DIRECTORATE OF HEALTH SERVICES
Vanchiyoor.P.O., Thiruvananthapuram. Pin – 695035
Ph: 0471-2302490
Email:dhskerala@gmail.com, **Website:** www.dhs.kerala.gov.in

Circular

No.EA2.2734/2025/DHS Dated : 05-01-2026

Subject:- HSD- Appointment of Medical Practitioner in the rank of Assistant Surgeon at the Kerala Lok Bhavan Dispensary- Application called for-Reg.

Reference:- 1.Lr.No.GH4-115/2025 the Kerala Lok Bhavan dated:26.12.2025

As per the above, the Additional Chief Secretary to the Hon'ble Governor, Kerala Lok Bhavan has directed to post a suitable doctor from DHS in the cadre of Assistant Surgeon who are specialized in General Health Care as Medical Practitioner at the Kerala Lok Bhavan Dispensary.

In the circumstances the Medical Officers in the cadre of Assistant Surgeons specialized in General Health Care (who are willing to work at the Kerala Lok Bhavan Dispensary on deputation basis) are directed to submit their bio data in prescribed proforma (through proper channel) to the Directorate of Health Services on or before 08/01/2026

Signed by
Reena K J
Date: 05-01-2026 10:37:54

Director Of Health Services

Copy To:

1..All District Medical Officers of Health .
(They are directed to circulate this subject to all institutions under

their control and collect and forward the applications along with bio data if any received without further delay).

STATEMENT UNDER THE RULES 144 (KSR PART I) Vide Circular Memorandum No. 42765/Rule-3/62/Fin. Dated 15.06.1962

APPLICATION FOR THE APPOINTMENT IN POLICE HOSPITALS

1.	Name of the Government Servant & PEN	:
2.	Date of Birth	:
3.	To whom lent	:
4.	Official Designation	:
5.	Scale of pay of the post in Government service held	:
6.	Head of account to which pay was debitable before transfer	:
7.	Monthly rate of pay sanctioned in Foreign service	:
8.	Service rules applicable	:
9.	Rate on monthly contribution provisionally fixed under rule (a) Leave Salary (b) Pension	:
10.	When lent	:
11.	Where to be recovered	:
12.	Whether creditable to State or Central	:
13.	Date of termination of Foreign Service	:
14.	Phone No. (Office) Mobile No.	:
15.	Email Address	:

Place : **Signature of Applicant**

Date :

Counter Signature of
Head of Institution

BIODATA

1.	Name & PEN	:
2.	Post held and name of office	:
3.	Present Pay and Scale of Pay	:
4.	Age & Date of Birth	:
5.	Qualifications	:
	(a) General	
	(b) Special	
6.	Experience	:
7.	Permanent (Residential Address)	:
8.	Email address	:
9.	Phone No. (Office)	:
	Mobile No.	
10.	Remarks	:

Place : **Signature of Applicant**
Date :

DECLARATION

I……...(PEN:……..) declare that I am willing to serve the entire period of deputation as Medical Officer in Police Hospitals (----------Specify the place) and will not demand for reversion before the tenure of the deputation expires.

Signature of applicants

Place :
Date :

Counter signature of head of Institution