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

Candidates of previous batches who did not succeed in NQAS External Assessors' post training evaluation and have not availed two (02) additional chances within one (01) year of participation in training, may reappear for post training evaluation on 21st November 2026 (Saturday) at 09:00 AM, First Floor, NHSRC, New Delhi.

Participants may please intimate at shraiya.srivastava@nhsrcindia.org by sending biodata form (attached as 'Annexure- A') by 16th November 2026.

Please note that the travel, board & lodging support for such participants will not be borne by NHSRC.

In case of any query, you may contact Ms Shraiya Srivastava, Junior Consultant, QPS Division, NHSRC at +91-9871968289.

Annexure-A

BIODATA

"Reappearing Participants for Post Evaluation External Assessors' Training on National Quality Assurance Standards"

PLEASE WRITE IN BLOCK LETTERS

1. Basic Details

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

2. Reporting Authority Address

Address	
Mobile No.	
Email ID	

3. Qualification Details

(Starting from the Higher Qualification)

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.)

4. **Work Experience in health Sector for last 10 Years** *(Starting with recent experience)*

Name of Organisation	Designation	Type of employment (permanent/ temporary/ contractual)	Details of experience		Experience in years and months
			Period from dd/mm/yyyy	Period to dd/mm/yyyy	

5. Details of NQAS External Assessors Training

    a. Date of training

    b. Place of Training

6. Details of Additional attempt for Post training evaluation

    Attempt- First/ Second (Tick the appropriate one)

    Date of Exam –

    Place of Exam -

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 empaneled as "External Quality Assessor of Public Health Facilities" if found eligible for the empanelment. I give my undertaking to conduct six visits for assessment of public healthcare facilities in a year and will attend External Assessor refresher course as & when required.

Place - Name -

Date - Signature -