



Office of the State Mission Director  
National AYUSH Mission  
1<sup>st</sup> Floor, Bliss Haven, 82/1827(3), Convent Road,  
Vanchiyoor, Thiruvananthapuram – 35  
Phone : 0471-2 474 550, Email:namkerala@gmail.com

NAM/1138/2024-A1/SPMSU

06-12-2024

**Notification for the post of District Programme Manager (Deputation basis)**

**Essential Qualification and Experience:**

- **Eligibility:** Those who are working in ISM/Homeopathy Department, Govt. of Kerala
- **Qualification:** Degree in Ayurveda/Yoga & Naturopathy/Unani/Siddha/Homeopathy
- **Experience:**
  - a) Medical Officer with minimum 5 years experience
  - b) Two years experience in Administrative/Management field is desirable
- **No. of Vacancy:** 1

Applications in the prescribed format along with self attested copies of relevant certificates of qualifications, experience and No-Objection Certificates (NoC) from the Head of the Department should be submitted to the following address.

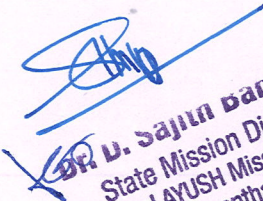
**The State Mission Director, State Programme Management and supporting  
Unit, National AYUSH Mission, 1<sup>st</sup>Floor, 82/1827(3)**

**Bliss Haven, Vanchiyoor P.O, Thiruvananthapuram.**

**Last date of Submission of Applications: 13-12-2024**

The application cover shall be super scribed as “Application for the post of District Programme Manager on deputation basis”.

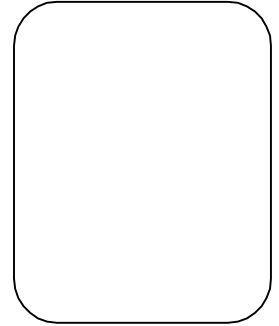


  
**Dr. U. Sajin Babu IAS**  
State Mission Director  
National AYUSH Mission, Kerala  
Thiruvananthapuram

# NATIONAL AYUSH MISSION KERALA

## Applicant's Profile

**Post applied for District Programme Manager  
(Deputation basis)**



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**

