



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

NO: HIFU / 1-58 / 2019-Tech(P)

Dated:28.04.2025

To,

1. The Director of Health Services / Director Medical Education / Manipur / Meghalaya / Mizoram / Odisha / Tripura / West Bengal / A & N Islands
2. The Director of Public Health, Odisha.
3. The Director, SBHI, West Bengal.
4. The Medical Director, Central Hospital East Coast Railway, Mancheswar, Bhubaneswar
5. The Medical Superintendent , Police Hospital, Rourkela, Odisha.
6. The Chief District Medical&Public Health Officer (All 30 districts) Odisha
- 7.Principal of Medical Colleges& Hospital (All allotted States)
8. Senior Regional Director, Kolkata/Imphal/Shillong.

Sub: - Schedule of CBHI In-service Orientation Training Courses for Non-medical personnel during the year 2025- 26 –Reg.

Sir,

Central Bureau of Health Intelligence (CBHI) is conducting the three separate in-service Training Courses for non-medical personnel every year at Field Survey Unit (FSU) of Regional Office for Health & Family Welfare, (GOI), BJ-25, BJB Nagar, Bhubaneswar 751014, Odisha. This office is inviting the candidates from Odisha, West Bengal, Manipur, Meghalaya, Mizoram, Tripura and A & N Islands to facilitate the trained manpower development with the following Training Courses. This office is also appreciating your good cooperation as well as sincere efforts of all CBHI related work.

S.No.	Name of the Course	Period of Training	Last date of receipt application
1.	Family of International Classification (ICD-10 & ICF) One Week (For Non – Med. personnel)	1 st batch, 19-23 May, 2025	10 th May, 2025
		2 nd batch, 15-19 Sept, 2025	05 th Sept, 2025
		3 rd batch, 24-28 Nov, 2025	10 th Nov, 2025
2.	Health Information Management (One Week) (For Non – Medical personnel)	1 st batch, 16-20 June, 2025	05 th June, 2025
		2 nd batch, 27-31 Oct, 2025	10 th Oct, 2025
3.	Medical Record and Information Management (one week) (For Non – Medical personnel)	One batch 14– 18 July, 2025	02 nd July, 2025
4.	Health Information Management (One Week) (For Medical personnel)	One batch 19– 23 Jan, 2026	31 st Dec, 2025

The eligibility criteria for the above training courses (Sl. No. 1, and 2) are non-medical and para-medical officials of Group-C and above level employees in the Central Govt. / State Govt. / Public Sector

Undertaking engaged in preparation, handling & maintenance of medical and health data and records at State Dte. of Health, Medical & F.W. Services / District Hospitals, Medical Health Office / Municipal Corporation / Dispensary / CHC / PHC such as statistical person like Stat. Asst, Stat. Investigator, Asst. Statistician, Computer, Data Compiler Vital Stat. Clerk, Public Health Extension Officers (PHEO), Pharmacist, Staff nurse etc.

The eligibility criteria for **Sl. No. 3** are Group 'C' and above level officials such as Nurses, Lab. Technicians, Pharmacists, Physical and Occupational Therapists, Audiometrists and Speech Therapists, Optometrists and Ophthalmic Assistants, Clinical Psychologists, Psychiatric Social Worker, Dietician, EEC / ECG Technician, Dialysis Technician, Endoscopy Technician, Blood Bank Technician and Health Statistician who have not undergone any formal training related to Medical Record System.

Therefore, it is requested to widely circulate this training schedule under your jurisdiction and sponsor only the prescribed eligible candidates for the above said training course to this office within the stipulated time. The selected candidates will be entitled T.A./ D.A. and honorarium from this organization as per the Govt. of India norms. The local candidates will not be entitled for any TA / DA. **The candidates from Private / Public Sector Undertaking and any contractual candidates will not be entitled for any T.A. / D. A. and honorarium.**

Regarding Air travel it is to be noted that in view of the decision of Ministry of Finance, Department of Expenditure, Government of India, in all cases of air travel, air tickets of private airlines may be purchased and can be purchased only from the three authorized Travel agents viz.

4. M/s Balmer Lawrie & Company Limited (BLCL).
5. M/s Ashok Travels & Tours (ATT).
6. Indian Railways Catering and Tourism Corporation Ltd. (IRCTC).

Note:

Applications of eligible candidates employed on contractual basis in Govt. Establishments and those working in registered non-govt. Establishments involved in Medical and health field will be considered only against any vacancy after considering the eligible candidates from Government Health/Medical Care Establishments.

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. In case of further query, please to contact by Phone 0674 -2431708 and e-mail rohfwbbs@rediffmail.com/rohfwbbs.od@gov.in/ fsubbsr@gmail.com.

Yours faithfully,

Encl: As above.

Sr. Regional Director (HFW)

Copy for information to: -

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

Sr. Regional Director (HFW)

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*

from _____ to _____ at _____ (Please specify the name of Training Course)

(dates)

1. Name of the Candidate

(Specify Training Centre)

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 (____ - ____ - ____)
(Date MM Year)

8. Sex :

9. Nationality

10. Status of the Organization**
where candidate is employed

Govt./Non-Govt. : (Pl. clearly specify)

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.

Contd...2/-

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:

- 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.
- 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
- 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.

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