

Unsuccessful Candidates of previous batches who have not availed a total of three chances (1 main+ 2 supplementary) may reappear in evaluation examination on 30th October (Saturday) 2021 at Hotel IBIS, Aerocity, IGI Road, New Delhi.

Such willing participants may please intimate at [nhsrceat@gmail.com](mailto:nhsrceat@gmail.com) beforehand by 28<sup>th</sup> October 2021. 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.

For any queries, Contact: Dr Abhay, Consultant, QI, NHSRC

Contact No.: 9690927895

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) Email :-
- b) Mobile Number

6. Permanent Address -

(Leave blank if same as Correspondence address)

7. Qualifications  
(Starting from the highest Degree)

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

8. 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 27<sup>th</sup> August 2021)**

A- Training place \_\_\_\_\_

B- Training dates \_\_\_\_\_

9. 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)

**Willingness (Optional)**

I Dr/ Mr/ Ms----- hereby give my willingness to be empaneled as “External Quality Assessor of Public Health Facilities” under NHM, if I am found eligible for the empanelment.

Place –  
Date -

Signature –  
Name-

Name -