

**Notice**  
**Reappearance for post training evaluation by**  
**previous NOAS 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 22<sup>nd</sup> July 2023 (Saturday) at 10:00 AM, Theatre (First Floor), National Health Systems Resource Centre (NHSRC), New Delhi.

Such willing participants may please intimate at [nqas.eat@nhsrcindia.org](mailto:nqas.eat@nhsrcindia.org) beforehand by 17<sup>th</sup> July 2023. 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. Ratan Shekhawat, Consultant – QPS Division, NHSRC at +91 8586930006.

**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
	c) Email :-	

6. Permanent Address (Leave blank if same as Correspondence address)

	a) Landline No (With STD code):-	b) Mobile Number
	c) Email :-	

7. Reporting authority Details:

<b>Name</b>													
<b>Designation</b>													
<b>Address</b>													
<b>Mobile No.</b>													
<b>Email ID</b>													

8. Qualifications  
(Starting from the highest Degree)

S. No.	Degree (As mentioned 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 .....)**

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

***Undertaking***

I Dr/MR/MS .....hereby give my undertaking to be empanelled as “External Quality Assessor of Public Health Facilities” under NHM, if I am found eligible for the empanelment. I will serve for minimum (03) three years in improving the Quality of Care services in public health facilities.

Place –

Date -

Signature –

Name-