

CAP-PGSS: 2015

[CENTRALISED ALLOTMENT PROCESS FOR ADMISSION TO PG SUPER SPECIALITY COURSES -2015]

Speciality		Rank		Roll No.	
------------	--	------	--	----------	--

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 2015. Allotment will be done as per the preference and availability of seats.

Preference 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 already allotted, if any, if am re-allotted to a college in this selection process as per the preference(s) noted above.

.07.2015

Signature of the Candidate

FOR OFFICE USE ONLY:

Counseling	Course allotted	College allotted	Category
1 st			
2 nd			

For Director