



DIRECTORATE OF HEALTH SERVICES

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No: ES4-19081/2026/DHS

Dated : 09-09-2026

CIRCULAR

HSD – DHS – Administrative Cadre- Inviting Option from
Subject:- the Medical Officers 2025 -reg

Reference:- 1. G.O (P) No. 69/2010/H&FWD Dated 17.02.2010
2. G.O (P) No.52/2022/H&FWD Dated 27.09.2022

Inviting option from the Medical officers working under General Cadre to Administrative cadre (Junior Administrative Medical officer) for 2025

The Medical Officers who wish to opt administrative cadre shall have the qualification prescribed as clause 8 of Kerala Health Service (Medical Officers) Special Rule 2022 in the Government Order cited above. Qualification and criteria are as follows.

1. Degree in Modern Medicine (MBBS) or equivalent qualification.

2. Master Degree/ Diploma in community Medicine or Master of Public Health or Master of Business Administration or Degree in Hospital Administration or Degree/Diploma in Public Health Qualification (Qualification as per II is applicable for those who entered in Service from 01.01.2018).

3. Minimum 2 Years of service as Assistant Surgeon.

The Medical Officers who wish to opt administrative cadre shall submit option in the prescribed proforma enclosed herewith through concerned District Medical Officers of Health.

All Medical Officers submitting option shall enclose the copy of the certificates proving qualification and copy of order of declaration of probation.

All 14 District Medical Officers of Health shall collect the option forms submitted by the Medical Officers and inform the same so as to reach this office on or before 16/09/2026.

Digitally signed by

Meenakshy V

Date: 09-09-2026

01:27:50

Dr MEENAKSHY V
DIRECTOR OF HEALTH SERVICES

Encl:

Option form

Copy To:

1. All District Medical Officers of Health (Through E-Mail, E-Office, website of DHS)
2. The Medical Officers/ Superintendent of all Institutions(Through concerned DMO)
3. File / Stock file

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	
2.	Name of Doctor (in block letters)	
3.	PEN	
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). Details of LWA availed,if any period &Purpose (Copy should be enclosed.)	
9.	Date of regularisation of appointment with order number (Copy of order should be enclosed)	
10.	Date of declaration of probation with order number (Copy of order should be 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 Reg.No.
1.	MBBS		
2.	P.G.Diploma		
3.	P.G.Degree/DNB		

15. Address for Communication (Residential address with district)**16. 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. 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.
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.