

**APPLICATION FORM FOR ADMISSION TO CBHI IN-SERVICE TRAINING COURSE OF
MRO (01.01.2018 to 31.12.2018) / MRT (01.01.2018 to 30.06.2018)**

Self-attested
photograph of
applicant

1. Name of the Candidate :
(Block Letters)
2. Date of Birth :
3. Sex (Male / Female) :
4. Nationality :
5. Aadhar Number :
(16 digits):
6. Designation :
7. Name of the organization/ Institution:
(where candidate is working)
8. Status of the Organization : Govt./Non-Govt.
- 9.
10. Nature of employment (Pl. specify) : Govt. / Non-Govt. / Contractual / Permanent
11. If Non –Govt. Number of Beds in the Hospital
12. Date of Joining in the Service :
(For Govt. candidate)
13. Level of Pay (as per 7th PC) :
(For Govt. Employee)
14. Complete Address of candidate (Residence):
 - a) H. No. / Flat No. :.....
 - b) Village name / Mohall a.
 - c) Tehsil / District name
 - d) State name along with pin code
 - e) Tel-No.& Mob.No.

15. Complete Address of the candidate(Workplace)
- Name of the Organization /. Institution
 - Postal address
(along with pin code)
 - Name of the Supervisor
(along with telephone / mobile / e-mail id)
16. Contact details of the candidates
- Mobile No. / alternate mobile No.
 - Telephone No.
 - E-mail id
11. Educational qualifications (essential) of the candidate (attach attested copies of certificates/ degrees)

S. No.	Qualifications	University/Institution/Board	Year of Passing	Class/Division
1.	10 th standard			
2.	10 + 2 standard			
3.				

12. Details of the previous In-service Training(s) if any, (Attach Certificate)

Sl. No.	Name of Training	Institution/ Organization	Duration(s) (specify date (from - to))

13. Working experience (s) in Medical Record Unit/Deptt. in a Hospital
(Provide details from current to previous experience in table below:

S. No.	Designation of Post held	Scale of Pay	Organization/ Institution	Department/Division	Duration (from - to)	Nature of duties performed
1						
2.						
3.						

14. Level of knowledge/skill in use of Computer including MS Word & Excel (Please tick the factual position): (Also attach certificate, if any)

(a) Nil

(b) Working knowledge

(b) Proficient

15. Training Centre Preferred :

1st Preference:

2nd Preference:

3rd Preference:

16. Undertaking by the candidate:

Is/d/w/ ofcertify that particulars furnished above are correct to the best of my knowledge. I also understand that in case of any misinformation or 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)

(Recommendation Supervisory Officer and Competent Sponsoring Authority)

17. **Recommendation** of immediate Supervisory Officer on the basis of qualification, eligibility & need for undergoing the training course applied by the candidate

.....
.....
.....
.....
.....

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

Name _____
Designation _____
Address _____
Tel. No./email ID _____

Place: _____
Date: _____

18. Recommendation of the Competent Sponsoring Authority **

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

It is to certify that Mr./Ms. has been working in the Medical Record Unit/Deptt. of sinceas.....
(name of the institution)
(date) (designation)

The candidature of this candidate (Mr./Ms.....) is recommended for MRT/MRO Training Course and certified that after the training the candidate's services will be utilized towards efficient functioning of the Medical Record Unit/Deptt. in this organization. The particulars given by the candidate have been verified and found correct.

Dated _____

Signature

(Competent Sponsoring Authority)
(Affix rubber stamp hereunder)

Name _____

Designation _____

Address with Pin code _____

Tel./Fax/: **(essential)** _____

E-mail address: **(essential)** _____

Signature of the Applicant

(NAME OF THE APPLICANT)

Check list

1. The CBHI In-service Training Schedule 2018 alongwith the specimen application form is also available on CBHI website www.cbhidghs.nic.in from where it can be downloaded.
2. Please check the name of In- service training course.
3. Name must be written in block letters.
4. Medical Record Officers and Medical Record Technicians Courses are conducted at Safdarjung Hospital, New Delhi , JIPMER Puducherry and Dr RML Hospital New Delhi(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.
5. Address for sending completed applications.

Director,
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