

Re- Appear Exam notice for previous EAT Participants

Unsuccessful Candidates of previous batches who have not availed a total of three chances (1 main+ 2 supplementary) may reappear in evaluation examination on 09th April (Saturday) 2022 at Hotel IBIS, Aerocity, IGI Road, New Delhi.

Such willing participants may please intimate at nhsrc.eat@gmail.com beforehand by 07th April 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.

For any queries, Contact: Dr Abhay, Consultant, QPS, 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 Organization :
(Please write full office address and email ID)

5. Correspondence address

a) Landline No:
- (With STD code)

b) Mobile Number

b) Email: -

6. Permanent Address -

(Leave blank if same as Correspondence address)

7. Qualifications
(Starting from the highest Degree)

S. No.	Degree (As mentioned in the	Specialization	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 09th April 2022)

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

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-