

COCHIN PORT AUTHORITY

**WILLINGDON ISLAND, COCHIN-682 009,
KERALA STATE, INDIA, 0484-2666412**
Website: www.cochinport.gov.in

WALK-IN-INTERVIEW ON 24.06.2024

**FOR APPOINTMENT TO THE POST OF CASUALTY MEDICAL OFFICER ON CONTRACT BASIS
IN COCHIN PORT HOSPITAL**

No of vacancies : Three (3) posts on contract basis (1 UR, 1 SC and 1 EWS)
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 : Upto 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 5.30 PM on 24.06.2024. 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 **24.06.2024**. 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.

Sd/-

SECRETARY
Tel. 0484-2582113

Date:12.06.2024

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)