



**NATIONAL AYUSH MISSION**  
**DISTRICT PROGRAMME MANAGEMENT & SUPPORTING UNIT**  
Government District Homoeo Hospital, Anjukunnu P.O,  
Mananthavady, Wayanad -670645  
Email Address: [namwayanad@gmail.com](mailto:namwayanad@gmail.com) Phone: +91-8848002947  
Website address : <https://www.nam.kerala.gov.in>

NAM/WYD/A-40/2024/DPMSU

18/07/2024

**CAREER NOTIFICATION**

A walk-Interview is scheduled for the recruitment of Pharmacist-Ayurveda on contract basis under National AYUSH Mission Wayanad.

**Date of Interview** : 26/07/2024  
**Venue** : District Homoeo Hospital, Anjukunnu (P.O), Mananthavady  
**Time** : 10:00 AM  
**Eligibility** :  
• Diploma / Certificate in Ayurveda Pharmacist course recognized by the Govt. of Kerala.  
**No. of Vacancy** : 1  
**Age Limit** : As on 18/07/2024 not exceed 40 years  
**Consolidated pay** : 14,700/-per month

**INSTRUCTIONS**

1. Candidate should report at the interview centre on stipulated time.
2. Candidate should submit original and self-attested copies of certificates to prove age, qualifications and any other relevant documents.
3. Candidate should bring a recent passport size photograph.
4. If any candidate claims equivalent qualification the equivalency certificate should produce at the time of interview.
5. If 20 or more candidates appear for the interview a screening test will also be conducted.
6. Candidate should note that if the date of the interview is changed for any reason it will only be published on the website and no other notification will be given through any other means.



**Dr. HARITHA JAYARAJ**

District Programme Manager

National AYUSH Mission, DPMSU

Wayanad, Kerala

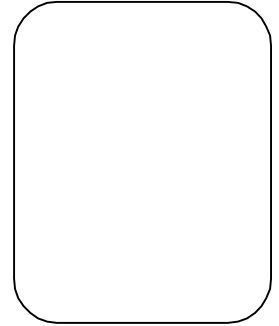
District Programme Manager

National AYUSH Mission

Wayanad

# NATIONAL AYUSH MISSION KERALA

## Applicant's Profile



**Post applied for:** .....

Name (Capital Letters) :

:

Name of Father/Husband/Guardian

:

Sex :

Age & Date of Birth (DD/MM/YY) :

Residential Address :

Address for Communication :

Phone No. (Mobile) :

Email Id :

Marital Status :

## Educational Qualifications

SIN O.	Qualification	Institution & University	Year of passing

**Experience**

SI. No	Name of institution	Job Title	Period	No. of Years

**Declaration**

The above mentioned facts are true and fair to the best of knowledge and belief.

Place :

Date :

**Name & Signature**

