



NATIONAL AYUSH MISSION
DISTRICT PROGRAMME MANAGEMENT & SUPPORTING UNIT
Government District Homoeo Hospital, Anjukunnu P.O,
Mananthavady, Wayanad -670645
Email Address: namwayanad@gmail.com Phone: +91-8848002947
Website address : <https://www.nam.kerala.gov.in>

NAM/WYD/A-22/2026/DPMSU

27/02/2026

CAREER NOTIFICATION

A walk-in Interview is scheduled for the recruitment of **Multi-Purpose Health Worker (MPHW)** on contract basis at Ayush Health and Wellness Centre's under National AYUSH Mission, Wayanad.

Date of Interview : 03/03/2026

Reporting Time : 12:00 PM

Venue : National AYUSH Mission, District Programme Management & Supporting Unit, District Homoeo Hospital, Anjukunnu (P.O), Mananthavady, Wayanad.

Eligibility : GNM Nursing approved by a recognized Nursing School / Govt. recognized Institution with Kerala Nursing & Midwife Council Registration (mandatory).

No. of Vacancy : Anticipated

Age Limit : As on 27/02/2026 not exceed 40 years

Consolidated pay : 15000/-per month

INSTRUCTIONS:

1. Candidate should report at the Interview centre on the stipulated time.
2. Candidate should submit originals and self-attested copies of certificates to prove age, qualifications, Kerala Nursing & Midwife Council Registration 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 be produced at the time of the interview.
5. If 20 or more candidates appear for the interview, a screening test will also be conducted.
6. The 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.

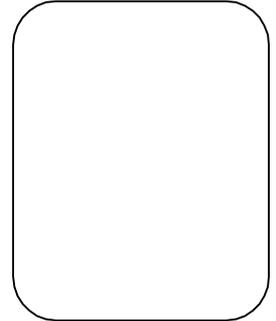


Dr. HARITHA JAYARAJ
District Programme Manager
National AYUSH Mission, DPMSU
Wayanad, Kerala

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

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

