Government of Kerala

Directorate of Medical Education Medical College.P.O, Thiruvananthapuram - 695 011

CAP-PGSS: 2011

[CENTRALISED ALOTMENT PROCESS FOR ADMISSION TO PG SUPER SPECIALITY COURSES -2011]

-							•
Speciality			Rank		Roll No.		
Name							
Quota, if an applicable	ıy						Photo of the
Mobile No							candidate
Landline No	0						
PREFERENCE FORM							

NOTE: (1) The preference(s) furnished will be valid for the whole selection process of 2011. Allotment will be done as per the preference and availability of seats.

Preference Number	Name of College
1	
2	
3	
4	
5	

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 reallotted to a college in this selection process as per the preference(s) noted above.

__.07.2011

Signature of the Candidate

FOR OFFICE USE ONLY:

Counseling	Course allotted	College allotted	Category
1 st			
2 nd			