

**TATA INSTITUTE OF SOCIAL SCIENCES,  
MUMBAI / TULJAPUR / GUWAHATI / HYDERABAD**

**Research Aptitude Test (RAT)**

**M.Phil/Ph.D. Programmes**

**Mock Question Paper**

**INSTRUCTIONS**

1. This paper is common to both **M.Phil.** and **Ph.D.** candidates.
2. The scoring for **RAT** is **100 marks** and the personal interview is for **100 marks**. RAT will assess research and analytical abilities and the personal interview will assess your research aptitude, competence, subject knowledge and suitability to join the research stream.
3. The duration of the test paper is for 2 hours, carrying **100 marks**. For applicants applying for two programmes, the duration will be three hours.
4. The test paper consists of **Part-I** and **Part-II**. You are expected to answer both the parts.
5. **Part-I** will assess analytical skills and it is for **40 marks**. You are required to answer one question from this part.
6. **Part-II** will assess conceptual and interpretative skills and it is for **60 marks**. These questions will assess your subject specific competence in answering the questions. Detailed instructions are provided later in the question paper. Each answer carries **20 marks**.
7. **Write your Hall Ticket No** and **Answer Sheet id Key** legibly in the boxes below. Do not write your name on the **Answer Sheet**.
8. Hand over the test paper upon completion to the invigilator without fail. Please do not attempt to tear pages or take the question paper with you. Any attempt to do so will lead to non-evaluation of your paper.

**SCENARIO 1:** Candidates who have applied and have been short listed for **more than one** programme would write the RAT exam for three hours. Such students, after completing **Part-I** of the paper will have to answer two sections of **Part-II** (those specific to the programmes that they have applied for). For instance, candidates who have applied and have been short-listed for Development Studies and Women Studies must answer three questions each from the sections on Development Studies and Women Studies. Please note that each new section within **Part-II** must be answered in a separate answer book as provided to you.

**SCENARIO 2:** Candidates who have applied and have been short listed for Social Sciences, Education or Women Studies in more than one campus (Mumbai/Hyderabad/Guwahati) will write the RAT only for two hours. They must answer the questions in Part II that are specific to the Women studies/Social Sciences/Education programme.

**SCENARIO 3:** Candidates who have applied and have been short listed for both the M.Phil. and Direct Ph.D. for the same programme will write the RAT for only two hours as the paper is common for both M.Phil. and Direct Ph.D. candidates.

**HALL TICKET NO.**

**ANSWER SHEET id KEY**

**INVIGILATOR'S SIGNATURE**

Marks Obtained:

	<b>Programme 1</b>	<b>Programme 2</b>
<b>For PART I:</b>	<input type="text"/>	<input type="text"/>
<b>For PART II:</b>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

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**Examiner's Signature with Date**

**PART I:  
ANALYTICAL SKILLS**

**(40 Marks)**

*Part I contains four questions. The candidate should attempt any ONE of them.*

**QUESTION 1: Study Table 1 and answer the questions given below:**

**Table 1: Monthly Per Capita Expenditure (in Rupees) of different consumer services among total expenditure on consumer services**

Services	Rural MPCE in Rupees	Urban MPCE in Rupees
Transport Services	64.01	163.94
Domestic services	2.47	47.14
Barber& beauty shops	15.89	34.86
TV & radio services	15.18	39.78
Laundry, dry cleaning, etc.	2.02	13.78
Repair & maintenance	14.73	26.21
Communication	36.35	102.46
Religious services	12.83	22.15
Recreational & cultural services	12.33	38.71
Funeral/burial/cremation-related services	1.81	5.53
Business services	1.85	13.7
Services incidental to transport	0.2	1.9
Other services not elsewhere covered	12.91	18.37
Tailoring services	14.61	22.79
Sewage disposal & sanitation	0.31	1.76
Repair & maintenance of selected items, hotel lodging charges, etc	55.77	88.28
Food expenditure in hotels	68.48	178
<b>Total</b>	<b>331.75</b>	<b>819.36</b>

Note: MPCE: Monthly per capita Consumption Expenditure

Source: Key Indicators of Household Expenditure on Services and Durable Goods, National Sample Survey 72nd round, 2014-15, Ministry of Statistics and Programme Implementation, Govt. of India

Question 1a: Compare the regional differences in the monthly per capita consumption expenditure on services. (250 words)

Question 1b: As per the table what are the major services that account for more than fifty percent of the consumption expenditure across rural and urban regions respectively. (250 words)

**QUESTION 2: Study Table 2 and answer the questions given below:**

Table 2: Prevalence of ailments by selected background characteristics of individuals in India, 2004 (Per thousand population)

	<b>Any ailment</b>	<b>Acute</b>	<b>Chronic</b>	<b>other</b>
<b>Age</b>				
0-9	89	69	5	14
10-19	45	28	8	9
20-49	71	30	26	16
50-59	139	48	73	23
60+	310	80	218	42
<b>Sex</b>				
Male	86	44	30	15
Female	97	43	40	18
<b>Education</b>				
Illiterate	110	44	52	20
Literate up to 7th standard	85	44	29	15
Middle complete or higher	79	41	27	14
<b>Caste</b>				
ST	58	34	15	10
SC	88	45	28	16
OBC	88	43	32	16
Others	106	44	48	19
<b>Household Monthly Consumption Expenditure</b>				
Q1	70	36	22	13
Q2	82	43	25	16
Q3	90	46	31	15
Q4	105	49	41	18
Q5	124	45	66	22
<b>Place of residence</b>				
Rural	88	44	31	16
Urban	99	40	47	18
<b>Season</b>				
January-March	97	46	37	17
April-June	85	41	37	16

Note. Prevalence of acute, chronic and 'other' ailments may not add up to prevalence of any ailment because of co-morbidity.

Question 2: Interpret the results presented in Table 2 above. According to you, what could be the major factors contributing to the gender and rural-urban differences observed? (500 words)

**QUESTION 3: Read the following passage and answer the questions below:**

**Costs of Breathing**

The findings of research published in the *Lancet Planetary Health* validate that Indians suffer from disproportionately high mortality and disease burden on account of polluted air. The results are disquieting, for they point to a looming public health emergency that necessitates a renewed focus on mitigating the hazards of air pollution in India, which has one of the highest levels of exposure to air pollution levels globally. Until now, the extent and scale of the risks to health and longevity posed by air pollution in India were not fully recognised.

The study, conducted jointly by a team of scientists from different institutions spread across India, estimated the impact of exposure to air pollution—including ambient particulate matter pollution and household air pollution—across states in 2017, categorised into three socio-demographic index (SDI) levels, on deaths, disease burden and life expectancy. It revealed that in India, the annual population weighted mean exposure to ambient particulate matter, PM<sub>2.5</sub>, in 2017 was 89.9µg/m<sup>3</sup>, which was one of the highest in the world. None of the states in India could comply with the World Health Organization (WHO)-recommended norm of ambient particulate matter air quality of less than 10µg/m<sup>3</sup>. Moreover, about 77% of the population was exposed to pollution levels higher than 40µg/m<sup>3</sup>, the level recommended by the National Ambient Air Quality Standards (NAAQS).

Air pollution caused more disease burden in India than tobacco use, leading to respiratory infections, diseases of the lungs and heart, stroke and diabetes. The study estimated that about 1.24 million deaths in 2017 were attributable to air pollution. Of these, about 51.4% were of persons aged less than 70 years. The average life expectancy would have been higher by 1.7 years had the air pollution level been less than the minimal level. However, there were large variations between the states in exposure to ambient particulate matter pollution and household air pollution, and therefore, in their concomitant impacts. Uttar Pradesh, Haryana, Delhi, Punjab and Rajasthan had the highest ambient particulate matter pollution disability-adjusted-life-year (DALY) rate, while the states of Chhattisgarh, Rajasthan, Madhya Pradesh and Assam had the highest household air pollution DALY rate. Thus, air pollution was not only confined to urban areas or cities alone, but affected rural regions as well, with rural Indians affected more disproportionately due to the burning of solid fuels.

Air pollution caused by industries, vehicle emissions, burning of crop residue and construction activities has only continued to grow over time as the economy grew. The case of New Delhi which bears the brunt of toxic smog year after year, especially during the winter season, had forced the government to take note and act. It is time to acknowledge that the economic costs of pollution are too high to ignore. The health risks caused by air pollution also incur substantial costs to the economy. A study by the World Bank and University of Washington, published in 2016, estimated welfare losses due to air pollution for India at \$505.1 billion (2011 purchasing power parity [PPP]-adjusted) in 2013. India also

reported the highest forgone labour output due to air pollution globally in 2013 which was estimated at \$55.39 billion (2011 PPP-adjusted). Together, welfare losses and forgone labour output put India's gross domestic product loss in 2013 at more than 8.5%. Therefore, air pollution could effectively undermine economic growth.

The central government, however, began acknowledging the hazards posed by air pollution only recently as it steadily worsened over time. The government acknowledged air pollution as a pan-India problem with the drafting of the National Clean Air Programme (NCAP), which was intended to build and strengthen the institutional capacity to monitor air quality across India, carry out indigenous studies to understand the health impacts of air pollution and create a national emission inventory. However, the programme has been criticised by environmentalists for lack of clear reduction targets and strategies to ensure compliance to standards within a specified time frame. The criticisms are especially pertinent as the government has recently relaxed regulations for polluting coal-fired thermal power plants which were required to comply with emission standards by December 2017, granted exemption to new plants from complying with legally-binding pollution standards and did away with environmental impact assessments for big construction projects. These exemptions raise doubts on the government's commitment to mitigate the burgeoning problem of air pollution in the country, for the challenge of controlling air pollution would require not only coordination across regional boundaries, but also political and public will as well as action at the ground level.

(Source: *Economic and Political Weekly*, December 15, 2018)

Question 3a: Examine the impact of air pollution in India. (250 words)

Question 3b: Discuss the ways to mitigate the problem of air pollution in the country. (250 words)

**QUESTION 4: Read the following passage and answer the questions below:**

#### **The Dark Truth About Chocolates**

Chocolate has been touted as a treatment for agitation, anemia, angina and asthma. It has been said to awaken appetite and act as an aphrodisiac. The seeds of the *Theobroma cacao* tree have, over hundreds of years, been linked to cures and therapies for more than 100 diseases and conditions. Their status as a cure-all dates back over 2,000 years, having spread from the Olmecs, Maya and Aztecs, via the Spanish conquistadors, into Europe from the 16th century.

The 19th century saw chocolate drinking become cheap enough to spread beyond the wealthy, the invention of solid chocolate and the development of milk chocolate. Later came the added sugar and fat content of today's snack bars and Easter eggs, which time-travelling Aztecs would probably struggle to associate with what they called the food of the gods.

Recent years have seen chocolate undergo another transformation, this time at the hands of branding experts. Sales of milk chocolate are stagnating as consumers become more health-conscious. Manufacturers have responded with a growing range of premium products

promoted with such words as organic, natural, cacao-rich and single-origin. The packets don't say so, but the message we're supposed to swallow is clear: this new, improved chocolate, especially if it is dark, is good for your health. Many people have swallowed the idea that it's a "super-food". Except it isn't. So how has this magic trick-like metamorphosis been achieved?

Its foundations lie in chocolate manufacturers having poured huge sums into funding nutrition science that has been carefully framed, interpreted and selectively reported to cast their products in a positive light over the last 20 years. For example, studies published last year found [chocolate consumers to be at reduced risk of heart flutters](#), and that women who eat chocolate are less likely [to suffer from strokes](#). Consuming chemicals called flavanols in cocoa was also linked to reduced blood pressure. In 2016, eating chocolate was linked to [reduced risks of cognitive decline](#) among those aged 65 and over, while cocoa consumption was linked to improved insulin sensitivity and lipid profiles – markers of diabetes and cardiovascular disease risk.

Research has repeatedly shown that when food companies are paying, they are more likely to get helpful results. US researchers who reviewed 206 studies about soft drinks, juice and milk, for example, found that those receiving industry money were six times more likely to produce favourable or neutral findings than those that did not.

The public are also misled into believing chocolate is healthy through what scientists refer to as the "file drawer effect". Two of the aforementioned studies – those on blood pressure and markers of cardiovascular health – are meta-analyses, meaning they pool the results of previously published research. The problem is that science journals, like the popular media, are more likely to publish findings that suggest chocolate is healthy than those that conclude it has no effect, which skews meta-analyses.

In 2000, a Channel 4 documentary reported on the use of child labour and slavery in cocoa production operations in Ghana and Ivory Coast – the source of most of the world's chocolate. This triggered a wave of media reports and negative publicity. Some say the industry poured money into science at this time to divert attention away from West Africa.

The role of the media in helping chocolate makers exploit our failure to grasp the complexities of nutrition science was laid bare in a 2015 exposé. German television journalists set up a three-week "study" in which they asked one group of volunteers to follow a low-carb diet, another to do the same but add a daily chocolate bar, a third to make no change to their diet. Both low-carb groups lost an average of 5lb, but the chocolate group lost weight faster. By measuring 18 different things in a small number of people, the spoofers made it likely they would find "statistically significant" but fake benefits of eating chocolate.

Question 4a: What factors enabled the transformation of chocolate into a 'super-food'?  
(250 words)

Question 4b: . How does the above article address the issue of ethics in scientific research?  
(250 words)

**PART II:  
CONCEPTUAL AND INTERPRETATIVE SKILLS**

**(60 Marks)**

***This part will assess your subject specific competence in answering the questions. Indicate the question number that you are attempting correctly.***

- a) Candidates must answer questions that are specific to the programme that they have applied for.
- b) Attempt any three questions out of the six given in each set.
- c) Each question carries 20 marks (each answer can be of about 500 words).
- d) Candidates who have applied for two programmes will have to answer questions specific to both programmes. Extra time of one hour will be given to those candidates.

**PROGRAMME (A)  
HABITAT STUDIES**

- AQ1: Housing rights are the basis of right to city. Comment on this statement, explaining both the concept of housing rights as well as right to city.
- AQ2: What are the different ways in which housing contributes to emissions? How can we shift towards more sustainable housing?
- AQ3: Discuss the framework of price (or tariff) regulation in infrastructure sector in India. What are the economic and socio-political dimensions of pricing in electricity or water sector? Discuss whether the current price regulation framework gives due considerations to the socio-political dimensions?
- AQ4: How are the policy challenges in water sector different among the various other infrastructure-based sectors like electricity or transport? Explain whether the current policy and regulatory framework is capable to address these challenges.
- AQ5: What are the different components of the sanitation chain? Comment on how Indian metropolises perform regarding various elements of the sanitation chain and mention where is the need for improvement.
- AQ6: Robots can end the caste based exploitation of the sewer workers. Critically comment on this.

**PROGRAMME (B)  
PUBLIC HEALTH**

- BQ1: “The burden on non-communicable diseases is increasing in low and middle income countries”. Discuss.
- BQ2: Discuss the health related issues among geriatric population in India. According to you what are the areas that require urgent attention in order to improve geriatric health in India.
- BQ3: “Violence against women in India is an urgent public health priority”. Discuss.
- BQ4: Discuss the ways through which economic inequities result in health disparities.
- BQ5: What are the major public health challenges faced by tribal population of India?
- BQ6: What is the role of central government in improving health services coverage among vulnerable groups in India? Substantiate your answer with examples.



**PROGRAMME (C)**  
**HEALTH SERVICES MANAGEMENT**

- CQ1: “The budgetary allocation to National Health Protection Scheme is inadequate to provide reasonable care to the target population”. Discuss this statement.
- CQ2: “There should be regulation to cap the price of hospital services”. Critically examine the statement.
- CQ3: What are the similarities and differences between the health care provided by public sector and private sector in India? Give appropriate examples.
- CQ4: Critically explain the issues related to surrogacy in India. Discuss this with reference to proposed legislation.
- CQ5: What are the challenges that AYUSH faces in catering to the health needs of urban India? In your opinion how can these challenges be dealt with?
- CQ6: Examine the opportunities for social entrepreneurship in health and allied sectors based on the recent policies and programs of the Government of India?

**PROGRAMME (D)**  
**MANAGEMENT AND LABOUR STUDIES**

- DQ1: The top management of a growing organisation wants to get their organisational values and culture right. As a consultant, the organisation wants you to make suggestions on the same. However, you first need to understand the existing culture and value system in the organisation. How will you understand the existing culture and value system in the organisation?
- DQ2: “Social entrepreneurship can be used as a tool for empowering women”. Justify this statement with the examples of existing practices in India.
- DQ3: Discuss the importance of protecting high performers from burnout. What strategies do you recommend for the same?
- DQ4: Discuss the problems and prospects of Immigration, Labour Markets and Employment Relations.
- DQ5: What indicators can be used for assessing the effectiveness of entrepreneurship education in India?
- DQ6: ‘Getting appropriate skills mitigates persons from potential job losses’. Does this adage hold true for all jobs? Discuss.

**PROGRAMME (E)**  
**SOCIAL WORK**

- EQ1: Globalisation has impacted India’s informal economy. Discuss the issues and scope for social work research and intervention.
- EQ2: Child participation is critical to empowerment of children. Comment.
- EQ3: Global climate change is likely to cause greater hardship and impoverishment for rural poor and tribal people in the global south who are dependent on natural resource based livelihoods. Discuss any one policy or legislation that can enable governments to address this issue.
- EQ4: A substantial proportion of the world's 795 million people who are unable to meet daily food needs are food-producers, such as small-scale farmers and fishers (FAO, 2015). Policies and programs have to increasingly seek to address the co-occurrence

of malnutrition and food insecurity in farming households by improving nutrition through agriculture. Do you agree with the above statements? If so, what kind of strategies will you suggest to enhance nutrition and food security among farming households?

EQ5: Reports of violence in state run residential schools for marginalized social groups in rural and urban areas is an increasing cause of concern. What could be the possible consequences of this phenomenon for poorer households?

EQ6: The 10% reservations for economically backward general category has unintended consequences that will further disparity. Debate and support your arguments

### **PROGRAMME (F)**

#### **PSYCHIATRIC SOCIAL WORK**

FQ1: Kiran is a 17 year old boy, doing his HSC, coming from a middle socio-economic background. His parents brought him to the hospital with the complaints of substance (*ganja*) abuse in withdrawal state. It's found that along with *ganja* he uses other substances and shows violent behaviour under intoxication. He was irregular in his classes for the last six months and is currently showing withdrawn behaviour, low mood and loss of interest in day to day activities. The history reveals an episode of suicidal attempt three months back by consuming sleeping tablets. As a social worker in a multi-disciplinary team if you have to make an intervention plan for Kiran, what would it look like? Explain in detail.

FQ2: Dementia is emerging as a public health concern in India - what are the various programmatic interventions that can be initiated to respond to this?

FQ3: The National Mental Health Programme (NMHP) of India has failed in achieving its objectives. Do you agree/ disagree? Explain.

FQ4: What is the relevance of institution-based/ mental hospital-based model of care in 21st century India? Explain.

FQ5: Disability adjusted life years as an adequate measure to understand mental health problems of a country. Comment.

FQ6: A researcher wants to study Non-Suicidal Self Injury using a mixed methodology approach. The researcher wants to undertake this study with adolescents between 13-17 years. The research questions will be about adolescents' understanding of and engagement in non-suicidal self-injurious behaviours. What are some of the ethical issues the researcher needs to take into consideration while involving adolescents in the said research? How should these be addressed while designing the study?

### **PROGRAMME (G)**

#### **EDUCATION**

GQ1: Artificial Intelligence (AI) solutions has opened varied possibilities for teaching and learning in education. Current limitations in technology do not allow AI to replace teachers but are presenting the real possibility of replacing them in the near future. Critically discuss the role of teachers within this scenario.

GQ2: "Despite strong economic and social evidence of high returns to female education, most communities continue to underinvest in female education relative to male education." Discuss the reasons for lack of support to female education in India.

GQ3: Every child has a right to an education. This right also includes their right to be safe, to be listened to and to be respected while they are in the school. Discuss the role of

schools within the Indian context as an environment where rights are promoted and protected and children and young people understand them.

- GQ4: What are the main features of Basic Education Scheme proposed by Mahatma Gandhi, how is it different from project method proposed by John Dewey and W. H. Kilpatrick.
- GQ5: Express your views on no detention policy in the Right To Education Act, and provide an argument for your stand.
- GQ6: What kind of educational system do you envision to make inclusive education possible? Do you know of any example of inclusive school? If yes, please write how they have adopted it.

### **PROGRAMME (H) WOMEN'S STUDIES**

- HQ1: Explain the inter linkage of endogamous marriage system, property, status, production, labour and reproduction with special reference to the matrimonial advertisements in the newspapers.
- HQ2: Discuss: "Sexual Harassment at workplace is the most widely prevalent occupation hazard of the 21st century." What is Vishakha Directive? Critically reflect on Prevention of Sexual Harassment at Workplace Act, 2013.
- HQ3: The Transgender Persons (Protection of Rights) Bill, 2018 has been passed by the Lok Sabha that claims to extend constitutional protection to this highly marginalised community. Discuss why transpersons find the bill violative, not protective.
- HQ4: Globalisation has been a marked feature and a fate accompli of the 21st century world. Discuss the impact of economic globalization on majority of women in the post-colonial nations.
- HQ5: The Trafficking of persons (Prevention, Protection, and Rehabilitation) bill 2018 has recently been passed by Lok Sabha. Does the contemporary trafficking discourse ensure women the right to work with dignity? Discuss.
- HQ6: "Disability as an analytical category expands the scope of feminist scholarship and thus strengthens feminist movement". Critically comment on this with any contemporary debates in gender and disability.

### **PROGRAMME (I) DEVELOPMENT STUDIES**

- IQ1: Discuss the causes of agrarian crisis in India and recent policy responses by way of Minimum Support Price (MSP).
- IQ2: Universal Basic Income is the remedy for poverty alleviation in India. Discuss.
- IQ3: The Swachh Bharat Mission (SBM) is a Government of India initiative to overcome the gap between those with and without toilet facilities. Construction of individual household latrines accounted for 97% of the total expenditure of SBM between April 2015 and February 2016. Explain how policies such as 'Swachh Bharat Mission' would contribute to development of the Nation.
- IQ4: Mass-based social movements and middle-class activism are the new drivers of social change. Discuss.
- IQ5: The demand for farm loan-waiver at present is not an output fall owing to any natural calamity; on the contrary this has been a bumper harvest year. It is the price-fall on

account of the bumper harvest that underlies this demand, i.e., because the base prices that had been assumed to prevail in the above example do not prevail. There is instead a price collapse. Explain the challenges of introducing farm loan waivers in India. Also discuss its benefits in tackling agrarian distress in India.

- IQ6: Physical, sexual and psychological violence, as well as threats of such acts, occur daily. Not all such violence requires medical attention, nor is medical attention necessarily sought when it is required. Data on these non-fatal forms of violence are either missing in most countries or collected on an ad hoc basis. Where such data are available and reliable, they suggest that women and girls make up a disproportionate share of those who suffer less visible forms of harm. Based on the above statement explain why is violence against women a development issue?

### **PROGRAMME (J)**

#### **INCLUSIVE DEVELOPMENT AND SOCIAL JUSTICE**

- JQ1: Discuss the demands by various social groups (Marathas in Maharashtra, Jats in Haryana, Patidars in Gujarat etc.) of their inclusion in the list of Other Backward Classes (OBC) and analyse justifications of these demands from perspective of legal/constitutional provisions and its implications on social, political and economic interrelationship among various social groups in respective states.
- JQ2: Critically analyse the views of M. K. Gandhi and B. R. Ambedkar on the issue of caste system.
- JQ3: Discuss the tribal situation in the rapidly industrializing India, particularly in the context of their struggle for Jal, Jangal and Jamin.
- JQ4: Critically analyse the caste inequalities among the religious minorities in India drawing examples from Christianity and Islam.
- JQ5: Explain the concept of 'inclusive growth' and its relevance in the contemporary Indian context.
- JQ6: Discuss the major causes of educational deprivation among Muslim women in India.

### **PROGRAMME (K)**

#### **DISASTER STUDIES**

- KQ1. Compare and contrast between resilience and capability in the context of disaster risk reduction.
- KQ2. Describe “Hydrological effects of urbanization and impacts of urbanization in the occurrence of urban floods”.
- KQ3. Explain the basic features of Sendai Framework and how it is relevant to India’s disaster risk management?
- KQ4. Discuss how the concepts of hazards and disasters are different quoting a few scholars. What is the meaning of risk, in disaster studies?
- KQ5. “Earthquakes do not kill people, buildings do!” Explain the meaning of this well-known quote.
- KQ6. Examine the relationship between Environment and Disaster using any of the recent extreme events in India. Is there a mismatch in the understanding of disasters and its management in the Indian context?

**PROGRAMME (L)**  
**SOCIAL SCIENCES**

- LQ1: What are the special methodological features of social sciences that distinguishes them from that of natural sciences? - illustrate with examples.
- LQ2: Is it possible to arrive at common ontological categories for all social sciences - can a unification of all social sciences be accomplished? - Support your answer with arguments and reason.
- LQ3: Migration become an important factor in politics across the world. How should leaders and governments address this issue?
- LQ4: Is there a lack of political concern regarding environmental pollution in India? Use examples from contemporary life to support your answer.
- LQ5: "The contemporary Indian state is incrementally moving from welfare state to interventionist state." Comment.
- LQ6: "The success of movement towards disarmament and arms control heavily depends on super power states (armed states)." Elucidate this statement with suitable examples.

**PROGRAMME (M)**  
**LIBRARY AND INFORMATION SCIENCE**

- MQ1. "National Educational Policy 2020 is going to bring about major changes in the way libraries function". Critically examine.
- MQ2. Critically examine the Indian Copyright Act and the provisions for library operations. What are the challenges you face in complying with the same?
- MQ3. What are the tools/processes available to measure research impact of individual authors and institutions? Critically examine their efficacy for the same.
- MQ4. "Among eResources, eJournals are more popular and extensively used compared to eBooks" Do you agree with this statement? Explain with reasons and examples.
- MQ5. Critically examine the influence of ICT on evolution of Knowledge Society.
- MQ6. What are Web 2.0 tools? Critically examine the integration of Web 2.0 tools in library and information services.

**PROGRAMME (N)**  
**MEDIA AND CULTURAL STUDIES**

- NQ1: Fictionalised biopics (e.g. *Indu Sarkar*, *Thackeray*, *Accidental Prime Minister* etc.) set an undesirable trend in the politics of India. Discuss
- NQ2: Defending the government's recent decision to allow 10 central agencies to monitor and decrypt data of any computer, with approval from a competent authority, Mr. Amit Malviya, head of the BJP's IT cell said "You must strike a fine balance between privacy and ensuring policing or national security is taken to a level where technology is the facilitator and not a hindrance." Comment on this statement.
- NQ3: In a multi-cultural society like India, freedom of expression can never be absolute. Discuss.

- NQ4: The art critic and writer John Berger sums up the social presence of men and women in European Renaissance art in the statement “Men act, women appear” (Ways of Seeing, 1972). What does he mean by this and discuss how applicable this is to popular Indian cinema in the contemporary period.
- NQ5: Online news portals such as The Wire, Scroll, The Quint etc. have changed the shape of news reporting in India. Critically discuss.
- NQ6: The UID (Aadhar) is necessary for the government of India to reach welfare benefits to its citizens and to monitor financial transactions. Hence it should be made mandatory. Discuss.

**PROGRAMME (O)**  
**APPLIED PSYCHOLOGY**

- OQ1: Smith, Glass, and Miller (1980), in their extended meta-analysis of therapy outcome studies, concluded that the average person treated in therapy was better off than 80% of the untreated sample. Of course, they neglected to comment on the inverse fact that the average untreated person was better off than about 20% of the treated clients. What does this inverse statement suggest? Are there large numbers of treated therapy clients who are getting worse? Or are some untreated clients somehow spontaneously getting better?
- OQ2: Given the dearth of mental health professionals in India, Individual psychotherapy seems to be a luxury that only a few can afford. Can community mental health approach provide an effective remedy to this problem? What are your views on the issue?
- OQ3: Counselling and therapy with children is more effortless and uncomplicated as compared to working with an adult client. Discuss the statement in the light of your experience.
- OQ4: The Diagnostic and Statistical Manual (DSM) is nothing more than a statistically and consensually validated view of normality and abnormality. Discuss your views on the same.
- OQ5: The self of the therapist is the primary instrument of change in the psychotherapy process. Hence all therapists should mandatorily undergo personal therapy to increase self-awareness. What are your views on the issue? Justify your response.
- OQ6: Many counsellors believe that “being a counsellor is synonymous to being ethical and that there is no need to receive additional training on issues related to ethical dilemmas, guidelines and decision making”. What are your views on the same?

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