

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 degree)

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 empaneled 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 -

Name –

Date -

Signature -