

Choice Filling Form (Option Form)
**[only for candidates willing to participate in Residual Medical /
Mop-up Dental Round 2 (off-line) counseling]**

Note: Print 2 copies of this proforma. Fill one copy after referring the live seat matrix displayed in the counseling waiting hall and keep ready before entering the Counseling Board area. Also keep one blank copy of this proforma ready with you.

Registration ID	Name	Combined State Merit no. (refer Merit list dated 07.01.2021)

Considered category	Considered additional category	Other eligibility criteria no. (1 to 11)

Choice No.	Course (MBBS/BDS)	Seat type (General / Mgmt)	Name of college
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

I have filled _____ No. of choices in order of preference.

Declaration: I declare that the above choices have been filled up by me personally and the entries made are correct. I have gone through all the rules, information, instructions, notifications etc. and I promise to abide by them. I fulfill the prescribed eligibility criteria relating to educational qualification etc. for the course(s) I am applying for.

Date:

Signature of Candidate