

### **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 27th August (Saturday) 2022 at First Floor, NHSRC, New Delhi.

Such willing participants may please intimate at [nqas.eat@nhsrcindia.org](mailto:nqas.eat@nhsrcindia.org) beforehand by 25<sup>th</sup> August 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 Deepika Gaur, Consultant, (CU)QPS, NHSRC

Contact No.: 7578005236

**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 certificate)	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 27<sup>th</sup> August 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-