



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

Candidates of previous batches who did not succeed in the NQAS External Assessors' post training evaluation and have not availed two (02) supplementary chances within one (01) year of participation in training, may reappear for post training evaluation on 26th October 2024 (Saturday) at 09:00 AM in Indian institute of Bank Management (IIBM), Jayanagar, Khanapara, Guwahati, Assam.

Participants may please intimate at eat.rrcne@nhsrcindia.org with a copy to nqas.eat@nhsrcindia.org by sending biodata form (attached as 'Annexure A') by 21st October 2024. Please note that the cost of travel, boarding, lodging and other logistics will be borne by the participants themselves.

In case of any query, you may contact Dr. Ajay Kumar Arya, Consultant – QPS Division at +91 70990 08033.



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)

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/YYYY)

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4. Current Designation:

5. Name of Current Organization:



6. Correspondence address

Address														
Mobile No.														
Email ID														

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

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Address														
Mobile No.														
Email ID														

8. Reporting Authority Address

Address														
Mobile No.														
Email ID														



9. Qualification:
(Starting from the Higher Qualification)

Sl. No	Degree (As mentioned in the certificate)	Specialization	College / University	Year of passing

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)
	Start	End			



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 -

Name -

Date -

Signature -