

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: 17/01/2024

CAREER NOTIFICATION

A walk-Interview is scheduled for the recruitment of Full-time Yoga Instructors on contract basis at Ayush Health and Wellness Centres under National AYUSH Mission Wayanad.

Date of Interview:

24/01/2024

Venue:

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

Time:

10:00 AM

Eligibility:

Post-graduation diploma in yoga of minimum of one year duration from recognized university/approved certificate course of one year duration in yoga from a recognized University/Govt. Department/Diploma in Yoga Teachers Training by SRC/BNYS/ BAMS/ MSc Yoga/ MPhil Yoga from recognized University.

No. of Vacancy: 15

AgeLimit: As on 31/01/2024 not exceed 50 years

Consolidated pay:14000/-per month



Dr. Haritha Jayaraj

District Programme Manager

National Ayush Mission Wayanad **District Programme Manager** National AYUSH Mission, DPMSU

Wayanad, Kerala

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

NATIONALAYUSHMISSIONKERALA

Applicant's Profile	
Postappliedfor:	
Name(CapitalLetters) :	USA
: NameofFather/ <mark>Husba</mark> nd/Guardian :	
Sex :	
Age&DateofBirth(DD/MM/YY) :	
Residential Address :	
AddressforCommunication :	
PhoneNo.(Mobile) :	
Emailld :	
MaritalStatus :	
EducationalQualifications	

SIN o.	Qualification	Institution&University	Yearofpassing

Experience

SI. No	Name ofinstitution	JobTitle	Period	No. ofYea rs
		NVIIIe		
	'Vr	A	7/2	
	07			

Declaration

 $The above {\color{blue}mentioned} facts are true and fair to {\color{blue}thebe} stofk now ledge and belief.$

Place :

Date :

Name&Signature