



Office of the **District Programme Manager(DPM)**
National Ayush Mission, Wayanad District
District Homoeo Hospital, Anjukunnu P O
Mananthavady, Wayanad-670645
Mob No.8848002947
E-mail – namwayanad@gmail.com
Website address: <https://www.nam.kerala.gov.in>

No.NAM/WYD/A-40/2024/DPMSU

Date: 28/01/2025

CAREER NOTIFICATION

Applications are invited for the recruitment Optometrist on contract basis in Eye Care Project under National AYUSH Mission, Wayanad District.

OPTOMETRIST

- **Eligibility Criteria:** BSc Optometry / two years Diploma in Optometry from Govt. approved institutions/ Universities with Kerala Paramedical Council Registration.
- **Vacancy:** 1
- **Age Limit:** As on 28/01/2025 not exceed 40 years
- **Consolidated pay:** 17,850/-per month.

INSTRUCTIONS

1. The applicants are required to go through the detailed notification carefully and decide themselves about their eligibility for various posts before applying. Applicants must compulsorily fill-up all relevant fields of application and submit them in a sealed envelope **directly or through a registered post ONLY, on or before 05.02.2025 to The District Programme Manager, District Programme Management and Supporting Unit, National AYUSH Mission, Government District Homoeo Hospital, Anjukunnu P.O, Mananthavady, Wayanad-670645. Applications will be accepted only on working days from 10 AM to 5 PM.**
2. Applications **received after 5 PM on 05.02.2025 will be summarily rejected.**
3. The cover containing the application should be superscribed as APPLICATION FOR THE POST OF "OPTOMETRIST"
4. Application through Email will not be accepted.
5. Applications 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 applications will be summarily rejected.
8. The applicants should have a personal E-mail ID and Mobile Number. It should remain active till the completion of the recruitment process. National AYUSH Mission will send intimations regarding interviews, written examinations and any other matters related to the recruitment process only through the E-mail ID 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 is detected during the scrutiny the candidate will be rejected even though He/She comes through the final stage of the recruitment process.
11. The applicants should not furnish any false, tampered, or fabricated information or suppress any material information while filling out 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 an equivalency certificate will result in the rejection of the application.
13. The number of vacancies is only indicative and not guaranteed. NAM reserves the right to engage or not to engage persons as advertised.
14. The mode of recruitment shall be an interview. In case if there are 20 or more applicants for a particular post written test will be conducted along with the interview.



HARITHA
JAYARAJ
Digitally signed
by HARITHA
JAYARAJ
Date: 2025.01.28
10:26:48 +05'30'
District Programme Manager
National Ayush Mission Wayanad

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

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