



# National AYUSH Mission

## DISTRICT PROGRAMME MANAGEMENT UNIT

District Homoeo Hospital, Bazar P.O, Alappuzha 688012

Phone : 9072650491 | Email: [namaipy@gmail.com](mailto:namaipy@gmail.com)

NAM/EST/DPMSU/ALP/99/2022

Date : 20.11.2023

### CAREER NOTIFICATION

Alappuzha District Programme Management and Support Unit of National Ayush Mission scheduled a walk-in-interview for the recruitment of Multi Purpose Worker (GNM) on contract basis at various AYUSH Health and Wellness Centres in the District.

- **Date of Interview : 29/11/2023 - Time : 10.30 a.m.**
- **Venue : District Medical Office (ISM), Alappuzha, Near Town Square**

#### **Eligibility Criteria**

- GNM with Nursing Council Registration
- No. of Vacancy : 25
- Age Limit : As on 29.11.2023 not exceed 40 yrs.
- Consolidated pay : 15000/- per month

#### **Note :**

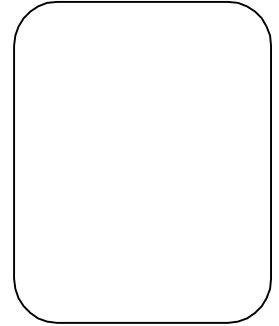
- Candidate should report at the interview centre on the stipulated time.
- Candidate should submit original and self attested copies of certificates to prove age, qualifications and any other relevant documents.
- Candidate should bring a recent passport size photograph.
- If any candidate claim equivalent qualification the equalancy certificate should produce at the time of interview.
- If 20 or more candidates appear for the interview a screening test will also be conducted.
- Candidate should note that if the date of 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 Programme Manager  
National AYUSH Mission  
Alappuzha District.

# 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**

