## Government of Kerala

## Director ate of Medical Education

Medical College .P.O, Thiruvananthapuram - 695 0 11

CAP-PGSS: 2016

[CENTRALISED ALOTMENT PROCESS FOR ADMISSION TO PG SUPER SPECIALITY COURSES -2016]

Speciality			R	Rank		Roll No.		
Name								
Quota, if any applicable							Photo of the	
Mobile No							candidate	
Landline No								
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								
** * ** * * * * * * * * * * * * * * *								
Prefere nce 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 alr eady allotted, if any, if am re -								
allotted to a co llege in this selection process as per the preference(s) noted above.								
a								
.07 . 2016		Sign					of the Candidate	
FOR OFFICE USE ONLY:								
Counseling		Course allotted	Col	llege a	llotted		Category	
1 <sup>st</sup>								
2 <sup>nd</sup>								