

OPTION FORM

1.	Name of Cadre opted	Branch E – Super speciality cadre
2.	Name of Super Speciality opted (Cardiology/Nephrology/Neurology/Urology)	
3.	Name of Doctor i) In English (in block letters) ii) In Malayalam	
4.	Present cadre (Speciality/Administrative/General) (If speciality cadre, specify name of speciality)	
5.	Present Designation	
6.	Date of Birth	
7.	Gender (Male/Female)	
8.	Date of entry in Health Services Department	
9.	Details of advice whether PSC/Gout/Inter Department (with Order/Advice number)	
10.	Date of regularisation of appointment in entry cadre with order number (Copy of order to be enclosed)	
11.	Date of declaration of probation in entry cadre with order number (Copy of order enclosed)	
12.	Date of declaration of probation in the present post with order number (Copy of order enclosed)	
13.	Present station with address	
13.	Permanent residential address with pin code	
14.	Date from which working in the present station	
15.	Date from which working in the present cadre	

14. Details of qualifying examinations passed.

SL. No.	Course	Name and year of acquiring degree	Medical 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 super speciality PG up to 31.12.2017 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.