

GOVERNMENT OF KERALA
Directorate of Medical Education
Medical College.P.O, Thiruvananthapuram 695011

CAP – PGD: 2012

(CENTRALISED ALLOTMENT PROCESS FOR ADMISSION TO PG DENTAL COURSES – 2012)

Roll No.		Rank		Date of appearance	
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NAME	
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Quota, if any applicable	
Mobile No.	
Landline No	

PREFERENCE FORM

Sl No:	Specialty	College/Colleges
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			

Joint Director