



NATIONAL AYUSH MISSION

DISTRICT PROGRAMME MANAGEMENT AND SUPPORTING UNIT

Government District Homoeo Hospital, Anjukunnu P.O,
Mananthavady, Wayanad – 670645

Email address : namwayanad@gmail.com Website address: <https://www.nam.kerala.gov.in>
Phone: +91-8848002947

No.NAM/WYD/A-22/2023/DPMSU

Date: 19/02/2024

CAREER NOTIFICATION

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

Date of Interview: 23/02/2024

Venue: District Programme Management Unit Office

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

Time: 10:00 AM

Eligibility:

GNM Nursing approved by a recognized Nursing School with Kerala Nursing & Midwife Council Registration.

No. of Vacancy: Anticipated

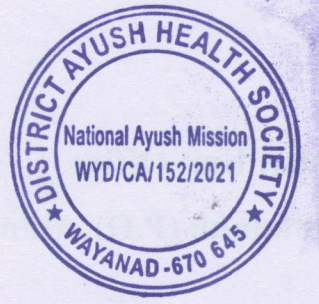
Age Limit: As on 23/02/2024 not exceed 40 years

Consolidated pay: 15000/- per month

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 be produced at the time of the interview.
5. If 20 or more candidates appear for the interview, a screening test will also be conducted.
6. The 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.



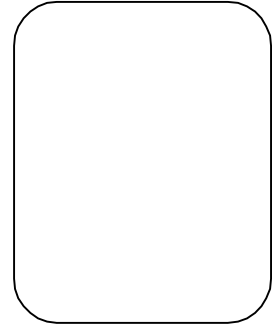
Haritha Jayaraj
19/02/2021

District Programme Manager
National AYUSH Mission
Wayanad District

Dr. HARITHA JAYARAJ
District Programme Manager
National AYUSH Mission, DPMSU
Wayanad, 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

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

