APPLICATION FORMAT

GOVERNMENT OF INDIA
CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)
DIRECTORATE GENERAL OF HEALTH SERVICES
ROOM NO. 401 'A' WING, NIRMAN BHAVAN, NEW DELHI-110108

Ensure completeness of application in all respects. Incomplete application will not be considered at all

Application for Orientation Training Course on* _____

(Please specify the name of Training Course)

from_____to_____at_____

(dates)   (Specify Training Centre)

1. Name of the Candidate   :

2. Designation   :

3.   (a)   Scale of Pay   :
      (b)   Grade of post (pl. specify group A/B/C)

4. Nature of employment (Pl. specify)
       (Regular/Ad-hoc/Contractual)

(Voluntary applicants not eligible)

5. Complete Postal Address (with Pin code & Telephone, Fax & E-mail)

(a) Office (work place) of candidate	(b) Residence of candidate

6. Age: _____years,   7. DOB (____ – _____ – _____)   8. Sex :

(Date   MM   Year)

9. Nationality

10. Status of the Organization**   :   **Govt./Non-Govt**. : (Pl. clearly specify)
        where candidate is employed

11. Competent Sponsoring Authority ** (Name, Designation, complete Address with Pin code, Tel/Fax & E-mail)

Name :
Designation :
Address (with Pin code) :
Tel/Fax/Email :

12. Academic Qualifications (attach attested copies of certificates /degrees) of the candidate :

Certificates/Diploma/Degree	University/Institution	Year of Passing	Class/Division	Subjects

  *(i) **Health Information Management for Officers (one week).**
  (ii) Health Information Management for Non-medical personnel (one week).
  (iii)Family of International Classification (ICD-10 & ICF) for Non-medical Personnel (one week).
  (iv)Master Trainers on Family of International Classification (ICD-10 & ICF) (one week).
  ** It is compulsory and obligatory to fill up these items otherwise the application will be rejected.

13.   Technical In-service Training(s) undergone (if any) by the candidate - specify

Sl.No.	Training Course	Duration(s) (specify date from to)	Institution	Remarks

14.   Technical work Experience from current to the earlier positions held by the candidate: -

Organization./Institution	Designation of post held	Duration (from - to)	Scale of pay	Nature of duties performed

15. **Undertaking** by the candidate:
   a) I certify that particulars furnished above are correct to the best of my knowledge and belief. I also understand that in case of my unsatisfactory performance during the training course, Government of India can terminate me at any time from the training course and in that instance I will refund to CBHI the entire amount received during the course of training towards my TA, DA and honorarium.
   b) **For 5 days orientation training courses –** After this training I will apply Health Information Management skills and adopt ICD-10/ICF coding for morbidity/mortality/ functions/disability in my organization
   c) **For 5 days Master Trainers course -** After this orientation I will facilitate and coordinate training of medical/non-medical & nursing functionaries on Family of International Classification in my State/District/Organization.

Date:_____

(Signature of the Candidate)
Name_____

   16. **Recommendation** of Supervisory Officer on the eligibility & need for undergoing the training course applied by the candidate

Date:_____

Signature_____
(Supervising Officer)
Name/Designation/Tel. No./e-mail

17.   **Recommendation of the Competent Sponsoring Authority *****
        Certified that the candidate's training will equip him/her for the better discharge of duties in his/her post and will thus promote better use of Health Information Management Methods/FIC in this organization and thus the above candidature is recommended for the above mentioned training course.

Dated _____

Signature _____
(Competent Sponsoring Authority)

Tel/Fax/ :_____

Name_____
Designation_____
Address with pin code_____

E-mail address: _____

Note:
*** Competent Sponsoring Authority – Authority competent to officially depute an employee/candidate for training as   per prescribed rules & procedures
_____

The CBHI In-service Training Schedule 2010-11 alongwith the specimen application form is also available on CBHI website **www.cbhidghs.nic.in** from where it can be downloaded.

Please use Extra Sheets for Complete Application.