Feedback Consultation & Validation Form

(to be submitted in letter head of the organization)

Name:			
Name.			
Organisation:			
organisation.			
Type of Organization			
(Large/Medium/Small):			
Region (Please tick):			
	North/South/West/East/North-East/Central		
Address:			
Email address:			
Contact number:			
Cignatura		Dete	
Signature:		Date:	

Summary Feedback (Please tick the appropriate column for each of the NOS)

S. No.	Name of NOS		NSQF level assigned is appropriate	5
1.	Assistant Physiotherapist	(103/110)		
2.	Diabetes Educator			
3.	Dental Assistant			
4.	Anaesthesia Technician			

5.	Dento Oral Hygienist		
6.	Cardiac Care Technician		
7.	Blood Bank Technician		
8.	Dental Technician		
9.	Front Line Health Worker		
10.	Dialysis Technician		
11.	Diet Assistant		
12.	Emergency Medical Technician - Advanced		
13.	Emergency Medical Technician - Basic		
14.	General Duty Assistant		
15.	Histotechnician		
16.	Home Health Aide		
17.	Medical Equipment Technician (Basic Clinical		
	Equipment)		
18.	Medical Laboratory Technician		
19.	Medical Records & health Information		
	Technician		
20.			
21.	1 0		
22.	5		
23.			
24.	Radiation Therapy Technologist		
25.	Radiology Technician		
26.	Refractionist		
27.	Speech Audio Therapy Assistant		
28.	Vision Technician		
29.	5		
30.	Tele-Health Services Coordinator		
31.	Medical Equipment Technician (Radiology)		
32.			
33.			
	And Medical Monitoring)		
34.			
	& Blood Bank)		

35.	Medical Equipment Technician		
	(Ophthalmology, Otorhinolaryngology,		
	Speech & Audiology)		
36.	Medical Equipment Technician		
	(Physiotherapy & Occupational Therapy)		
37.	Medical Equipment Technician (Surgical)		
38.	CSSD Assistant		
39.	CSSD Technician		
40.	Occupational Therapy Assistant		
41.	Patient Care Coordinator		
42.	Patient Relations Associate		
43.	Assistant Hospital Administrator		
44.	Hospital Administrator		
45.	Geriatric Care Associate		

The detailed QP-NOS for each of the mentioned job roles are available at <u>www.healthcare-ssc.in</u>