



MCQ Development
Stage 2 – Form
 MCQ SUBMISSION FORM



Date		Exam	MBBS/DPT/Other.....
Name of Author		Designation	

Speciality		Area/Topic	
Theme		Sub-theme (objective)	
Reference (Name of book/Edition/Chapter/Page number /year)			

QUESTION STEM (SCENARIO): Not more than 100 words

LEAD IN:

OPTION LIST (IN A LOGICAL ORDER)

A.
B.
C.
D.
E.

KEY: Correct option is (A, B, C, D or E)

IMPORTANCE: Essential / Important / Supplementary

DIFFICULTY: Hard / Moderate / Easy

COGNITION LEVEL: C1 / C2 / C3

Author's Name: _____ **Signature:** _____ **Date:** _____

For office use only: Reviewed by.....date...../...../.....
 Approved/Not approved/Restructured Signature Reviewer