



# **NATIONAL AYUSH MISSION**

DISTRICT PROGRAMME MANAGEMENT & SUPPORT UNIT

District Ayurveda Hospital, Bhatt road, Westhill, Chungam-Kozhikode-673005

Mob: 80782 23001 Land Line: 0495-2923213 Email: [namkozhikode@gmail.com](mailto:namkozhikode@gmail.com)

EA-07/NAM/KKD/DPMSU/2025

Date: 02/03/2026

A walk-interview is scheduled for the recruitment Clinical Psychologist in District Homoeo Hospital, Kozhikode (Contract basis) at DPMSU-National AYUSH Mission Kozhikode District.

- **Date of Interview** : 09/03/2026 Time-10.30 AM
- **Venue**: District Programme Management & Support Unit, National AYUSH Mission, District Ayurveda Hospital, Bhatt road, Westhill, Chungam-Kozhikode-673005

## **Eligibility Criteria**

I. a) M.Sc (Clinical Psychology) or any other equivalent qualification from a UGC recognized University / Institute owned by Government of Kerala / National Institutes of Government of India.

OR

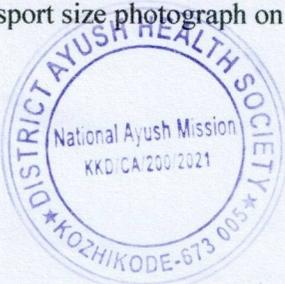
b) M.A / M.Sc in Psychology or any other equivalent qualification from a UGC recognized University / Institute owned by Government of Kerala / National Institutes of Government of India.

II. M.phil. in Clinical Psychology or any other equivalent 2 year course from a RCI approved University/College, Institute owned by Government of Kerala / National Institutes of Government of India / UGC recognized University.

III. Rehabilitation Council of India Registration as "Clinical Psychologist"

- **Age Limit**: As on 01.03.2026 not exceed 40
- Consolidated pay: 30,000/- per month
- Vacancy - 1

Candidates should produce original & copies of certificates to prove age and qualifications, recent passport size photograph on attending interview.

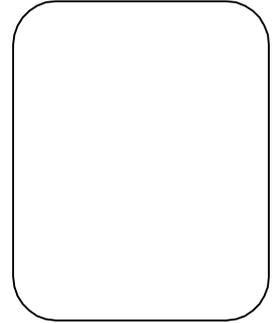


District Programme Manager

*Anina P Thiagaraj*  
**Dr. ANINA P THIAGARAJ**  
District Programme Manager  
National Ayush Mission, DPMSU  
Kozhikode, Kerala

# 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

Sl No.	Qualification	Institution & University	Year of passing

**Experience**

Sl. 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**

