

Notice

Reappearance for post training evaluation by previous NQAS External Assessors' Training candidates

Candidates of previous batches who did not succeed in NQAS External Assessors' post training evaluation and have not availed two (02) supplementary chances within one (01) year of participation, may reappear for post training evaluation on 17th June 2023 (Saturday) at 09:00 AM, Theatre (First Floor), National Health Systems Resource Centre, New Delhi.

Participants may please intimate at nqas.eat@nhsrcindia.org by sending biodata form (attached as 'Annexure A') by 12th June 2023.

Please note that the travel, boarding & lodging support for such participants will not be borne by NHSRC.

In case of any query, you may contact Dr. Neeraj Gautam, Consultant – CU, QPS Division, NHSRC at +91-9792044111.

BIODATA

“Participants of 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)

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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)

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3. Date of Birth:/...../..... (DD/MM/YYYY)

4. Current Designation:

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5. Name of Current Organization:

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6. Correspondence address

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| Address | | | | | | | | | | | | | |
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| Mobile No. | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | |
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7. Permanent Address –
(Leave blank if same as Correspondence address)

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| Address | | | | | | | | | | | | | |
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| Mobile No. | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | |
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8. Reporting Authority Address

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| Address | | | | | | | | | | | | | |
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| Mobile No. | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | |
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9. Qualification:
(Starting from the Higher Qualification)

| Sl. No | Degree (As mentioned in the certificate) | Specialization | College / University | Year of passing |
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10. Details of relevant trainings in Quality (Pl. mention name of training programme, conducted by duration (please specify number of days/ weeks/ months)

a)

b)

c)

d)

11. Work Experience in Health Sector for last 10 Years (Starting with recent experience)

| S. No. | Period (month & year) | | Designation/ Post | Full name of Organization/ Department / Institute | Key responsibilities (Maximum 3 points for each position) |
|--------|-----------------------|-----|-------------------|---|---|
| | Start | End | | | |
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12. Total Work Experience

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

Date

(Name & Signature)

Consent

I Dr/ Mr/ Ms hereby give my consent to be empanelled as “External Quality Assessor of Public Health Facilities” under NHM, if I found eligible for the empanelment. I give my undertaking to perform assessment of minimum three public healthcare facilities in a year and will attend External Assessor refresher course as & when required.

Place -
Date --

Name -
Signature -