

Government of Kerala  
**Directorate of Medical Education**  
 Medical College PO, Thiruvananthapuram-695011

**CAP-PG Nursing: 2016**

[CENTRALISED ALLOTMENT PROCESS FOR ADMISSION TO PG NURSING COURSES -2016]

Specialty		Rank		Roll No	
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Name				Photo of the Candidate
Quota, if any applicable				
Mobile No				
Landline No				
Bank A/c No		Name of Bank with Branch		

**PREFERENCE FORM**

**NOTE:** (1) The preference(s) furnished will be valid for the whole selection process of 2016. Allotment will be done as per the preference and availability of seats.

Preference Number	Specialty	Name of College

**DECLARATION**

I have explored all the possibilities of selection available to me and I have finally decided to seek admission to college/s as per the preference(s) given above. I agree to surrender my seat already allotted, if any, if am reallocated to a college in this selection process as per the preference(s) noted above.

.09.2016

Signature of the Candidate

**FOR OFFICE USE ONLY:**

Counseling	Course allotted	College allotted	Quota
1 <sup>st</sup>			
2 <sup>nd</sup>			

Administrative Assistant

For Director

**CENTRALIZED ALLOTMENT PROCESS - PG Nursing: 2016**  
**AUTHORIZATION LETTER**  
Submitted by an Authorized representative

I, .....(name of candidate) son/daughter of Shri./Smt.  
.....having Roll No ..... in the P G Nursing  
Entrance Examination, 2016, with Rank ....., do hereby authorize Shri / Smt .....  
..... (name & address of the person being authorized) to represent me to  
report at the allotment venue for admission to P G Nursing Courses, 2016. The signature of the person authorized is  
attested below by a Gazetted Officer.

**Signature of the Candidate:**

Affix a recent  
passport size  
photograph of the  
candidate and get it  
attested by a  
Gazetted Officer

Name of the Candidate:-----

Address :-----  
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Name and Designation of the Gazetted officer

Office Seal

Photograph of  
authorized  
representative  
attested by the  
candidate

Signature of the Authorised Representative:

**ATTESTED:**

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SIGNATURE OF THE CANDIDATE

Candidate to sign over the photograph

**UNDERTAKING**

I, undertake that the decision taken if any, by my authorised representative at the allotment venue shall be binding on me and I shall not have any claim whatsoever, other than the decision taken by my authorised representative on my behalf.

Place :

Signature of candidate

Date :

**Note:** An authorized representative attending CAP-PG Nursing, 2016 must bring a photocopy also of the filled up form. The same will be returned to the representative with the seal of the DME's office. This copy of the filled up form having the seal of the DME's office can be used in lieu of authorization letter during subsequent appearances.