



Office of the **State Mission Director**
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/376/2023-A1/SPMSU

20-12-2023

**Notification for the post of Project Coordinators (Contract basis) in various AYUSH
Public Health Projects at State/District Level**

1. Project Coordinator (ISM)

Eligibility Criteria

- Age : Maximum 40 years as on 30.12.2023
- Consolidated pay: 40000/-
- Qualification

I. BAMS + MPH

In the absence of candidates with above qualification

“BAMS+ PG in Swasthavritha” will be considered.

II. TCMC / Kerala State Medical Council Registration

2. Project Coordinator (Homoeopathy)

Eligibility Criteria

- Age : Maximum 40 years as on 30.12.2023
- Consolidated pay: 40000/-
- Qualification

I. BHMS + MPH

In the absence of candidates with the above qualification

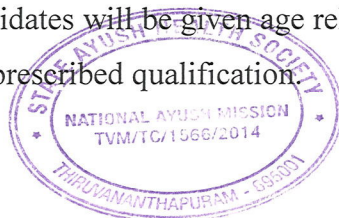
“BHMS+MD (Hom)” will be considered.

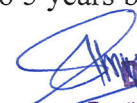
II. TCMC / Kerala State Medical Council Registration.



General Conditions:

1. The applicants shall go through the detailed notification carefully and decide themselves about their eligibility for the post before applying.
2. Applicants must compulsorily fill-up all relevant fields of application and submit in a sealed envelope directly or through post on or before **30-12-2023** to **State Mission Director, State Programme Management and supporting Unit, 1st Floor, 82/1827 (3) National AYUSH Mission, Bliss Haven, Vanchiyoor P.O, Thiruvananthapuram.** Applications will be accepted only on working days from 10 AM to 5 PM.
3. The Application cover shall be super scribed as “**Application for the post of Project Coordinators**”
4. Application received after 5 PM on 30-12-2023 will be summarily rejected.
5. Application submitted in any format other than the format given along with the notification will not be accepted and such applications will be summarily rejected.
6. Self-attested copies of certificates proving age and educational qualifications for the respective posts should be submitted along with the application. Applications without copies of certificates will not be accepted and will be summarily rejected.
7. Incomplete / incorrect application forms will be summarily rejected.
8. The applicants should have a personal E-mail ID and Mobile Number. National AYUSH Mission will send intimation regarding interview, written examination and any other matters related to recruitment process only through the E-mail provided by the applicant.
9. National AYUSH Mission (NAM) under any circumstances will not entertain the information if any furnished by the applicants subsequently.
10. If any discrepancies are detected during the scrutiny, the application will be rejected even though the recruitment process is at final stage.
11. The applicants should not furnish any false, tampered, fabricated information or suppress any material information while filling the application form. If the particulars furnished in the application form do not tally with the original document produced by the applicant, His/Her application will be rejected. If any candidate possesses equivalent qualification the equivalency certificate shall be produced along with the application.
12. Failure to submit equivalency certificate will result in rejection of the application.
13. Experienced candidates will be given age relaxation up to 5 years based on their experience after gaining the prescribed qualification.




Saji P.R
State Programme Manager (ISM)
National AYUSH Mission, SPMSU
Thiruvananthapuram, Kerala

NATIONAL AYUSH MISSION KERALA

Application for the Post of Project Coordinators in Various AYSUH Public Health Projects- All Districts

Applicant's Profile

Name (Capital Letters) :

Name of Father/ Husband/Guardian :

Sex :

Age & Date of Birth (DD/MM/YY) :

Residential Address :

Address for Communication :

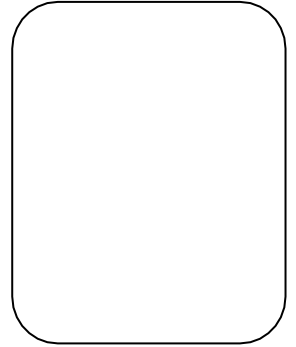
Phone No. (Mobile) :

Email Id :

Marital Status :

Preferred Districts. – (Candidate can opt up to 5 districts as per their priority)

- 1.
- 2.
- 3.
- 4.
- 5.



Educational Qualifications

| Sl. No | Qualification | Institution & University | Year of passing |
|--------|---------------|--------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Experience

| Sl. No | Organization/ Institution | Job Title | Whether Govt. or private | Period | No. of Years |
|--------|---------------------------|-----------|--------------------------|--------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Declaration

The above mentioned facts are true and fair to the best of knowledge and belief.

Place :

Date :

Name & Signature