NATIONAL AYUSH MISSION

DISTRICT PROGRAMME MANAGEMENT & SUPPORTING UNIT
Government District Homoeo Hospital, Anjukunnu P.O,
Mananthavady, Wayanad -670645
Email Address: namwayanad@gmail.com Phone: +91-8848002947
Website address : https://www.nam.kerala.gov.in

NAM/WYD/A-40/2025/DPMSU

25/10/2025

CAREER NOTIFICATION

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

Date of Interview : 30/10/2025

Venue : District Homoeo Hospital, Anjukunnu (P.O), Mananthavady

Reporting Time :10:00 AM

Eligibility :**Graduation/Post Graduation in Physiotherapy approved by Govt of Kerala**

No. of Vacancy :**1** (Physiotherapy Unit-Govt.Ayurveda Dispensary Mooppainad)

Age Limit :As on 30/10/2025 not exceed 40 years

Consolidated pay :**21,000**/-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.

DISTRICT AYUSH HEALTH CARE UNIT * WAYANAD-670 645 * National Ayush Mission WYD/CA/152/2021

HARITHA JAYARAJ
Digitally signed by HARITHA JAYARAJ
Date: 2025.10.25 11:28:27 +05'30'

District Programme Manager
National AYUSH Mission
Wayanad

NATIONALAYUSHMISSIONKERALA

Applicant'sProfile

Postappliedfor: ……..……

Name(CapitalLetters) :

:

NameofFather/Husband/Guardian

:

Sex :

Age&DateofBirth(DD/MM/YY) :

ResidentialAddress :

AddressforCommunication :

PhoneNo.(Mobile) :

EmailId :

MaritalStatus :

EducationalQualifications

SIN o.	Qualification	Institution&University	Yearofpassing

Experience

Sl. No	Name ofinstitution	JobTitle	Period	No. ofYears

Declaration

Theabovementionedfactsaretrueandfairtothebestofknowledgeandbelief.

Place :

Date :

Name&Signature