



NATIONAL AYUSH MISSION

DISTRICT PROGRAMME MANAGEMENT & SUPPORT UNIT
District Ayurveda Hospital, Bhatt road, Westhill, Chungam-Kozhikode-673005
Mob: 8078223001 Land Line: 0495-2923213 Email: namkozhikode@gmail.com

EA-06/NAM/KKD/DPMSU/2025
Date: 18/02/2026

A walk-interview is scheduled for the recruitment **Audiologist** in District Homoeo Hospital, Kozhikode (Contract basis), **Ayurveda Pharmacist** in ACSMACACC Purakkattiry (Contract basis) at DPMSU-National AYUSH Mission Kozhikode District.

- ❖ **Date of Interview : 28/02/2026**
- ❖ **Venue: District Programme Management & Support Unit, National AYUSH Mission , District Ayurveda Hospital, Bhatt road, Westhill, Chungam-Kozhikode-673005**
- ❖ **Age Limit: As on 18.02.2026 not exceed 40**

Eligibility Criteria Ayurveda Pharmacist

- **Certificate verification Time- 10.00AM -10.30 AM**
 - Diploma/Certificate in Ayurveda Pharmacist Course recognized by the Government of Kerala
- No. Of present Vacancies : 1
- Consolidated pay: 14,700/-per month

Eligibility Criteria Audiologist

- **Certificate verification Time- 10.30AM -11.00 AM**
 - Graduation in Audiology & Speech Language Pathology (BASLP), RCI registration compulsory
- No. Of present Vacancies : 1
- Consolidated pay: 21,000/- per month

Candidates should produce original & copies of certificates to prove age and qualifications, recent passport size photograph on attending interview.

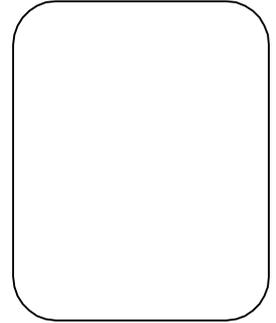
District Programme Manager

District Programme Manager
National Ayush Mission
Kozhikode



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

