		P
	4	Bratati Dutta	P	A	P	P	P	P	P	P	P	P	P	A		P
	5	Prabal Kumar Debnath	P	P	P	A	P	P	P	P	P	P	P	P		P
	6	Rajdip Mallick	P	P	P	P	P	P	P	P	P	P	P	P		P
	7	Rounodip Adak	A	P	P	P	P	P	P	P	P	P	A	P		P
	8	Sounita Pan	P	P	P	P	P	A	P	A	P	P	P			P
	9	Sunmit Kesari	P	P	P	P	P	P	P	A	P	P	P			P
	10	Suman Kundu	P	A	P	A	P	P	P	P	P	P	P			P
	11	Sushreya Debnath	P	P	P	P	P	A	P	P	P	P	P			P
	12	Sunmit Pal	P	P	P	P	P	P	P	P	P	A	P			P
	13	Shreyashi Banerjee	P	P	P	P	P	P	P	P	P	P	P			P
	14	Mansij Nandi	P	P	P	P	P	P	P	P	A	P	P	P		P
	15	Koniki Sarkar	P	P	P	P	P	P	P	P	A	P	P	P		P
	16	Soujanya Ghosal	P	A	P	P	P	P	P	P	P	P	P	A		P
	17	Subhayan Kundu	A	P	P	P	P	P	P	P	P	P	P	P		A
	18	Aniket Mandal	P	P	P	P	A	P	P	P	P	P	P	P		P
	19	Sounik Chosh	P	A	A	P	P	P	P	P	P	P	P	P		P
	20	Aritsh Ghoshal	P	A	P	P	P	P	P	P	P	P	P	P		P
	21	Sukarna Kundu	P	P	A	P	P	P	P	A	P	P	P	P		P
	22	Arghya Chosh	P	P	P	P	P	P	P	P	P	P	P	P		P
	23	Debanjan Majhi	P	P	P	P	P	P	P	P	P	P	P	P		P
	24	Archita Banerjee	P	P	A	P	P	P	P	P	A	P	A			P
	25	Sabham Mukherjee	A	P	P	P	P	P	A	P	P	P	P			P
	26	Manas Manna	P	P	P	P	P	P	A	P	P	P	P			P
	27	Jyadratha Chosh	P	P	P	P	A	P	P	P	P	P	P			P
	28	Andush Chosh	P	A	P	P	A	P	P	P	P	P	P			P
	29	Susmita Das	P	P	P	P	P	P	P	P	P	P	P			P
	30	Anibrata Kundu	P	P	P	A	P	P	P	P	P	P	P			P
	31	Deblina Mondal	P	P	P	A	P	P	P	P	P	P	P			P
No. Present daily																
No. Absent daily																
Signature of Teacher		Dr. P. Suresh Principal	