



**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-22/2024/DPMSU

02/12/2024

**CAREER NOTIFICATION**

A walk-Interview is scheduled for the recruitment of Multi-Purpose Health Worker (MPHW) on contract basis at Ayush Health and Wellness Centre's under National AYUSH Mission, Wayanad.

<b>Date of Interview:</b>	10/12/2024
<b>Reporting Time:</b>	9:30 AM
<b>Venue:</b>	District Programme Management & Supporting Unit, District Homoeo Hospital, Anjukunnu (P.O), Mananthavady.
<b>Eligibility:</b>	<b>GNM Nursing approved by a recognized Nursing School with Kerala Nursing &amp; Midwife Council Registration.</b>
<b>No.of Vacancy:</b>	<b>Anticipated</b>
<b>Age Limit:</b>	As on 02/12/2024 not exceed 40 years
<b>Consolidated pay:</b>	15000/-per month



**HARITHA** Digitally signed by  
**JAYARAJ** HARITHA JAYARAJ  
Date: 2024.12.02  
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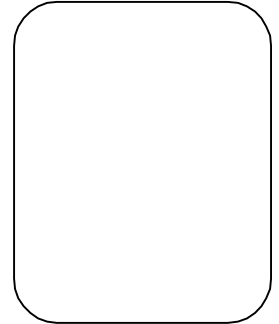
District Programme Manager  
National AYUSH Mission  
Wayanad

**INSTRUCTIONS:**

1. Candidate should report at the interview centre on the 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 for any reason it will only be published on the website and no other notification will be given through any other means.

# 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**

