



DIRECTORATE OF HEALTH SERVICES

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No.ES-4(HR Cell)-1333/2017/DHS

Dated.09.01.2017

Circular

Sub:- HSD – Administrative cadre – Inviting option from the medical officers - 2017– reg –

Ref:- G.O.(P) No.69/2010/H&FWD dated.17.02.2010

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It is decided to invite options to Administrative cadre for the year 2017 from the medical officers working under General cadre.

Medical officers who wish to opt Administrative cadre shall submit options in the prescribed proforma enclosed herewith through concerned District Medical Officers of Health. Those who have already submitted option in the previous years and not get placement shall not submit new option.

All medical officers submitting options shall enclose the copy of certificates proving qualification and copy of order of declaration of probation. Medical officers who have not successfully completed probation can also submit their options.

As per clause 6 of Kerala Health Services (Medical Officers) Special Rules, 2010, "Option once exercised shall be final."

All District Medical Officers of Health shall collect the option forms submitted by the medical officers and forward the same so as to reach this office on or before 15th February 2017.

For Director of Health Services

To

1. All District Medical Officers of Health
2. The Superintendent/Medical officers of all Govt.Hospitals.
3. File/Stock File.

OPTION FORM

1.	Name of Cadre opted <i>(please tick the respective column)</i>	
	<i>Branch A - Administrative cadre</i>	
	<i>Branch C-Speciality Cadre</i>	
	<i>Branch D(a) Public Health Lab Cadre</i>	
	<i>Branch D(b) – Blood Bank/Clinical Lab (Transfusion Medicine) cadre</i>	
2.	<i>If speciality cadre, Name of Speciality opted</i>	
3.	<i>Name of Doctor</i> <i>(in block letters)</i>	
4.	<i>Present Designation and cadre</i>	
5.	<i>Date of Birth</i>	
6.	<i>Gender (Male/Female)</i>	
7.	<i>Date of entry in Health Services Department</i>	
8.	<i>Details of advice whether PSC/Govt/Inter Department (with Order/Advice number)</i>	
9.	<i>Date of regularisation of appointment with order number (Copy of order to be enclosed)</i>	
10.	<i>Date of declaration of probation with order number (Copy of order enclosed)</i>	
11.	<i>Present station with address</i>	
12.	<i>Permanent residential address with pin code</i>	
13.	<i>Date from which working in the present station</i>	

14.Details of qualifying examinations passed.

SL. No.	Course	Name and year of acquiring degree	Medical council/ Dental council Reg.No.
1.	MBBS/BDS		
2.	P.G.Diploma		
3.	P.G.Degree/DNB		
4.	Super Speciality Degree DM/M.Ch/DNB		

15.Address for Communication (Residential address with district)

16.Contact number.

Mobile	Land phone (with STD code)

DECLARATION

I(Name & Designation) hereby declare that I have read the provisions in the Kerala Health Services (Medical Officers) Special Rules, 2010 published vide G.O.(P) No.69/2010/H&FWD dated.17.02.2010 and agree to abide by them.

Signature of the applicant with date.

Signature of Head of Institution

Counter signature of
District Medical Officer of Health

Instructions

1. The medical officers shall read the Kerala Health Services (Medical Officers) Special Rules, 2010 before filling the option form.
2. The medical officers who are in service and acquired PG up to 31.12.2016 can submit option.
3. Self attested copies of certificates of Degree, PG Diploma/Degree, TCMC registration, order of declaration of probation, Order of regularisation of service shall be enclosed.
4. The Head of institution and DMO (H) concerned shall countersign the option form only after verifying the certificates of the applicant.
5. Options submitted without the signature of head of institution and countersignature of DMO (H) will summarily be rejected.