

**Notice: Reappearance for post training evaluation by previous NQAS External Assessors
Training candidates**

Unsuccessful Candidates of previous batches who have not availed a total of three chances (1 main+ 2 supplementary) may reappear in evaluation examination on 11th December (Saturday) 2021 at Theatre (First Floor), National Health Systems Resource Centre (NHSRC), New Delhi.

Such willing participants may please intimate at nhsrc.eat@gmail.com beforehand by 9th December 2021. The candidates are expected to attach filled-in form along their email. The form is attached as '*Annexure A*'

Please note that no travel, boarding & lodging support for such participants would be provided by NHSRC.

In case of any query, you may contact Dr Chinmayee Swain, Consultant-QI, NHSRC at 8327775654.

BIODATA**“Participants in External Assessor Training On National Quality Assurance Standards” PLEASE WRITE IN BLOCK LETTERS**

1. Full Name: (Please leave one box blank between each word/ abbreviation/ Initials)

2. Name as to be printed on certificate including Title:

a. **Title** (please select as applicable) – Dr Mr Ms

b. **Name** (Please leave one box blank between each word/ abbreviation/ Initials)

3. Date of Birth: —//— (DD/MM/YY)

4. Current designation and Organisation:
(Please write full office address and email ID)

5. Correspondence address

a) Landline No:-
(With STD code)

b) Mobile Number

b) Email :-

6. Permanent Address -

(Leave blank if same as Correspondence address)

7. Reporting Authority Address:

Address														
Mobile No.														
Email ID														

8. Qualifications
(Starting from the highest Degree)

S. No.	Degree (As mention ed in the certificate)	Specialisation	College / University	Year of passing

9. Detail of Relevant trainings in Quality (Pl. mention name of trg. programme, conducted by duration, duration (please specify number of days/ weeks/ months)

- a)
- b)
- c)
- d)

Last Attended NQAS External Assessors Training details (applicable for the participants to attend the examination only on 11th December 2021)

A- Training place _____

B- Training dates _____

10. Work experience in health sector in last 10 Years (Starting with recent experience)

S. No.	Period (month & year)		Designation/Post	Organization	Key responsibilities (Maximum 3 points for each position)
	Start	End			
1.					

I certify that the above information is correct and true to the best of my knowledge and belief.

Date

(Signature)

Willingness
(Optional)

I Dr/ Mr/ Ms----- hereby give my willingness to be empaneled as “External Quality Assessor of Public Health Facilities” under NHM, if I am found eligible for the empanelment.

Place-
Date-

Signature
Name-