

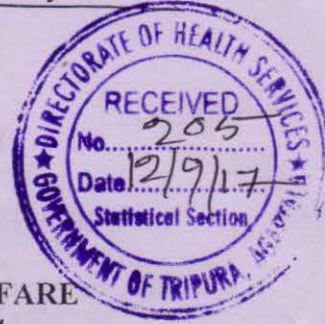


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GOVERNMENT OF INDIA  
FIELD SURVEY UNIT (CBHI)  
MINISTRY OF HEALTH & FAMILY WELFARE  
REGIONAL OFFICE FOR HEALTH & FAMILY WELFARE  
B.J. - 25, B.J.B. NAGAR, BHUBANESWAR-751014  
Ph. 0674-2431708 e-mail:rohfwbbs.od@gov.in/ rohfwbbs@rediffmail.com

NO: HIFU / 1-58 (P) / 2017-Tech

386

Dated: 08.08.2017

To

1. The Director of Health Services,  
Manipur / Meghalaya / Mizoram / Odisha / Tripura / West Bengal / Andaman & Nicobar Islands.
2. The Director of Public Health // Director of Nursing / Director,  
SIHFW/ DMET / Director of, AYUSH Odisha
3. Senior Regional Director, Kolkata/Imphal/Shilong

**Sub:- Schedule of CBHI In-service Orientation Training Course (HIM) for officers during the year 2017-18 :- Reg.**

Sir,

Central Bureau of Health Intelligence (CBHI) is conducting in-service Training Courses for Officers every year at Field Survey Unit (FSU) of Regional Office for Health & Family Welfare, (GOI), BJ-25, BJB Nagar, Bhubaneswar. This office is inviting the candidates from Odisha, West Bengal, Manipur, Meghalaya, Mizoram, Tripura and A & N Islands to facilitate the trained manpower development for the following Training Course. This office is also appreciating your good cooperation as well as sincere efforts of all CBHI related work.

| <u>S.No.</u> | <u>Name of the Course</u>                                    | <u>Period of Training</u> | <u>Last date of receipt application</u> |
|--------------|--|---------------------------|---|
| 1.           | <b>Health Information Management for Officers (One Week)</b> | 11 - 15 December, 2017    | Dt.02.10.2017                           |

The eligibility criteria for the above training course is Group B and above level officers closely involved in Management of Health Information from PHC to State / UT levels in Central / State Govt., Local Govt., Public Sector Undertaking Govt. Establishments. This may include Medical Officers (including AYUSH), District Health Programme Manager, Statistical Officer, Health Education Officer, Mass Media Officers, Block Extension Educators and Public Health Nurses etc. working in Health Sectors.

The selected officers will be entitled T.A. / D.A/ honorarium. from this organization as per the Govt. of India norm. The local candidates will not be entitled for any TA / DA. **The officers from Private / Public Sector Undertaking and contractual candidates will not be entitled for any T.A. / D. A./ honorarium** The eligibility of Air journey will be entertained in the Air India (Economic class) only as per TA rule of GOI.

P.T.O.

Therefore it is requested to widely circulate this training schedule under your jurisdiction and sponsor two or three eligible participants for the above said training course to this office as early as possible.

A copy of the prescribed application form is enclosed for the applicant and it can also be downloaded from the CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in). In case of further query, please contact Phone - 0674 -2431708 and e-mail [rohfwbbs.od@gov.in](mailto:rohfwbbs.od@gov.in) / [rohfwbbs@rediffmail.com](mailto:rohfwbbs@rediffmail.com).

Yours faithfully,

Encl: As above.

Regional Director (HFW)

The Director, CBHI, (DGHS), Nirman Bhawan, Room No. 401, New Delhi- 110108 for kind information.

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

(b) if contractual in Govt. Establishments  
 attach attested copy of appointment letter.\*\*

(Voluntary application not eligible)

5. Complete Postal Address (with Pin code & Telephone, Mobile, 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.: (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 Qualification (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 Officer (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)

(v) Medical Record and Information Management (one week)

\*\* It is compulsory and obligatory to fill up these items & provide documentary proofs wherever necessary otherwise the application be rejected.

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

| SI. 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./Instiution | 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 toward my TA, DA and honorarium.
- b) For 5 days orientation training course - 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)

Tax/Fax/ : \_\_\_\_\_

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Address With pin code \_\_\_\_\_

E-mail address: \_\_\_\_\_

Note

\*\*\* Competent Sponsoring Authority - Authority competent to officially depute an employee/candidate for training

The CBHI In-service Training Schedule 2011-12 alongwith the specimen application form is also available on CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in) from where it can be downloaded.

Please use Extra Sheets for Complete Application.

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