

**COCHIN PORT AUTHORITY**  
**WILLINGDON ISLAND, COCHIN-682 009,**  
**KERALA STATE, INDIA, 0484-2666412**  
Website: [www.cochinport.gov.in](http://www.cochinport.gov.in)

**WALK-IN-INTERVIEW ON 14-08-2024**  
**FOR APPOINTMENT TO THE POST OF CASUALTY MEDICAL OFFICER ON**  
**CONTRACT BASIS IN COCHIN PORT HOSPITAL FOR A PERIOD OF 1 YEAR**

**No of vacancies : Two (2) posts (1 SC and 1 EWS) on contract basis**

*(In case suitable EWS Candidate is NOT available, the same will be filled by UR. As such UR candidates may also apply.)*

**Consolidated salary : Rs.60,000/- per month**  
**Qualification : MBBS Degree from a recognized university with valid Kerala State Medical Council Registration**  
**Experience : Minimum six months experience after compulsory internship**  
**Age : Up to 65 years (Retired Doctors can also apply)**

Candidates may contact the Secretary, Cochin Port Authority (Ph.0484-2582113) and should report to the office of the Secretary **between 10.00 AM and 1.30 PM on 14.08.2024**. They should bring the original certificates for verification and also submit complete bio-data in the attached format along with self attested copies of the documents to prove qualification, experience, age, category (SC/EWS) etc. The crucial date of determining the qualification, experience and age shall be **14.08.2024**. In case of retired doctors, if selected, they will be engaged only upto attainment of age of 65 years. Candidate 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, if warranted. The selected candidates will not have any claim for regular appointment in Cochin Port Authority. If suitable EWS candidates is not obtained, the vacancy shall be filled up by UR category.

Date: 25.07.2024

Sd/-  
SECRETARY  
Tel. 0484-2582113

**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/EWS :
  
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)