



## DIRECTORATE OF HEALTH SERVICES

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No.ES-7/431/2018/DHS

Dated.09.01.2018

### Circular

Sub:- HSD – Speciality cadre – Inviting option from the medical officers who have acquired PG qualification up to 31.12.2017 in various specialties – 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 speciality cadre from the medical officers working under General/Administrative cadre who have acquired PG qualification up to 31.12.2017 in various specialties.

Medical officers who wish to opt speciality cadre under following specialities 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 got placement shall not submit new option. Those medical officers now working in speciality cadre on provisional basis shall also submit their options to the concerned speciality.

|                             |  |
|-----------------------------|--|
| 1. General Medicine         | 9. Psychiatry                                      |
| 2. General Surgery          | 10. Forensic Medicine                              |
| 3. Obstetrics & Gynaecology | 11. Physical Medicine & Rehabilitation (PMR)       |
| 4. Paediatrics              | 12. Radio diagnosis/Radiotherapy                   |
| 5. Orthopedic Surgery       | 13. Respiratory Medicine                           |
| 6. ENT                      | 14. Transfusion Medicine                           |
| 7. Ophthalmology            | 15. Blood Bank/Clinical Lab (Transfusion Medicine) |
| 8. Anaesthesia              | 16. PH Lab cadre                                   |
| 9. Dermatology & Venerology | 17. Dental   |

All medical officers submitting options shall enclose the self attested copy of certificates proving qualification, copy of TCMC Registration certificate and copy of order of regularization of service and declaration of probation. Medical officers who have not successfully completed probation can also submit their options.

As per Rule 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 15<sup>th</sup> February 2018.

Sd/-  
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.

//forwarded//

  
Senior Superintendent

OPTION FORM

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

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<br>DM/M.Ch/DNB |                                   |   |

15. Address for Communication (Residential address with district)

16. Contact number.

| Mobile | Land phone<br>(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 31.12.2017 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.