



**NOTIFICATION FOR ENGAGEMENT OF CASUALTY MEDICAL OFFICERS ON  
CONTRACT BASIS IN COCHIN PORT HOSPITAL**

No.A8/Cont.MO/Direct/2017/S

Dated: 17.07.2023

*Applications are invited from qualified candidates for appointment of three Casualty Medical Officers on contract basis in Cochin Port Hospital at a **consolidated pay of Rs.60,000/- per month**. The appointment will be on contract basis for a period of one year and the selected candidates will not have any claim for regular appointment in Cochin Port Authority.*

Qualification :- MBBS Degree from a recognized university with valid Kerala State Medical Council Registration  
Experience :- Minimum six months experience after compulsory internship  
Age :- Upto 65 years (Retired Doctors can also apply)

Applicants should submit complete bio-data along with self attested copies of the documents to prove qualification, experience, age etc. in the format attached. The crucial date for determining the qualification, experience and age shall be 10.08.2023.

Candidates will be considered for interview subject to fulfillment of the criteria specified above. The Port reserves the right to short-list applicants for interview based on appropriate criteria.

The applications along with the relevant documents may be forwarded to the email id secretary@cochinport.gov.in on or before 10.08.2023. Hard copy of application and other documents may also be sent in an envelope, superscribing 'Application for the post of Casualty Medical Officer in Cochin Port Authority on contract basis', to the Secretary, Cochin Port Authority, Willingdon Island, Cochin-682009 so as to reach on or before 10.08.2023. The incomplete applications and applications received after the due date shall not be accepted.

Sd/-  
**SECRETARY**



**Annexure-I**

**APPLICATION FOR THE POST OF ..... ON CONTRACT BASIS**

1. Name in full (Block letters) :
2. Father's Name :
3. Age & Date of birth :
4. Gender :
5. Marital Status :
6. Religion & Caste :
7. Whether belongs to SC/ST/OBC/PH/ :
  
8. Address  
Phone No. and e-mail id :
9. Educational Qualification :

Sl. No.	Educational Qualification	University/ Institution	Year & Month of Passing	Percentage of Marks/Grade	Remarks

\* Attested copies of Mark list and Certificate to be attached.

10. Details of Experience :

Sl. No.	Designation	Name of Organization	Period of service & nature of work carried out

\* Attested copies of experience certificate to be attached.

\* Attested copy of valid Kerala State Medical Council Registration

11 Other Achievements:

I hereby declare that the information furnished above is true to the best of my knowledge and belief and that I have attached attested copies of the documents to prove date of birth, qualification, experience etc.

Place:

Date :

(SIGNATURE OF THE APPLICANT)

