

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

CAP-PGM: 2008

[CENTRALISED ALLOTMENT PROCESS FOR ADMISSION TO PG MEDICAL COURSES -2008]

Roll No.		Rank		Date of appearance	____.04.2008
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Name		Photo of the candidate
Quota, if any applicable		
Mobile No		
Landline No		

PREFERENCE FORM

NOTE: (1) *The preference(s) furnished will be valid for the whole selection process of 2008. Allotment will be done as per the preference and availability of seats.*

Preference Number	Name of Course
1	
2	
3	

DECLARATION

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

Signature of the Candidate or authorized Representative

FOR OFFICE USE ONLY:

Counseling	Course allotted	College allotted	Category
1 st			
2 nd			

For Director