National Health Systems Resource Centre, New-Delhi

External Assessment of public health facilities under National Quality Assurance Programme

**Declaration of Impartiality and Confidentiality**

(*To be filled in by each Assessor and to be enclosed with the Assessment Report)*

|  |  |  |
| --- | --- | --- |
|  | **Name** |  |
|  | Address |  |
|  | Qualification |  |
|  | Organization |  |
|  | Designation |  |
|  | Date(s) of Assessment |  |
|  | Areas assessed |  |
|  | Name and Address of the health facility Assessed |  |

1. I declare that;
2. I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
3. I do not have any commercial interest in the above mentioned health facility.
4. I am not an ex-employee of the health facility and am not related to any person of the management/Employee of the above mentioned health facility.
5. I under take that;
6. I shall maintain strict confidentiality of the information acquired through various documents like health facility records, Quality Manual, Standard Operating Procedures, Internal Reports, etc., of the above mentioned public health facility and other related information that might have been given by National Health Systems Resource Centre- New-Delhi or State Quality Cell, in the course of discharge of my responsibility and shall not disclose to any person other than that required by National Health Systems Resource Centre-New-Delhi.
7. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the above mentioned public health facility or National Health Systems Resource Centre-New-Delhi.
8. I shall maintaining independent and acting impartially with integrity during external assessment. I shall not act in any damaging to the reputation or interest of National Health Systems Resource Centre-New-Delhi or the above mentioned public health facility.
9. In the event of any alleged breach of this undertaking, I shall co-operate fully with National Health Systems Resource Centre-New-Delhi.

Date:

Place Signature of Assessor