

Directorate of Medical Education
Medical College po, Thiruvananthapuram-695011
MSc Nursing Course 2012-13

[Proforma for exercising option for allotment of course/colleges for admission to MSc Nursing 2012-13]

Rank		Roll No		Application No		Date of appearance	
Name	In English (Block letters)					Photo	
	In Malayalam						
Quota, If any applicable							
Contact Address							
Mobile No				Land Line No with STD code			

PREFERENCE FORM

NOTE:- (1) *The Preference(s) furnished will be valid for the whole selection process of 2012-13 Allotment will be done as per the preference and availability of seats*

Preference Number	Name of Specialty	Name of Colleges
1		
2		
3		
4		
5		
6		

DECLARATION

I have explored all the possibilities of selection available to me and I have finally decided to seek admission to course as per the preference(s) given above. I agree to surrender my seat already allotted , if any, if I am re-allotted to a course in the selection process as per the preference(s) noted above. I hereby solemnly affirm that I have read carefully the Prospectus MSc Nursing 2012-13 and agree to abide by the provision contained therein.

Signature of the Candidate or Authorized Representative

FOR OFFICE USE ONLY

Counseling	Specialty allotted	College allotted	Category

For Director