

OPTION FORM

(G.o.(p).No.69/2010 H&FWD Dt:17/02/2010 &

G.o.(p).No.52/2022 H&FWD Dt:27/09/2022)

1.	Name of Cadre opted (please tick the respective column)	
	Branch A - Administrative cadre	
	Branch C-Speciality Cadre	
2.	If speciality cadre, Name of Speciality opted	
3.	Name of Doctor (in block letters)	
4.	PEN	
5.	Present Designation and cadre	
6.	Date of Birth	
7.	Gender (Male/Female)	
8.	Date of entry in Health Services Department	
9.	Details of advice whether PSC/Govt/Inter Department (with Order/Advice number). Details of LWA availed,if any period &Purpose (Copy should be enclosed.)	
10.	Date of regularisation of appointment with order number (Copy of order should be enclosed)	
11.	Date of declaration of probation with order number (Copy of order should be enclosed)	
12.	Present station with address	
13.	Permanent residential address with pin code	

14.	Date from which working in the present station	
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15. Details of qualifying examinations passed.

SL. No.	Course	Name and year of acquiring degree	Medical council Reg.No.
1.	MBBS		
2.	P.G.Diploma		
3.	P.G.Degree/DNB		

16. Address for Communication (Residential address with district)

17. 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 & G.o.(p).No.52/2022 H&FWD Dt:27/09/2022 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 & G.o.(p).No.52/2022 H&FWD Dt:27/09/2022 before filling the option form.
2. The medical officers who are in service and acquired PG up to 31.12.2024 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.