



File no. RRCNE/QPS/REC/Program.(05)/01

Date: 11th March 2024

NOTICE

Reappearance for Post Training Evaluation by previous NQAS External Assessors' Training Candidates

Candidates from prior batches who were unsuccessful in the 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 23rd March 2024 (Saturday) at 10:00 AM in Indian institute of Bank Management (IIBM), Jayanagar, Khanapara, Guwahati, Assam.

Participants may please intimate at eat.rrcne@gmail.com with a copy to nqas.eat@nhsrindia.org by sending biodata form (attached as 'Annexure A') by 15th March 2024. Please note that the cost of travel, boarding, lodging and other logistics would 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

“Reappear Participants of NQAS External Assessor Training Evaluation”

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)

D	D	-	M	M	-	Y	Y	Y	Y
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- 4 Current Designation:

- 5 Name of current organization:

6 Correspondence address

Address:																
Email ID:																
Mobile:																

7 Permanent Address:

Address:																
Email ID:																
Mobile:																

8 Reporting Authority Details:

Name																
Designation																
Address:																
Email ID:																
Mobile:																

9 Qualification: (Starting from the higher degree)

Sl.	Degree (As mentioned in the certificate)	Specialization	Name of College/University	Year of passing

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 Last attended NQAS External Assessor Training details (**Applicable for the participants to attend the Examination only on.....**)

a. Previous Training Place _____

b. Previous Training Date _____

12 Work experience in Health Sector for last 10 Years (Starting with recent experience)

Sl.	Period (month & year)		Designation	Full name of Organization/Institute/Dept.	Key responsibilities (Maximum 3 points for each position)
	Start	End			

Total Work Experience (in Years):

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

Date _____
:

Name & (Signature)

Undertaking

I Dr/ Mr/ Ms _____ hereby give my undertaking to be empaneled as “External Quality Assessor of Public Health Facilities” under NHM, if found eligible for the empanelment. I will serve for minimum (03) three years in improving the quality of care in public health facilities.

Place:

Signature:

Date:

Name: