

Notice
Reappearance for post training evaluation by
previous NOAS 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 22nd July 2023 (Saturday) at 10:00 AM, Theatre (First Floor), National Health Systems Resource Centre (NHSRC), New Delhi.

Such willing participants may please intimate at nqas.eat@nhsrcindia.org beforehand by 17th July 2023. 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.

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

	<i>a)</i>	<i>Landline No (With STD code):-</i>	<i>b)</i>	<i>Mobile Number</i>
	<i>c)</i>	<i>Email :-</i>		

6. Permanent Address (*Leave blank if same as Correspondence address*)

	<i>a)</i>	<i>Landline No (With STD code):-</i>	<i>b)</i>	<i>Mobile Number</i>
	<i>c)</i>	<i>Email :-</i>		

7. Reporting authority Details:

Name													
Designation													
Address													
Mobile No.													
Email ID													

8. Qualifications
(Starting from the highest Degree)

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

9. 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.....)

A- Training place _____

B- Training dates _____

10. 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

Undertaking

I Dr/MR/MShereby give my undertaking to be empanelled as “External Quality Assessor of Public Health Facilities” under NHM, if I am found eligible for the empanelment. I will serve for minimum (03) three years in improving the Quality of Care services in public health facilities.

Place –

Date -

Signature –

Name-