

NEIGRIHMS

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

(An Autonomous Institute, Ministry of Health and Family Welfare,
Government of India)

Director's Block, P.O. Mawdiangdiang, Branch, Shillong-793018,
Meghalaya

ESTT-I-MISCOORD/1/2025-Estt.I

Dated Shillong ___ 2026

CIRCULAR

It is hereby informed that the Central Bureau of Health Intelligence (CBHI), Ministry of Health & Family Welfare, Bhubaneswar, Odisha, will be conducting three separate in-service training courses for non-medical personnel. Candidates are invited from Odisha, West Bengal, Manipur, Meghalaya, Mizoram, Tripura, and the Andaman & Nicobar Islands to facilitate the development of trained manpower (**copy of the details/eligibility criteria of the courses/orientation enclosed in the attachment.**).

The staffs who are eligible and interested in attending the courses are requested to submit their details in the format given below alongwith the application form:-

Sl No	Name of the Staff	Designation	Name of the Course	Period of training

A copy of the prescribed application form for the applicant is enclosed in the attachment or it can be downloaded from the CBHI website www.cbhidghs.nic.in.

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

The completed application form along with other details should reach this office on or before **26th May 2026**.

TA/DA & honorarium shall be borne by the Organising Authority for the selected candidates.

This is for favour of information and necessary action.

**Administrative Officer
Establishment- I**

ESTT-I-MISCOORD/1/2025-Estt.I

Dated Shillong ___ 2026

Copy for information & necessary action to :

1. The Dean, NEIGRIHMS, Shillong.
2. The Medical Superintendent, NEIGRIHMS, Shillong
3. The Principal, College of Nursing, NEIGRIHMS, Shillong
4. All Heads of Department, The Law Officer, Legal Vigilance & Disciplinary Cell, NEIGRIHMS, Shillong
5. The Superintending Engineer, NEIGRIHMS, Shillong.
6. The Store & Procurement Officer, NEIGRIHMS, Shillong.
7. The Chief Nursing Officer, NEIGRIHMS, Shillong.
8. The Programmer, NEIGRIHMS, Shillong
9. The Deputy Chief Dietician, NEIGRIHMS, Shillong.
10. The Assistant Registrar, Estt- II, NEIGRIHMS, Shillong.
11. The Assistant Registrar, Estt- III & GAD, NEIGRIHMS, Shillong
12. Accounts Officer, NEIGRIHMS, Shillong
13. PA to the Director for information of the Director, NEIGRIHMS, Shillong.
14. P.S to the Dy. Director (Admn) for information of the Dy. Director (Admn), NEIGRIHMS, Shillong.
15. Central Registry, GAD for necessary action.

**Administrative Officer
Establishment- I**

4/28/26, 11:00 AM

Fwd: Sopa9m:Schedule of CBHI In-service Orientation Training Courses for Non-medical personnel during the year 2026-27

3
28/4/26

Establishment Section
Section Diary No 12

Date 28/4/26

Fwd: Sopa9m:Schedule of CBHI In-service Orientation Training Courses for Non-medical personnel during the year 2026-27 -Reg
dda-office < dda-office@neigrihms.gov.in >

Director Neigrihms < director-neigrihms@gov.in >

Tue, 28 Apr 2026 10:33:44 AM +0530

To "NEIGRIHMS DDA"< dda-office@neigrihms.gov.in >

Sir,

As directed, please find forwarded email related to the subject above for the needful.

Thanking you.

Regards
PA to the Director

==== Forwarded message =====
From: Sr Regional Director Bhubaneswar <rohfwbbs@rediffmail.com>

AO-I
H.
28/4/26

DN



**GOVERNMENT OF INDIA
CENTRAL BUREAU OF HEALTH INTELLIGENCE
DIRECTORATE GENERAL OF HEALTH SERVICES
FIELD SURVEY UNIT
REGIONAL OFFICE FOR HEALTH & FAMILY WELFARE
MINISTRY OF HEALTH AND FAMILY WELFARE**

BJ- 25, BJB NAGAR, BHUBANESWAR-751014, ODISHA
Phone: 0674-2431708, E-mail- rohfwbbs@rediffmail.com/rohfwbbs.od@gov.in

NO: HIFU / 1-58 / 2019-Tech(P) 3232

Dated:23.04.2026

To,

1. The Director of Health Services / Director Medical Education / Manipur / Meghalaya / Mizoram / Odisha / Tripura / West Bengal / A & N Islands
2. The Director Medical Education, Manipur / Meghalaya / Mizoram / Odisha / Tripura / West Bengal / A & N Islands
3. The Director of Health Intelligence & Vital Statistics, Odisha
4. The Director of Public Health, Odisha.
5. The Director, SBHI, West Bengal.
6. The Medical Director, Central Hospital East Coast Railway, Mancheswar, Bhubaneswar
7. The Chief District Medical & Public Health Officer, Odisha/ West Bengal/ Manipur / Meghalaya / Mizoram / Tripura / A & N Islands
8. Senior Regional Director, Kolkata/ Imphal/ Shillong
9. The Principals / Superintendents of Medical Colleges & Hospital, Odisha
10. AIIMS, Bhubaneswar/ AIIMS, Kalyani /Air force Hospital, Kalaikunda, Barrackpore, WB/ Military Hospital, Panagarh, West Bengal.
11. The Medical Director, Central Hospital East Coast Railway, Mancheswar, Bhubaneswar
12. The Medical Superintendent, Police Hospital, Rourkela, Odisha.
13. The Director, Rourkela Govt. Hospital, Rourkela, Odisha.
14. The Director, Ispat General Hospital, Rourkela, Odisha
15. The Medical Superintendent, Police Hospital, Rourkela, Odisha
16. The Director, Directorate of Census Operations, Bhubaneswar, Odisha.
17. The Director, ICMR- Regional Medical Research Centre, Chandrasekharapur, Bhubaneswar.
18. The Dean & Principal / Superintendent of IMS& SUM Hospital, Kalinga Institute of Medical Sciences (KIMS), Hi-tech Medical College & Hospital, DRIEMS Institute of Health Sciences & Hospital, Bhubaneswar.
19. The Director General (Medical), Composite Hospital, CRPF, Bhubaneswar
20. The Director Zoram Medical College, Falkawn, Aizawl, Mizoram

Sub: - Schedule of CBHI In-service Orientation Training Courses for Non-medical personnel during the year 2026-27 –Reg.

Sir/Madam,

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.

It is pertinent to mention that the training on *Family of International Classification (ICD-10 & ICF)* is highly beneficial for hospitals and health institutions in strengthening disease classification and health record management systems. Further, under the *National Quality Assurance Standards (NQAS)* assessment, availability of trained manpower in ICD-10 coding and classification may contribute towards securing **02 points** under relevant assessment criteria. Therefore, Health Offices / Hospitals may avail this opportunity and sponsor eligible officials for the said training programme.

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, 08-12 June, 2026	1 st June, 2026
		2 nd batch, 17-21 Aug, 2026	10 th Aug, 2026
		3 rd batch, 18-22 Jan, 2027	11 th Jan, 2026
2.	Health Information Management (One Week) (For Non – Medical personnel)	1 st batch, 20-24 July, 2026	14 th July, 2026
		2 nd batch, 14-18 Dec, 2026	10 th Dec, 2026
3.	Medical Record and Information Management (one week) (For Non – Medical personnel)	One batch 16– 20 Nov, 2026	10 th Nov, 2026
4.	Health Information Management (One Week) (For Medical personnel)	One batch 05– 09 Oct, 2026	28 th Sep, 2026

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, Medical Record Technician, Medical Record Officer etc.

The eligibility criteria for Sl. No. 3 are Group 'C' and above level officials such as Nurses, Lab. Technicians, Pharmacists, Medical Record Assistants, 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.

The eligibility criteria for Sl. No. 4 are Group 'B' and above level Officers closely involved in Management of Health Information from PHC to state/ UT levels in central gov./State Govt./ Local Govt. bodies/ Public Sector Undertakings/ Autonomous Govt. Establishments. This may include Medical Officers (including AYUSH), District Health Programme Managers, Statistical Officers, Health Education Officers & Mass Media Officers working in Health Sectors and Public Health Nurses.

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.

1. M/s Balmer Lawrie & Company Limited (BLCL).
2. M/s Ashok Travels & Tours (ATT).
3. 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 rohfvbbs@rediffmail.com/rohfvbbs.od@gov.in/fsubbsr@gmail.com.

Yours faithfully,

Encl: As above.


Sr. Regional Director (HFW)

Copy for information to: -

The Director, CBHI, (DGHS), 407, NCVBDC Building, NCDC Campus, 22, Sham Nath Marg, New Delhi-110054


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* _____
(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:

- 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 towards my TA, DA and honorarium.
- b) **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
- 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)

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.