

कोचिन पत्तन प्राधिकरण

**COCHIN PORT AUTHORITY**

चिकित्सा विभाग/ **Medical Department,**

कोचिन/**Cochin-682 003**

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संख्या/No.C1/Ayush/Ayurveda/2024-MED

दिनांक/Dated:09.01.2025

**VACANCY NOTIFICATION**

Applications are invited from qualified Ayurveda Doctors with minimum qualification of BAMS (Bachelor of Ayurveda Medicines and Surgery) for engagement as Part time visiting Ayurveda Specialist in Cochin Port Authority Hospital for an initial period of 6 months.

- Basic Qualification required : a) BAMS certificate  
b) Registration certificate under Travancore  
Cochin Medical Council.
- Experience : Minimum 5 years
- Frequency of visit : Once in a week.
- Time duration for each visit : 3 hours
- Remuneration for each visit : Rs.1700/- (including conveyance allowance)

Applicants may submit their applications along with self attested copies of certificates to prove qualification and experience as per the Proforma (**Annexure-I**) given below. Applications addressed to the Chief Medical Officer i/c, Cochin Port Authority Hospital, Willingdon Island, Cochin -682 003, shall reach on or before 10.02.2025. The applications received after the last date or otherwise incomplete will not be considered.

The date and schedule of interview(if any) will be intimated to the shortlisted applicants through **email ID only** provided in the applications by the candidates.

Sd/-  
CHIEF MEDICAL OFFICER i/c

**Annexure-I**

**APPLICATION FOR THE POST OF .....**

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 Gen/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

\* Self 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

\* Self Attested copies of experience certificate to be attached.

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 qualification, experience etc.

Place:

Date :

(SIGNATURE OF THE APPLICANT)