

APPLICATION FORM
GOVERNMENT OF INDIA
CENTRAL BUREAU OF HEALTH INTELLIGENCE
DIRECTORATE GENERAL OF HEALTH SERVICES
ROOM NO. 401 & 404, A WING, NIRMAN BHAVAN, NEW DELHI – 110011

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

Application for Admission to CBHI In-service Training Course for _____
 (Please specify the name of course*)
 From _____ To _____ at _____
 (Specify Training Centre)

1. Name of the Candidate :
2. Designation :
- 3 (a). Scale of Pay :
- (b) Grade of post (Pl. specify A/B/C/D) :
4. Nature of employment (Pl. specify) :
 (Regular/Adhoc/Contractual/Voluntary)
 (Contractual & Voluntary applicants not eligible)

5. Complete Postal Address of candidate :

(a) Office address (work place) of candidate with Pin code & Telephone, Fax & E-mail (essential)	(b) Residence of candidate with Pin code & Telephone, Fax & E-mail

6. Date of Birth : (_____)
Date Month Year
7. Age : 8. Sex :
9. Nationality :
10. Status of the Organisation** : 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 (**essential**)

Name :
Designation :
Address (with Pincode) :
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) Six months Training Course for Medical Record Technician (MRT)**

(ii) Twelve months (One year) Training Course for Medical Record Officer (MRO)

**** It is compulsory and obligatory to fill up these items otherwise the application will be rejected.**

13. Technical Inservice Training(s) undergone (if any) by the candidate – specify

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

14. Medical Record Related Technical Work Experience*

- (a). Do you have any work experience of dealing with Medical Records : Yes/No.
- (b). If Yes, give details below :-

Organisation/Institution.	Designation of Post held	Duration (from to)	Scale of pay	Nature of duties performed

15. Medical Record Related Technical Work Experience *(**applicable only for MRO training candidates**)

- (a). No. of years worked as Medical Record Technician/Medical Record Clerk :
- (b). Give details below :-

Organisation/Institution	Designation of Post held	Duration (from to)	Scale of pay	Nature of duties performed

16. Training Centre Preferred : #

1st Preference: 2nd Preference:

#Note: - (i) Medical Record Officers and Medical Record Technicians Courses are conducted at Safdarjung Hospital, New Delhi and JIPMER Puducherry and (ii) Indication to preference of Training Centre does not guarantee placement at the same Institution. However, it will be considered by the Selection Committee whose decision will be final.

17. Undertaking by the candidate:

I certify that particulars furnished above are correct to the best of my knowledge. I also understand that in case of my unsatisfactory performance during the training course, Government of India can terminate me from the training course at any time and in that instance I will promptly return the entire amount received during the course of training towards my TA & DA, to the Training Centre.

Date:

(Signature of the Candidate)
Name _____

* It is compulsory and obligatory to fill up these items otherwise the application will be rejected.

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

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Signature _____
(Supervising Officer)
Name/Designation/Tel. Nos.

18. **Recommendation of the Competent Sponsoring Authority ****

Certified that after the training the candidate's services will be utilized towards efficient functioning of the Medical Record Unit/Deptt. in this organisation and thus the above candidature is recommended for the above mentioned training course. The particulars given by the candidate have been verified and found correct.

Dated _____

Signature _____
(Competent Sponsoring Authority)
(Affix rubber stamp also)

Name _____

Designation _____

Address with Pin code _____

Tel/Fax/ : _____

E-mail address _____

Note :

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

The CBHI Inservice Training Schedule 2008 alongwith the specimen application form is also available on CBHI website www.cbhidghs.nic.in from where it can be downloaded.
