OPTION FORM

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

15. Address for Communication (Residential address with district)

	1	6.	Contact	numi	ber.
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Mobile	Land phone (with STD code)

DECLARATION

Ι		<i></i>					(1	vame &
Designätic	on) hereby	declare	that I have	e read	the prov	visions in th	ne Keral	a Health
Services	(Medical	Officers)	Special	Rules,	2010	published	vide	G.O.(P)
No.69/201	10/H&FWD	dated.1	7.02.2010	and agr	ree to abi	de by them.	•	

Signature of the applicant with date.

Signature of Head of Institution

Counter signature of District Medical Officer of Health

Instructions

- 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.