

National AYUSH Mission

DISTRICT PROGRAMME MANAGEMENT & SUPPORTING UNIT District Homoeo Hospital Building, Bazar P.O, Alappuzha 688012

Phone: 0477-2991481, Email: namalpy@gmail.com

No. NAM-DPMS0ALPY/13/2025-DEO1

03/09/2025

CAREER NOTIFICATION

Alappuzha District Programme Management and Support Unit of National AYUSH Mission scheduled walk-in-interview for the post of Pharmacist (Homoeo) on contract basis as below.

Sl No	Name of Post	Eligibility and Age	No of vacancies	Date of Interview
1.	Pharmacist (Homoeopathy)	 CCP/NCP or equivalent Age Limit: not exceed 40 years as on interview date. Monthly Remuneration: ₹14,700/- 	1	16/09/2025 11.00 AM

interview venue: District Programme Management and Supportive Unit (DPMSU), National AYUSH Mission, Alappuzha,

Instructions:

- Applicants meeting with the eligibility criteria mentioned above, are required to
 attend the interview on the date and time as specified above along with duly
 filled Application form attached herewith & original and self attested copies of
 certificates to prove age, qualifications, experience and any other relevant
 documents. Candidates need not to be sent the application by post or Email.
- If any candidate claims equivalent qualification then the equivalency certificate should produce at the time of interview.
- If 20 or more candidates appear for the interview a screening test will also be conducted.
- Candidate should note that if the date of interview is changed for any reason it
 will published only on the website https://nam.kerala.gov.in and no other
 notification will be given through any other means.

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District Programme Manager National AYUSH Mission Alappuzha

NATIONAL AYUSH MISSION KERALA

Address for Communication :

Phone No.(Mobile) :

Email Id :

Marital Status :

Educational Qualifications

Residential Address

SI. No	Qualification	Institution & University	Major Subject	Year of Passing	

Experience

SI. No	Organization/ Institution	Job Title	Period	No of Years
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Declaration

The	above	mentioned	facts	are	true	and	fair	to	the	best	of	know	ledge	and
belie	ef													

Place :

Date :

Name & Signature