

**CHOICE OF COURSE OPTIONS FOR THIRD ROUND OF COUNSELLING FOR PG MEDICAL
DEGREE COURSES AT GOA MEDICAL COLLEGE**

NAME OF APPLICANT: _____ REG. NO.: _____ MERIT NO: _____

NOTE: 1. This option form **MUST** be filled and submitted **ONLY** by eligible candidates who wish to be considered for allotment to available seats during the *Third Round of Counselling*. Candidates **NOT** submitting this option form will **NOT** be considered for allotment to available seats. *Choice of Course options for the First Round submitted along with Application Form for earlier Rounds of Counselling shall be treated as NULL AND VOID for this Round.*

2. *Candidates, who are allotted seat in the earlier Rounds of Counselling, reported to the Institution, and completed prescribed formalities, and wish to retain their earlier seat allotted, SHOULD NOT submit this form, unless they wish to submit fresh Choice of Course options, for allotment in the next(Third) Round of Counselling.*

LIST OF POSTGRADUATE DEGREE PROGRAMMES OFFERED AT GOA MEDICAL COLLEGE(WITH 03 LETTER CODES)

| SR. NO | NAME OF PG DEGREE PROG. | NOS. OF STATE QUOTA SEATS | PROGRAMME CODE | SR. NO | NAME OF PG DEGREE PROG. | NOS. OF STATE QUOTA SEATS | PROGRAMME CODE |
|-----------|-----------------------------|------------------------------------|-------------------|-----------|--------------------------------|------------------------------------|-------------------|
| 1 | ANAESTHESIOLOGY | 05 | ANA | 12 | OPHTHALMOLOGY | 02 | OPT |
| 2 | ANATOMY | 02 | ANT | 13 | ORTHOPAEDICS | 02 | ORT |
| 3 | BIOCHEMISTRY | 02 | BCH | 14 | OTORHINO LARYNGOLOGY | 02 | ORG |
| 4 | COMMUNITY MEDICINE | 03 | COM | 15 | PAEDIATRICS | 05 | PDS |
| 5 | DERMATOLOGY | 02 | DER | 16 | PATHOLOGY | 02 | PAT |
| 6 | FORENSIC MEDICINE | 02 | FRM | 17 | PHARMACOLOGY | 05 | PHM |
| 7 | GENERAL MEDICINE | 07 | MED | 18 | PHYSIOLOGY | 02 | PHY |
| 8 | GENERAL SURGERY | 07 | SUR | 19 | PSYCHIATRY | 04 | PSY |
| 9 | GERIATRIC | 01 | GER | 20 | RADIO DIAGNOSIS | 03 | RDG |
| 10 | MICROBIOLOGY | 02 | MBG | 21 | RESPIRATORY MEDICINE | 03 | RBM |
| 11 | OBSTETRICS & GYNAECOLOGY | 04 | OBG | 22 | TRANSFUSION MEDICINE (IHBT) | 01 | TFM |

Note:- Candidates will be considered for allotment to seats, only which they have opted for, as their Choice, in order of preference as above. Hence, candidates are advised to exercise utmost care and caution in filling up their choices. Since Admission Committee shall allot seats to courses on merit as per the choices exercised above by the applicants, all applicants are therefore advised to opt for maximum number of courses(22-max)as they will NOT be considered for allotment to courses, which they have NOT opted for.

CHOICE OF COURSES(please enter 03 letter Course Codes in the boxes below)

| | |
|---------------------------|----------------------|
| 1 st Choice - | <input type="text"/> |
| 2 nd Choice - | <input type="text"/> |
| 3 rd Choice - | <input type="text"/> |
| 4 th Choice - | <input type="text"/> |
| 5 th Choice - | <input type="text"/> |
| 6 th Choice - | <input type="text"/> |
| 7 th Choice - | <input type="text"/> |
| 8 th Choice - | <input type="text"/> |
| 9 th Choice - | <input type="text"/> |
| 10 th Choice - | <input type="text"/> |
| 11 th Choice - | <input type="text"/> |

| | |
|--|--|
| 12 th Choice- 13 th Choice- 14 th Choice- 15 th Choice- 16 th Choice- 17 th Choice- 18 th Choice- 19 th Choice- 20 th Choice- 21 st Choice- 22 nd Choice- | <input type="text"/> <input type="text"/> |
|--|--|

DECLARATION

I, Dr. _____, declare that the choices indicated by me above is final, and any allotment of the course by the Admission Committee, as per Merit, based on the above choices, shall be binding on me.

PLACE: _____

(Signature of the Applicant)

DATE: _____

Name as signed (Write in Capital letters)