



Goverment of India

Ministry of Health & Family Welfare

**By Speed Post** Most Immediate Tele/Fax: 91(11)23062695

91(11)23063175

: dircbhi@nb.nic.in e-mail website: www.cbhidghs.nic.in

: HOSPITAL INDIA

केन्द्रीय स्वास्थ्य आस्तवना ब्यूरो स्वास्थ्य सेवा महानिदेशालय निर्माण भवन, नई दिल्ली - 110011 Central Bureau of Health Intelligence Dte. General of Health Services Nirman Bhawan, New Delhi - 110011

> 24th July 2009 Dated:

No. Z. 22025/2/2009-CBHI

Director of Health Services/Family Welfare Services/Public Health & Preventive Medicine/Public Health. All States/UTs in India

Director of Medical Education, All States/UTs in India

3. Director/Principals/Dean of all MCI Recognized Medical Colleges including AYUSH, in India (Attn: Medical Supdt./Head MRD)

4. Director General, Armed Forces Medical Services, New Delhi – 110001

5. Director of Health & Medical Services, Union M/c. Railways, Rail Bhawan, New Delhi -110001

6. Commissioner (Medical), ESI, Union M/o. Labour, Shram Shakti Bhawan, New Delhi -110001

7. Jt. Secretary, D/o. AYUSH, MOHFW/GOI, Red Cross Building, New Delhi -110001.

Subject: Schedule of CBHI In-service Training Courses for Medical Record Technicians (MRT) & Medical Record Officers (MRO) during the year 2010 - Regarding.

Sir/Madam.

You are aware that the Central Bureau of Health Intelligence (CBHI) as the National Nodal Institution for the National Health Profile and Family of International Classification (ICD & ICF) in the country conducts in-service training courses for MRT (six months duration) and MRO (one year duration) through the Medical Record Department & Training Centres of Safdarjung Hospital, New Delhi and JIPMER, Puducherry. The schedule of these two in-service training courses for the year 2010 is enclosed, which also highlights on the eligibility criteria for admission of the candidates to these courses, dates of training courses, batch size and the last date of the receipt of duly recommended and sponsored application(s) in the prescribed application format at CBHI, New Delhi.

The selected outstation candidates from Government establishments for these two above mentioned training courses will be paid entitled to & fro Travelling Allowance (TA) to join the training center & Daily Allowance (DA) during journey period as per Central Govt. rules and entitled DA during the period of training course as per Central Government Rules under SR-164 (3) (ie.) viz. first 180 days full D.A. and beyond 180 days nil D.A. The period of training will be treated as "on duty" for the candidates selected to undergo the said training course(s). Selected local candidates will not be entitled for any TA/DA. Similarly any candidate from registered non-government medical establishment(s), if selected, will also not be entitled for any TA/DA during these training course(s).

Contd.,2--





You are requested to widely circulate this training schedule to all the Government, Local Govi. Bodies, Public Sector Undertakings, Autonomous Govt. Establishments, District Health Officers, Medical Superintendents of District Hospitals, Sub-divisional Taluk Hospitals, Community Health Centres and to registered Non-Govt. Medical Establishments involved in medical care in your State/UT and kindly sponsor only the eligible candidates for the above said training courses.

A copy of the prescribed application form is enclosed which may be photocopied in requisite number. This application form can also be downloaded from the CBHI website www.cbhidghs.nic.in The duly recommended application(s) of eligible candidates(s) may please be sent to Director CBHI/Dte.GHS. Room No. 401 & 404, A-Wing, Nirman Bhawan, New Delhi-110 108 positively to reach before/by the last date of receipt as indicated against each course in the enclosed schedule. The selected candidates & their sponsoring organization for the said course will be informed accordingly well before the commencement of the course(s) and only the selected candidate(s) will be required to report at the allotted training center. Any candidate if reports later than one week after the commencement of the concerned training course will not be permitted to join the course.

Your valuable cooperation is extremely essential for ensuring full utilization of these training courses in order to improve & strengthen the medical record department in various medical/public health institutions in your State/UT in the overall national interest.

Thanking you,

Yours faithfully,

(Nand Lal) Joint Director (PT&C)

Encls: (1) Schedule of CBHI In-service Training Courses for MRO and MRT for the year 2010, and (2) Specimen Application Form.

Copy alongwith said enclosures forwarded for immediate & follow up necessary action to:

- All the Regional Directors (H&FW/GOI)/Dy. Directors of All Six CBHI-FSUs/Officer Incharge RHTC/CBHI. Kindly circulate this training schedule to all the Health Authorities of the States/UTs as well as all Districts and Municipal Corporations under your coverage and ensure timely sponsoring of eligible candidates for the above said training course.
- Medical Superintendent, Safdarjung Hospital, New Delhi -110029 (Attention: Incharge MRD & TC) 2.
- 3. Director/Medical Superintendent, JIPMER, Puducherry -605 006 (Attention: Incharge MRD & TC)

Secretary (Health & FW) of all States/UTs in India 4.

(Nand Lal)

Joint Director (PT&C)

## Schedule of CBHI In-service Training Courses for Medical Record Technicians (MRT) & Medical Record Officers (MRO) During the year 2010

Name of the Training Course, Duration and Batch Size.		Dates of Training Course(s)	Last date of Receipt of Completed and Duly Recommend- ed/Sponsored Application in the Prescribed Format, at CBHI *** New Delhi.	Venue of the Training Course.
Medical Record Technician (MRT) Training Course. (6 Months)  (15 participants per batch)	1. Essential:  1.1. The candidate should be employed as Group — C and above levels on regular basis, preferably as Medical Record Technician/ Medical Record Clerk or other Group — C and above level regular employee* specifically engaged in medical record system at CHC/Taluk/District and above level Hospitals under Central Govt./State Govt./Local Government Bodies/ Public Sector Undertakings/Autonomous Govt. Establishment/ Registered Non-Government Organizations**  and  1.2. The applicant should have successfully completed at least 10+2 Yrs. (ie. Senior Secondary) Schooling or equivalent from a Govt. Recognized Board/University. However, the Govt. candidate(s) who is already appointed as MRT or Medical Record Clerk and having the academic qualification of only 10th ass, he/she may be considered for MRT training. But it may be specifically noted that undergoing MRT training will not make any such person eligible for MRO course until and unless he/she has qualified 10+2 exam and fulfill other eligibility conditions with regard to MRO training course.	(1) 1 <sup>st</sup> Jan. 2010 to 30 <sup>th</sup> June2010  (2) 1 <sup>st</sup> July 2010 to 31 <sup>st</sup> Dec. 2010	3 <sup>rd</sup> Nov. 2009	Both Batches of Training Courses Simultaneously at MRD&TCs of Safdarjung Hospital, New Delhi and JIPMER, Puducherry.

ŠI. No.	Name of the Training Course, Duration and Batch Size.	Eligibility Criteria for Admission of Candidate(s) in the Training Course.	Dates of Training Course(s)	Last date of Receipt of Complete and Duly Recommend- ed/Sponsored Application in the Prescribed Format, at CBHI *** New Delhi.	Venue of the Training Course.
•	Medical Record Technician (MRT) Training Course. (6 Months)  (15 participants per batch)	2. Desirable: Skill in use of Computer.  *The functionaries already appointed for other technical expertise like Nursing/Laboratory/Physio & Vocational Therapies/Radiography/ MPHW & Supervisor (M/F)/ Pharmacist etc. will not be considered for admission to MRT training course. However, such person(s) may be considered to undergo MRT training course subject to the condition that he/she has been			
	· · · · · · · · · · · · · · · · · · ·	working in Medical Record Department/Unit of a hospital for a minimum of 3 years and attach a certificate from the sponsoring authority to the effect that his/her present post is included into the feeder category to the promotion to the post(s) of Medical Record Technician/Asstt. Medical Record Officer/Medical Record Officer and after MRT training his/her services will be utilized in Medical Record			
		**Applications of eligible candidate(s) from registered Non-Govt. Medical Establishments involved in medical/health record system will be considered only against any vacancy existing after considering the eligible candidates from Govt. establishments indicated above.			

_	•	3	٠.
_	•		•-

Sl. Name of the Training Course, Duration and Batch Size.	Eligibility Criteria for Admission of Candidate(s) in the Training Course.	Dates of Training Course(s)	Last date of Receipt of Complete and Duly Recommend- ed/Sponsored Application in the Prescribed Format, at CBHI *** New Delhi.	Venue of the Training Course.
2. Medical Record Officers (MRO) Course. (12 Months) (15 participa nts per batch)	1.1. The candidate should be employed as Group-C and above levels on regular basis and working as Medical Record Technician/ Medical Record Clerk/Asstt. MRO/MRO or other Group - C and above level employee* specifically engaged in Medical Record Unit/Deptt. at CHC/Taluka/District and above level Hospitals under Central Govt./State Govt./Local Govt. Bodies/Public Sector Undertakings/Autonomous Govt. Establishments/Registered Non-Government Organizations**  and  1.2. The applicant should have successfully completed at least 10+2 Yrs. (ie. Senior Secondary) Schooling or equivalent from a Govt. Recognized Board/University.  and  1.3. Experience of working in Medical Record Unit/Deptt. for at least 5 years at CHC/Taluk/Distt. & above level Hospitals. Candidate(s) already a trained MRT and 5 years experience will be given preference over the candidate(s) having experience over 5 years but having no training on MRT. Similarly person(s) with higher educational qualification will be given preference over the person(s) with lower educational qualification.  2. Desirable: Skill in use of Computer.	1 <sup>st</sup> July 2010 to 30 <sup>th</sup> June 2011	3rd May 2010	Training Course Simultaneously at MRD & TCs of Safdarjung Hospital, New Delhi and JIPMER, Puducherry.

SI. No.	Name of the Training Course, Duration and Batch Size.	Eligibility Criteria for Admission of Candidate(s) in the Training Course.	Dates of Training Course(s)	Last date of Receipt of Complete and Duly Recommend- ed/Sponsored Application in the Prescribed Format, at CBHI *** New Delhi.	Venue of the Training Course.
	Medical	*The functionaries already appointed for other			
1	Record	technical expertise like Nursing/Physio/			
	Officers	Laboratory & Vocational Therapies/			]
	(MRO)	Radiography/ MPHW& Supervisor (M/F)/	·		
	Course.	Pharmacist etc. will not be considered for			
	(12	admission to MRO training course. However,			
i I	Months)	such person(s) may be considered to undergo			l
		MRO training course subject to the			Ĭ
	(15	condition that he/she has been working in			-
	participa	Medical Record Department/Unit of a hospital			<u> </u>
	nts per	for a minimum of 5 years and attach a			
j j	batch)	certificate from the sponsoring authority to			
		the effect that his/her present post is included			
		into the feeder category to the promotion to		İ	
		the post(s) of Medical Record Technician/Asstt. Medical Record			ļ
		Officer/Medical Record Officer and after			
		MRO training his/her services will be utilized		}	
		in Medical Record Deptt./Unit only.	:		
		**Applications of eligible candidates from			
		registered Non-Govt. establishments involved			
		in medical/health record system will be			
] ]	j	considered only against any vacancy existing		,	
		after considering the eligible candidates from			
]		Govt. establishments indicated above.		1	

## Note: 1. Incomplete application(s) will not be considered.

- 2. The decision with regard to selection or otherwise of the candidate(s) taken by CBHI/Dte.GHS/GOI, while considering various pros and corns in the larger national interest will be final.
- 3. Concerned candidate and the sponsoring authority will be responsible for the correctness of the information/particulars of the sponsored candidate(s)
- 4. In case the information/particulars of the selected candidate(s) found to be incorrect at any stage, the candidature of such person(s) will be cancelled with immediate effect and such candidate(s) will have to immediately refund the expenditure incurred on his/her training in the form of TA/DA by the Govt. of India.

Telefax: 91-011 - 23063175 and 91-011 - 23061529

E-mail: dircbhi@nb.nic.in Website: cbhidghs.nic.in

<sup>\*\*\*</sup> Central Bureau of Health Intelligence, Directorate General of Health Services/GOI, Room No. 401 & 404, A-Wing, Nirman Bhawan, New Delhi – 110 108



-: 1:-

## GOVERNMENT OF INDIA CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI) DIRECTORATE GENERAL OF HEALTH SERVICES ROOM NO. 401 & 404, A WING, NIRMAN BHAVAN, NEW DELHI – 110 108

Ensure	completeness of app	lication in all respec	ts. Incom	plete application will i	not be considered	at ali
Applic	ation for Admission	to CBHI In-servic	e Training	Course for	Please specify the n	and a Casamath
From		То	at		riease specify the n	ame or coursey)
•	(Date)	_ i O(Date)		(Specify T	raining Centre)	
1.	Name of the Can	didate	· :			
2.	Designation		: ,	•		
3. (a)	. Scale of Pay/Pay	Band/Pay Grade	. :			
(b)	Group of the post	(Pl. specify A/B/	C):			
	ture of employmen gular/Ad-hoc)	t (Pl. specify)	:	(Contractual & Vo	] luntary Applic	ants Not Eligible)
_5Cor	nplete Postal Addr			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
with	(a) Office address (w Pin code & Telephor				lential address of o	
	opina stanje tominatan					
		<u>.</u>				·
6.	Date of Birth:	te / Month / Year	)	7. Age :Yrs.	8. Sex:	
9.	Nationality:			•		
10.	Status of the Orga where candidate is		Govt./	Non-Geyt (Pi. cl	early specify)	
11. A		ions (attach attes	ted copies	of certificates/ deg	grees) of the car	ndidate:
Certific	ates/Diploma/Degree	University/Instituti	on	Year of Passing	Class/Division	Subjects
<u> </u>	<u> </u>					
	- <del>-</del>					

<sup>\*(</sup>i) Six months Training Course for Medical Record Technician (MRT)

<sup>(</sup>ii) Twelve months (One year) Training Course for Medical Record Officer (MRO)

<sup>\*\*</sup> It is compulsory and obligatory to fill up these items otherwise the application will be rejected.

<del>1</del> 2	Technical Inservice	Training(s)	undergone	(if any)	by the	candidate – s	specify
----------------	---------------------	-------------	-----------	----------	--------	---------------	---------

SI. No.	Training underwent	Duration(s) (specify date from to)	Institution	Remarks

13. Technical Experience of working in Medical Record Unit/Deptt. in a Hospital\* Please give details from current to previous experience in table below:

SI. No.	Organization/Institution.	Deptt./ Division	Scale of pay	Designation of Post held	Duration (from - to)	Nature of duties performed
1.(current)						
2.						
3.					[	

14. Level of knowledge/skill in us position):	e of Computer including MS Word & E	Excel (Please tick the factual
(a) Nil (b)	Working knowledge	(c) Proficient
15. Training Centre Preferred :	· <b>¥</b>	
1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference:	

#Note: - (i) Medical Record Officers and Medical Record Technicians Courses are conducted at Safdarjung Hospital, New Delhi and JIPMER Puducherry and (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.

## 16. Undertaking by the candidate:

I certify 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)
	Name

\* It is compulsory and obligatory to fill up these items (even No/Nil) otherwise the application will be rejected.

To fill this application with full/complete information, kindly use extra sheet where ever required, as this is only the format.

Contd..3/-

7.	of the candidate & need for u	undergoing the t	raining callre	e annlied h		
	of the candidate & need for t		-			
	***************************************					
	***************************************					
	·····					
	***************************************					
	***************************************					•
	••••••					
•						
				5	Signature	
				_		ising Offic
ame					(oupo.	
		<del>-</del>				
el /Fs	nation ax/E-mail	<del></del>				
J1./1 6	LV E-man	_				
		•				
	Recommendation of the Co	omnetent Sound	ming Anth.	. itv **		
•	1000/111/11011 du tille C	отресси орон	, or in 6 . 1 - 1 - 1	,		
				n working	in the Medics	al Record
	It is to certify that Mr /Ms		has bee			
nit/D	It is to certify that Mr./Ms					
nit/D	epartment of	sin	ce	as		
	epartment of(name of the inst	sin itution)	ce(date)	<b>a</b> s	(designation)	The
ındid	epartment of	sin itution) //s	Ce(date)	<b>a</b> .s	(designation) is recomme	The
ndid  RT/	epartment of	sin itution) As rtified that afte	ce (date)	as	(designation) ) is recomme	The anded for ses will be
ndid  RT/  ilize	epartment of	itution)  Assin  ertified that after a gof the Medical	ce(date) er the trainin	as g the cand Deptt. in	(designation) ) is recomme	The anded for ses will be
ndid  RT/  ilize	epartment of	itution)  Assin  ertified that after a gof the Medical	ce(date) er the trainin	as g the cand Deptt. in	(designation) ) is recomme	The anded for ses will be
ndid RT/I ilize irticu	epartment of	itution) Assin ertified that after a gof the Medical ave been verified	ce(date)  er the training Record Unit d and found c	as g the cand Deptt. in	(designation) ) is recomme	The anded for ses will be
ndid RT/I ilize irticu	epartment of	itution)  Assin  ertified that after a gof the Medical	ce (date)  er the training Record United and found course	ng the cand/Deptt. in	(designation) is recomme lidate's servic this organiza	The ended for the will be tion. The
ndid (RT/I ilize irticu	epartment of	itution) Assin ertified that after a gof the Medical ave been verified	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
ndid (RT/) ilize irticu ated_	epartment of	itution) Assin As rtified that after the Medical ave been verified. Signatu	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) is recomme lidate's servic this organiza	The ended for ses will be tion. The uthority)
indid RT/I ilized irticu ated_ ame_	epartment of	itution) Assin As rtified that after the Medical ave been verified. Signatu	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
ndid RT/I ilized rticu ated_ ame_ esign	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
indid (RT/I ilized irticu ated_ ame_ esign	epartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
indid (RT/I ilized irticu ated_ ame_ esign	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I illized articu ated_ ame_ esign ddres	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I illized articu ated_ ame_ esign ddres	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
ndid RT// ilized articulated_ aame_ esign ddres	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
ndid RT// ilized articulated_ aame_ esign ddres	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I illize articu ated_ ame_ esign ddres	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I illize articu ated_ ame_ esign ddres el./Fa	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I illize articu ated_ ame_ esign ddres el./Fa	repartment of	itution) Assin Asrtified that after a decided ave been verified. Signature	ce (date)  er the training Record United and found course	g the cand/Deptt. in orrect.	(designation) ) is recomme lidate's servic this organiza  Sponsoring A	The ended for ses will be tion. The uthority)
andid IRT/I tilized articulart	repartment of	itution) Assin As rtified that after a second calcal ave been verified.  Signatu	ce	ig the cand/Deptt. in orrect.	(designation) ) is recomme lidate's service this organization Sponsoring A ober stamp he	The ended for the tion. The tion. The uthority) reunder)
andid IRT/I tilized articul ated arted ame esign ddres el./Fa -mail	repartment of	itution) Assin As rtified that after a second averified signature. Signature	ce	ng the cand/Deptt. in orrect.  Competent (Affix rule)	(designation) ) is recomme lidate's service this organization Sponsoring A ober stamp he	The ended for the will be tion. The uthority) reunder)

The CBHI Inservice Training Schedule 2010 along with the specimen application form is also available on CBHI website <a href="https://www.cbhidghs.nic.in">www.cbhidghs.nic.in</a> from where it can be downloaded.