

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

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 July 2022 (Saturday) at Theatre (First Floor), National Health Systems Resource Centre (NHSRC), New Delhi.

Such willing participants may please intimate at nqas.eat@nhsrcindia.org beforehand by 28th July 2022. 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.

In case of any query, you may contact Dr Neeraj Gautam, Consultant – Certification Unit, QPS Division, NHSRC at 9792044111.

BIODATA

“Participants of 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)

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)

:

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. 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. 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			

12. Total Work Experience

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 empanelled as “External Quality Assessor of Public Health Facilities” under NHM, if I found eligible for the empanelment. I give my undertaking to perform assessment of minimum three public healthcare facilities in a year and will attend External Assessor refresher course as & when required.

Place -
Date --

Name -
Signature -