

## CAP-PGM: 2010

### [CENTRALISED ALLOTMENT PROCESS FOR ADMISSION TO PG MEDICAL COURSES -2010]

Roll No.		Rank		Date of appearance	____.04.2010
----------	--	------	--	--------------------	--------------

Name					Photo of the candidate
Quota, if any applicable					
Mobile No	1		2		
Landline No					

### PREFERENCE FORM

**NOTE:** (1) The preference furnished will be valid only for the allotment process of 2010. Allotment will be done as per the preference. The seat preference needs to be filled only at the time of counseling. The candidate will have the right to choose any one of the available seats at the time of counseling and the same will be allotted to him/her. Candidates can opt only for the seat (course-college combination) for which there is vacancy at the time of counseling.

Sl No	Name of Course	Name of College
1		

### DECLARATION (Tick one of the appropriate box)

- I have explored all the possibilities of selection available to me and I have finally decided to seek admission to the seat (course-college combination) as preferred above.
- I have explored all the possibilities of selection available to me and I have finally decided not to exercise any option in the 1<sup>st</sup> round counseling process, since I do not find any vacancy in any of the seat (course-college combination) of my choice at the time of counseling.
- No seats available in the concerned quota.

Signature of the Candidate or authorized Representative

### FOR OFFICE USE ONLY:

Counseling	Course allotted	College allotted	Category
1 <sup>st</sup>			

For Director