

**DIRECTORATE OF INSURANCE MEDICAL SERVICES**  
**Thycaud, Thiruvananthapuram – 14**

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**PROCEEDINGS OF THE DIRECTOR**

Sub:- Insurance Medical Services Department – Establishment – Regularization  
of provisional appointment of Medical Officers – Orders issued – Reg:-

Read:-1.Advice No: RIE (2)/9190/11/GW dtd,11.11.2021  
2.Order No:E1-21042/2017/DIMS dtd.17.12.2021  
3.No.AA&VW 2-1/3/2021-KPSC Dt 11.11.2022  
4. No.1122/SB/VR/SS/22/RC dt 01.10.2022

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**ORDER NO: E1-60/2021/DIMS DATED: 22.03.2023**

As per the letter first read above the following medical officer was advised by KPSC for posting as Assistant Insurance Medical Officers in the Insurance Medical Services Department. Accordingly she was appointed as Assistant Insurance Medical Officers as per the order second read above.

As per the letter read third above the Secretary, Kerala Public Service Commission, Thiruvananthapuram has certified that the identity of the following medical officer was verified with records kept in that office and found correct.

In these circumstances, the provisional appointment of the medical officer is regularized with effect from the date of joining duty as shown below.

Sl No	Name of Medical Officer	Station posted	Date of Joining duty
1	Dr.Aswathy K Rajeev	ESI Dispensary Alagappanagar	20.01.2022

The regularization of appointment will be noted in the entitlement service Register of the officer.

The above medical officer is placed on probation for a period of two years of duty within **continuous period of three years** from the date of regularization of appointment.

As per the letter read fourth above, the police verification report of Dr.Aswathy K Rajeev has been received.

The Head of Institution concerned shall move at the appropriate time for the declaration or extension of probation, as the case may be, of the incumbents.

Sd/-

**Dr.Malini. S**

**Director of Insurance Medical Services**

**To**

**Dr.Aswathy K Rajeev.AIMO**  
**ESI Dispensary Alagappanagar**

- Copy to:-
1. The Accountant General, Thiruvananthapuram.(Attested copies of OTV certificate and Verification certificates enclosed)
  2. The Regional Deputy Director, Insurance Medical Services, CZ
  3. The Insurance Medical Officer concerned
  4. File/website

**Forwarded/By Order**



**Superintendent.**