

Government of Tripura
Directorate of Health Services
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Agartala : Tripura West

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No. F.10.(77) – SBHI/2017 (Vol.1)

Dated, 29th May, 2019.

Applications are invited from willing in-service candidate of Health & Family Welfare Deptt. Govt. of Tripura for undergo the below mentioned orientation training courses under Central Bureau of Health Intelligence (CBHI) Directorate General of Health Services, New Delhi .

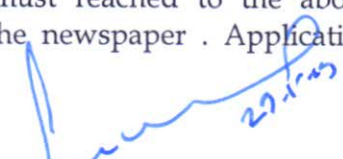
The training course for the year 2019-20 is going to be conducted at field Survey Unit of Regional Office for Health & Family Welfare (GOI) , Bhubaneswar -751014, Odhisha.

Sl. No.	Name of Course	Period of training	Last date of receipt of application by ROHFW
1)	Family of International Classification (ICD -10& ICF) one week (For Non- Med personnel)	2 nd Batch, 26-30 Aug.2019	Dt. 13/7/2019
		3 rd Batch, 3-7 Feb.2020	Dt. 31/12/2019
2)	Health Information Management for (One Week) (for Non-Medical personnel)	1 st batch 22-26 July, 2019	Dt.11/06/2019
		2 nd batch 4-8 November 2019	Dt. 05/10/2019
3)	Medical Record and Information Management for Non- Med personnel (one week)	One batch 16-20 Sept. 2019	Dt.04/08/2019

The eligibility criteria for all above categories of training course as per circular issued by CBHI , Govt. of India and also as per guideline for training for the in service candidates of the H.& F.W. Department , Govt. of Tripura as per Notification vide No. F.2(1-279)-MS/Estt/2018 dated, 29/1/2019 .

The circular of CBHI along with enclosures is also available on CBHI Website www.cbhidghs.nic.in & www.health.tripura.gov.in from where it can be downloaded .

Last date for submitting Application :- The application must reached to the above mentioned address within 7 days of the advertisement in the newspaper . Application received after the last date will not be entertained .


(Dr. J.K. DEV VARMA)
Ex-Officio Addl. Secretary &
Director of Health Services
Government of Tripura ,Agartala .

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)

(Voluntary applicants not eligible)

(b) If contractual in Govt. Establishment
 attach attested copy of appointment letter.**

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 (____ - ____ - ____)

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).
- (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 will be rejected.

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

S.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 2011-12 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.