



NATIONAL AYUSH MISSION

State Programme Management
and Support Unit, 1st Floor, Bliss Haven,
82/1827(3), Convent Road, Vanchiyoor P.O
Thiruvananthapuram - 695 035
Phone - 0471 2474550
E-mail - namkerala@gmail.com

CAREER NOTIFICATION

NAM/430/2022-A1/SPMSU

25-01-2023

Applications are invited for the following post under
National AYUSH Mission on deputation basis from ISM Department.

District Programme Manager (1 post- Thrissur & Ernakulam)

www.aogyakeralam.gov.in/www.ism.kerala.gov.in

The last date of submission of application is **06-02-2023**

25-01-2023
Trivandrum

Sd/-
State Mission Director
(NAM)

2 col x 5 cm



Office of the **National AYUSH Mission**

1st Floor, Bliss Haven, 82/1827(3), Convent Road,

Vanchiyoor, Thiruvananthapuram -35

Phone : 0471-2 474 550, Email: namkerala@gmail.com

NAM/430/2022-A1 /SPMSU

25-01-2023

CAREER NOTIFICATION FOR THE POST OF DISTRICT PROGRAMME MANAGER

Applications are invited for the following post under National AYUSH Mission, Kerala.

District Programme Manager (On Deputation Basis from Department of ISM)

Eligibility: Those who are working in ISM Department, Govt. of Kerala with the qualification of Degree in Ayurveda/ Yoga & Naturopathy/ Unani/ Siddha

Experience: Medical Officers with a minimum of 5 years administrative/Management experience from department of ISM

No. of Vacancy - 1

District: Ernakulam & Thrissur

Applications in the prescribed format along with self-attested copies of relevant certificates of qualifications, experience should be submitted to the following address. Online application will not be received.

Address: The State Mission Director

National AYUSH Mission, SPMSU

1st Floor, T.C.82/1827 (3) Convent Road, Vanchiyoor P.O,

Thiruvananthapuram – 695 035

Last date of Submission of Applications: 06-02-2023. 5.00 P.M

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

