

National AYUSH Mission

DISTRICT PROGRAMME MANAGEMENT AND SUPPORTING UNIT

Government District Homoeo Hospital, AnjukunnuP.O, Mananthavady, Wayanad – 670645 email address: namwayanad@gmail.com

website address: https://www.nam.kerala.gov.in Phone: +91-8848002947

No.NAMWYD/A-22/2025/DPMSU

Date:03/02/2025

CAREER NOTIFICATION

A walk-Interview is scheduled for the recruitment of Yoga Instructor on contract basis at Ayush Health and Wellness Centre's under National AYUSH Mission, Wayanad.

Date of Interview

: 11/02/2025

Reporting Time

: 9:30 AM

Venue

: District Programme Management & Supporting Unit, District

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

Eligibility

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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/MScYoga/MPhil Yoga from recognized University.

Age Limit

: As on 03/02/2025 not exceed 50 years

Consolidated pay

: 14000/- per month



Digitally signed by HARITHA JAYARAJ JAYARAJ Date: 2025.02.03 15:30:34 +05'30'

District Programme Manager National AYUSH Mission Wayanad

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 for any reason it will only be published on the website and no other notification will be given through any other means.

NATIONAL AYUSH MISSION KERALA

Applicant's Profile

Post applied for :	- 3/11-
Name(CapitalLetters)	DYUSA
Name of Father/Husband/Guardian	
Sex	
Age & Date of Birth(DD/MM/YY)	
Residential Address	
Address for Communication	
Phone No.(Mobile)	
Emailld	
Marital Status	
Educational Qualifications	

Educational Qualifications

SI No.	Qualification	Institution & University	ear of passing

Experience

SI No.	Name of institution	Job title	Period	No of years
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Declaration

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

Place :

Date :

Name & Signature