Government of Kerala

Directorate of Medical Education

Medical College PO, Thiruvananthapuram-695011

CAP-PG Nursing: 2015

[CENTRALISED ALOTMENT PROCESS FOR ADMISSION TO PG NURSING COURSES -2015]

Specialty		Rank			Roll No	
Name						
Quota, if						
any applicable						
Mobile No					Photo of the Candidate	
Landline No	andline 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 2015. 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 reallotted to a college in this selection process as per the preference(s) noted above.						
.08.2015 Signature of the Candidate FOR OFFICE USE ONLY:						the Candidate
Counscelin	g Course all	otted	d College		e allotted	Quota
1 st						
2 nd						