

**Notice**  
**Reappearance for post training evaluation by**  
**previous NQAS 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 18<sup>th</sup> February 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](mailto:nqas.eat@nhsrcindia.org) beforehand by 16th February 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.

In case of any query, you may contact Dr Naveen Kumar, Consultant – QPS Division, NHSRC at 9871812669.

# BIODATA

## “Participants of 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/YYYY)

4. Current Designation:


5. Name of Current Organization:


**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 Qualification)*

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 empanelled 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 -  
Date --

Name -  
Signature -