



GOVERNMENT OF INDIA
Regional Office for Health & Family Welfare
(Directorate General of Health Services, Ministry of Health and FW)

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दिनांक / Date: 25.5.2017

Senior Regional Director (H & FW)

No. 2-2/ROH&FW/FSU /2017-18/

To

The Director
Directorate of Health Services
Government of Kerala
Government Hospital Junction
Thiruvananthapuram
Kerala-695035

Sub: CBHI In-service One week Orientation Training on Health Information Management (HIM) for Officers from 15th May to 19th May 2017 -regarding.

Sir/ Madam,

This office is conducting CBHI Orientation Training course on Health Information Management (HIM) for officers from 15th May to 19th May 2017 at the Regional Office for Health & Family Welfare, Bangalore, Karnataka. The Officers of Group B and above level who are closely involved in management of Health information at various levels from PHC to State/UT are eligible for the training. The eligible person includes Medical Officers (including AYUSH), District Health Programme Managers, Statistical Officers, and Health Education Officers and Mass Media Officers working in Health Sectors, Public Health Nurses are eligible for the said training.

The topics to be dealt during the training are:

- NHM, Goal and achievement, Health Care delivery, Various Health records and validation
- Need and importance of classification and presentation of data
- Measures of central tendency
- Hospital statistics
- Introduction to Ms Excel
- Overview of Vital Statistics

The TA/DA, in the form of reimbursement, is admissible to outstation regular candidates selected from Govt. establishments as per Govt. of India rules. They are also eligible to get honorarium @ Rs. 125/- per working day on which training is attended by the candidate. Local candidates selected from govt. establishment are not entitled for any TA/DA, but they are eligible to get honorarium as mentioned above. Any candidate, who is selected from registered non-government establishments, is not entitled to get any TA/DA or honorarium.

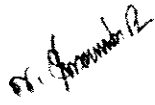
You are requested to kindly circulate this training schedule to all the health Institutions in your jurisdiction and nominations may be sent in the prescribed form.

A copy of the prescribed application form is enclosed which may be photocopied in requisite numbers. The duly filled in applications of eligible candidates, complete in all respects, may please be forwarded to "The Deputy Director (FSU), Regional Office for Health & Family Welfare, 2nd Floor, F-Wing, Kendriya Sadan, Koramangala, Bangalore-560 034" and also through e-mail at rhobng@nic.in before 2nd May 2017.

For any clarification, please contact the Dy. Director (FSU) on telephone No. 080-25537688 / 25537310.

Enclosed: Application Form

Yours faithfully,


(N. Suseendra Babu)
Deputy Director

Copy to: 1. Demographer DHS Karnataka
2. Joint Director HET, DHS Karnataka

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. 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** : 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) 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.**

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.