OPTION FORM

1.	Name of cadre opted	Administrative cadre
2.	Name of Doctor (in Block letters)	
3	Present Designation and cadre	
4	Date of Birth	
5	Gender(Male/ Female)	
6	PSC Advice No & Date	
7	Appointment Order No. & Date (along with copy)	
8	Date of entry in Health Services Department	
9	Whether availed extension of joining time, if so	
a	Period	
	Date of Joining duty (Attach copy of order & RTC)	
10	Order No. & Date of Probation declaration (along with copy)	
11	Details of LWA if any	

a	Period of LWA	
b	Sanction Order No. & Date	
c	Purpose	
d	Date of rejoining after LWA	
12	Present station with address	
13	Permanent residential address with pin code	
14	Date from which working in the present station	

II. Details of Qualifying examination passed.

Sl No.	Course	Name & Year of acquiring	Medical council/Dental			
		Degree/Diploma	Council Reg.No.			
1	MBBS/BDS					
2	P.G Diploma					
3	P.G Dergee/DNB					

III. Address for communication (Residential address with district)

IV. Contact Number

Mobile	Land Phone (with STD code)					

DECLARATION

I												(Name	&
								provisions					
(Medica	al offic	ces) spec	cial Rule	2010,	2022	publi	shed	vide G.O	(P)	No.	69/2010	/H&FW	D Dated
17.02.2	010&	G.O(P)	No. 52/2	022/H&	&FWI) Date	ed: 2	7.02.2022	and	agre	e to abid	de by the	em.

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 Rule 2010, 2022 before filling the option form
- 2. Self attested copies of certificates of Degree/Diploma, TCMC registration, order of declaration of probation, Order of regularization of service shall be enclosed
- 3. The Head of Institution and DMO (H) concerned shall countersign the option form only after verifying the certificates of the applicant.
- 4. Options submitted without the signature of Head of Institution and countersignature of DMO (H) will summarily be rejected.