

### **OPTION FORM**

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

G.o(P)No.48/2022 H&FWD Dt:24/08/2022

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.	PEN NUMBER	
5.	Present cadre (Speciality/Administrative/General) (If speciality cadre, specify name of speciality)	
6.	Present Designation	
7.	Date of Birth	
8.	Gender (Male/Female)	
9.	Date of entry in Health Services Department	
10.	Details of advice whether PSC/Govt/Inter Department (with Order/Advice number) (copy should be enclosed). Details of LWA availed, if any period & Purpose (copy should be enclosed.)	
11.	Date of regularisation of appointment in entry cadre with order number (Copy of order to be enclosed)	
12.	Date of declaration of probation in entry cadre with order number (Copy of order enclosed)	
13.	Date of declaration of probation in the present post with order number (Copy of order enclosed)	
14.	Present station with address	

15.	Permanent residential address with pin code	
16.	Date from which working in the present station	
17.	Date from which working in the present cadre	
18.	Date of Publishing result for required qualification (super speciality qualification) (copy should be enclosed )	

**19. 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		

**20. Address for Communication (Residential address with district)**

**21. 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.48/2022 H&FWD Dt:24/08/2022 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.48/2022 H&FWD Dt:24/08/2022 before filling the option form.
2. The medical officers who are in service and acquired super speciality PG up to 31.12.2023 can submit option.
3. Self attested copies of certificates of Degree, PG Diploma/Degree, TCMC registration, copy of advice , Date of Publishing result Details for required qualification (super speciality qualification), 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.