



Date: 17-12-2025

National AYUSH Mission

DISTRICT PROGRAMME MANAGEMENT & SUPPORTING UNIT (DPMSU) KOLLAM

Phone: 0474-2082261 Email: dpmnamklm@gmail.com

NAM/DPMSU/KLM/06/2025

CAREER NOTIFICATION

A walk-in Interview is scheduled for the recruitment of Multi-Purpose Worker (Physiotherapy Unit) on contract basis.

Date of Interview: 27-12-2025

Reporting Time: 12 PM

Venue: District Programme Management & Supporting Unit (DPMSU)

District Medical Office, Indian Systems of Medicine, Asramam,

Kollam.

Sl. No	NAME OF POST	QUALIFICATION	AGE	Monthly Consolidated Remuneration
1.	Multi-Purpose Worker (Physiotherapy Unit)	Physiotherapy, Higher	Years (as on 17-12-2025)	13500/-

General Instructions:-

- If 20 or more candidates apply for the same post a screening test will also be conducted.
- The applicants shall go through the detailed notification carefully and decide themselves about their eligibility for the post before attending the Interview. Applicants must compulsorily fill-up all relevant fields of application.

- Incomplete/Incorrect application forms will be summarily rejected. The applicants should have a
 personal E-mail ID and Mobile Number.
- If any discrepancies are detected during the scrutiny of the application/candidate ship will be rejected even though the recruitment process is at final stage.
- The applicants should not furnish any false, tampered, fabricated information or suppress any material information while filling the application form. If the particulars furnished in the application form do not tally with the original document produced by the applicant, his/her application will be rejected. If any candidate possesses equivalent qualification the equivalency certificate shall be produced along with the application.
- Failure to submit equivalency certificate will result in rejection of the application.
- Application form can be downloaded at Website: www.nam.kerala.gov.in

Dr. POOJA P
District Programme Manager
National AYUSH Mission
Kollam

NATIONAL AYUSH MISSION KERALA

Applicant's F		
Post applied for:		
Name (Capital Letters)	/USL	
	A Ma	
Name of Fath <mark>er/Hu</mark> sband/Guardian		
Sex	O O	
Age & Date of Birth (DD/MM/YY)	MALL N	
Resid <mark>ential</mark> Address		
Address for Communication		
Phone No.(Mobile)		
Email Id		
Marital Sta <mark>tus</mark>		
Educational Qualifications		

Educational Qualifications

SI No.	Qualification	Institution & University	Year 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 knowledge and belief.

Place :

Date :

Name & Signature