





NOTICE

46th External Assessor's Training National Quality Assurance Standard (NQAS)

Date of Training: - 14th July 2025 to 19th July 2025

National Health Systems Resource Centre (NHSRC) has been set up under the National Health Mission (NHM), Government of India to serve as an apex body for technical assistance to Ministry of Health & Family Welfare & State Governments.

The Ministry of Health & Family Welfare has rolled out National Quality Assurance Standards (NQAS) and QPS Division, NHSRC functions as secretariat for this initiative. The Quality standards are arranged around (08) Eight Area of Concerns (AoCs) (Service Provision, Patient Rights, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, and Outcome), with specific standards under each area of concern.

Public Health facilities are required to follow step wise processes of internal assessment, state level assessment and external assessment for validation of criteria laid down for the National certification. For conducting External Quality Certification, a pool of Assessors having knowledge, skills and experience of the NQAS assessment is being created by the Certification Unit.

A Six-day External Assessors' Training will be conducted from Monday, 14th July to Saturday, 19th July 2025. The participants qualifying in the post training evaluation will be empaneled for the NQAS External Assessments of Public Healthcare facilities initially for a period of Three (03) Years.

Applications are invited from interested professionals who meet the following Qualification requirement:

- **Essential:**
- Qualification: MBBS/BDS/BAMS/BHMS/BSMS/BUMS/BSc (Nursing)/Full Time MHA or equivalent.
- Experience: Ten (10) years of post-qualification experience of direct care of patient/ program Administration/ Health Administration/ Health Consultancy/ Relevant Teaching and mentoring experience.
- This batch is exclusive for the participants working in the Non-Govt sector, hence, applicants working with the Central and State Governments, NHM and Government funded organizations need not apply for training in this batch.
- > Desirable:
- Empanelled NQAS Internal assessor/ NABH or NABL Assessor would be preferred.
- Fitness to travel extensively in far-flung areas, sometimes in difficult conditions.
- Proficiency in using certification portals and assessment applications.
- Passionate about implementation of Healthcare Quality in Public Health Facilities.
- Training Details:
- **There is no fee for the training**; however successful participants are expected to undertake at least six (06) visits in a year for conducting the Certification assessment.
- Boarding, Lodging, Travel arrangements & other logistics will be borne by the candidates themselves.
- Candidates, who have applied previously and were not considered for the external assessors' training, are required to re-apply themselves afresh.
- Date of Training: 14th July 2025 to 19th July 2025.
- **Attendance in all sessions is mandatory.** Participant not attending a session will not be permitted to appear in the evaluation exam on the last day of the training.
- **Venue of training:** Chintan Hall, 1st Floor, National Health Systems Resource Centre, NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi 110067.

Only shortlisted candidates will be invited by e-mail to a Training. *CV will be considered only if received in the desired format- Anterior (a) and the submitted information is found to be false, the candidate training even if they have been shortlisted.	nexure-I. g /or Call at Mobile No: 9400740026 .	
For Queries / Registration contact us at: nqas.eat@nhsrcindia.or *If any of the submitted information is found to be false, the candi	g /or Call at Mobile No: 9400740026.	ticipate
***If any of the submitted information is found to be false, the candi		ticipate
	date will be denied the opportunity to par	ticipate

CV Format for NQAS External Assessor Training

A. Basic Details

Full Name (in CAPITAL letter only)	
Date of Birth	
Mobile Number Alternative Number (WhatsApp No.)	
Email Address	
Current Address	
Permanent Address	
Current Designation	
Name of current Organization	
Current office address with phone number and email id	

B. Qualification Details (in reverse chronological order)

Name of Professional Degree	Name of Institute	Month and Year of Degree	Mode of Course (Full Time/ Part Time/ Distance Learning)	Date and Year of Permanent registration with professional body (e.g. NMC/ MCI/ DCI/etc)

Name of Training	Duration	Organization/Institute

$\textbf{\textit{D.}} \ \ \underline{\textbf{Work} \, \textbf{Experience}} \, (\textit{in reverse chronological order})$

Name of Organization	Designation	Type of employment (Permanent/Temporary/			Experience (in years & months)
			Period from (DD/MM/YYYY)	Period from (DD/MM/YYYY)	

Work Experience in Government Sector (if any)						
Name of	Designation	Type of employment (Permanent/	Details of Experience		Experience (in years & months)	
Organization		Temporary/ Contractual)	Period from (DD/MM/YYYY)	Period from (DD/MM/YYYY)		
I hereby co	onfirm that above	information is co	orrect.			
Name:				Cignature		
Name:				Signature:		