

Notice

Reappearance for Post Training Evaluation by previous NOAS External Assessors' Training Candidates

Candidates of previous batches of NQAS External Assessor Training, who could not be successful in the earlier post training evaluation may reappear the evaluation till additional 02 (Two) Supplementary chances.

Such willing participants may please **intimate at eat.rrcne@gmail.com by 7th August 2023** to reappear in the Post training evaluation of 5th Regional External Assessors' Training to be held on **12th August 2023 (Saturday) at 10:00 AM** in Indian institute of Bank Management (IIBM), Jayanagar, Khanapara, Guwahati, Assam. Candidates are expected to share the scan copy of the filled in Biodata form along with their email. The format is attached as 'Annexure A'

After receipt of confirmation from RRCNE/NHSRC, Candidates may attend the post Training evaluation on 12th August 2023 and expected to report at the Venue at 09:00 AM. Kindly bring the filled in Biodata form also. Please note that travel, boarding & lodging support need to be borne by the candidates.

In case of any query, you may contact Dr. Anup Basistha, Sr. Consultant – QPS Division, RRC-NE at +91 9864821610.

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)

D	D	-	M	M	-	Y	Y	Y	Y
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4 Current Designation:

5 Name of current organization:

6 Correspondence address

Address:																			
Email ID:																			
Mobile:																			

7 Permanent Address:

Address:																			
Email ID:																			
Mobile:																			

8 Reporting Authority Details:

Name																			
Designation																			
Address:																			
Email ID:																			
Mobile:																			

9 Qualification: (Starting from the higher degree)

Sl.	Degree (As mentioned in the certificate)	Specialization	Name of 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 Last attended NQAS External Assessor Training details (**Applicable for the participants to attend the Examination only on.....**)

- a. Previous Training Place _____
- b. Previous Training Date _____

12 Work experience in Health Sector for last 10 Years (Starting with recent experience)

Sl.	Period (month & year)		Designation	Full name of Organization/Institute/Dept.	Key responsibilities (Maximum 3 points for each position)
	Start	End			

Total Work Experience (in Years):

I certify that the above-mentioned information is correct and true to the best of my knowledge & belief

Date _____
:

Name & (Signature)

Undertaking

I Dr/ Mr/ Ms _____ hereby give my undertaking to be empaneled as “External Quality Assessor of Public Health Facilities” under NHM, if found eligible for the empanelment. I will serve for minimum (03) three years in improving the quality of care in public health facilities.

Place:

Signature:

Date:

Name: