



**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) additional chances within one (01) year of participation in training, may reappear for post training evaluation on 1st June 2024 (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 29th May 2024.

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, Sr Consultant – Certification Unit, QPS Division, NHSRC at +91-9792044111.



BIODATA

“Reappearing Participants for Post Evaluation 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)

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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. | | | | | | | | | | | | | | |
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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. 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) |
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| | Start | End | | | |
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11. Details of NQAS External Assessors Training

- a) Date of Training
- b) Place of Training

12. Details of Additional attempt for Post training evaluation

Attempt – First/Second (Tick the appropriate one)

Date of Exam –

Place of Exam –

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 empaneled as “External Quality Assessor of Public Health Facilities” if found eligible for the empanelment. I give my undertaking to conduct six visits for assessment of public healthcare facilities in a year and will attend External Assessor refresher course as & when required.

Place -
Date -

Name -
Signature -