

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

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

Application for Orientation Course on* _____ from _____ to _____
 (Please specify the name of course)
 at _____
 (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/Adhoc/Contractual/Voluntary)
 (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 (____/____/____)
 (Date MM Year) 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)

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) One Week Orientation Training Course on Health Statistics for Medical Officers.
 (ii) One Week Orientation Training Course on Health Statistics for Non-Medical Personnel.
 (iii) One Week Orientation Training Course on ICD-10 for Non-Medical Personnel.
 (iv) 3 Day Workshop of State/District level Coordinators for Training on Morbidity and Mortality coding using ICD-10.

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

Organisation./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 the entire amount received during the course of training towards my TA, DA and honorarium (stipend) to CBHI.
- b) **for 5 days orientation training courses** – After this training I will apply Health Statistical methods and adopt ICD-10 coding for morbidity/mortality in my organization
- c) **for 3 days workshops** - After this orientation I will facilitate and coordinate training of medical/non medical & nursing functionaries on ICD-10/in my State/District/Organisation.

Date :

(Signature of the Candidate)
Name _____

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

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

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 the use of Health Statistical Methods/ICD-10 in this organisation and thus the above candidature is recommended for the above mentioned training course.

Dated _____

Signature _____
(Competent Sponsoring Authority)
Name _____

Tel/Fax/ : _____
E-mail address (if any) _____

Designation _____
Address with Pincode _____

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 2008-09 alongwith the specimen application form is also available on CBHI website www.cbhidghs.nic.in from where it can be downloaded.