



# National AYUSH Mission

DISTRICT PROGRAMME MANAGEMENT UNIT  
District Medical Office (ISM) Building, Palace Road,  
Vayaskara, Kottayam, 686001  
email: namkottayam@gmail.com

No: NAM/EST/DPMSU/KTM/205/2024

Date : 31/08/2024

## CAREER NOTIFICATION

Applications are invited for the recruitment for the post of Various posts in Public Health Programmes on a contract basis at the District Programme Management & Supporting Unit of National AYUSH Mission, Kottayam District.

| Sl. No. | Name of Post   | Qualification   | Age Limit                            | Monthly Consolidated Remuneration |
|---------|--|---|--------------------------------------|-----------------------------------|
| 1.      | <b>Multipurpose Worker-Palliative Nurse</b>          | BSC Nursing / GNM Nursing approved by a recognized Nursing School with Kerala Nursing & Midwife council registration with 1year BCCPN/CCCPN and computer Knowledge (MS Office). | As on 31-08-2024 not exceed 40 years | 15000/-                           |
| 2.      | <b>Multipurpose Worker (School Health Programme)</b> | HSE/VHSE (Bio Science) with DCA approved by Govt. of Kerala, Typewriting in English & Malayalam   | As on 31-08-2024 not exceed 40 years | 15,000/-                          |
| 3.      | <b>Multipurpose Worker (Musculoskeletal Project)</b> | ANM/GNM Nursing approved by a recognised Nursing School with Kerala Nursing & Midwife council registration & Computer Knowledge (MS Office)                                     | As on 31-08-2024 not exceed 40 years | 15,000/-                          |
| 4.      | <b>Physiotherapist</b>                               | Graduation /Post Graduation in Physiotherapy approved by recognized University  | As on 31-08-2024 not exceed 40 years | 21,000/-                          |

## INSTRUCTIONS

1. The applicants are required to go through the detailed notification carefully and decide themselves about their eligibility for various posts before applying. Applicants must compulsorily fill-up all relevant fields of application and submit them in a sealed envelope directly or through a post on or before 10/09/2024 to The District Programme Manager, District Programme Management and supporting Unit, National AYUSH Mission, Vayaskara, Kottayam – 686001. Applications will be accepted only on working days from 10 AM to 5 PM.
2. Applications received after 5 PM on 10/09/2024 will be summarily rejected.

3. The cover containing the application should be superscribed as APPLICATION FOR THE POST OF
  1. MULTIPURPOSE WORKER – (PALIATIVE NURSE)
  2. MULTIPURPOSE WORKER - (SCHOOL HEALTH PROGRAMME)
  3. MULTIPURPOSE WORKER – (MUSCULOSKELETAL PROJECT)
  4. PHYSIOTHERAPIST
4. Applications through E-mail will not be accepted.
5. Applications submitted in any format other than the format given along with the notification will not be accepted and such applications will be summarily rejected.
6. Self-attested copies of certificates proving age and educational qualifications for the respective posts should be submitted along with the application. Applications without copies of certificates will not be accepted and will be summarily rejected.
7. Incomplete/incorrect applications will be summarily rejected.
8. The applicants should have a personal E-mail ID and Mobile Number. It should remain active till the completion of the recruitment process. National AYUSH Mission will send intimations regarding interviews, written examinations and any other matters related to the recruitment process only through the E-mail ID provided by the applicant.
9. National AYUSH Mission (NAM) under any circumstances will not entertain the information if any furnished by the applicants subsequently.
10. If any is detected during the scrutiny the candidate will be rejected even though He/She comes through the final stage of the recruitment process.
11. The applicants should not furnish any false, tampered, or fabricated information or suppress any material information while filling out the application form. If the particulars furnished in the application form do not tally with the original document produced by the applicant, His/her application will be rejected. If any candidate possesses equivalent qualification the equivalency certificate shall be produced along with the application.
12. Failure to submit an equivalency certificate will result in the rejection of the application.
13. The number of vacancies is only indicative and not guaranteed. NAM reserves the right to engage or not to engage persons, as advertised.
14. The mode of recruitment shall be an interview. In case if there are 20 or more applicants for a particular post written test will be conducted along with the interview.



*Prathiba P*  
District Programme Manager  
National AYUSH Mission  
Kottayam  
**Dr. PRATHIBA.P**  
District Programme Manager  
National AYUSH Mission, DPMSU  
Kottayam, Kerala

# NATIONAL AYUSH MISSION KERALA

## Format of Application

### 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

| Sl. No | Qualification | Institution & University | Year of passing |
|--------|---------------|--------------------------|-----------------|
|        |               |                          |                 |
|        |               |                          |                 |
|        |               |                          |                 |
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**Experience**

| Sl. No | Organization/ Institution | Job Title | Whether Govt. or private | Period | No. of Years |
|--------|---------------------------|-----------|--------------------------|--------|--------------|
|        |                           |           |                          |        |              |
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|        |                           |           |                          |        |              |

**Declaration**

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

Place :

Date :

**Name & Signature**

