

**Check List – post of OT Assistant (Advert. I-03/10/Rectt/2023-24; Exam done 15.07.2023)**

**PART A. APPLICANT DETAILS - To be filled by Applicant in CLEAR HANDWRITING, ONLY AS PER APPLICATION FORM - (~~Strike out~~ what is not applicable and Circle what is applicable)**

Name of Applicant (as per application) (IN CAPITALS)	Gender	
	Date of birth (dd/mm/yyyy) (as per 10 <sup>th</sup> class certificate)	
Address (for communication – as per application)	Roll No. -	
	Category applied - UR / OBC / SC / EWS / ST	
	Sub- Category applied - DFF /Ex SM /Divyang / None	
Phone no. (as per application)	Post Applied – <b>OT Assistant</b>	
Email (as per application):		
<b><i>Declaration by applicant - I hereby solemnly declare that Information and Documents submitted by me before Document verification committee are true and nothing has been concealed. Further I hereby acknowledge that if I submit or produce any false document and it is discovered subsequently then my appointment may be cancelled without any intimation, and I shall be liable under the applicable law for the time being in force.</i></b>	Signature of Candidate (as per the application form)-	Photograph of Candidate to be pasted here (recent;45x35mm; good quality)

DFF – Dependent of Freedom Fighter; ExSM – Ex Service Man; Divyang – Physically handicapped

**PART B. BIOMETRIC VERIFICATION - (To be filled by TCS official)**

<b><u>Biometric verified (Yes/No)</u></b>	<b><u>Signature of Official</u></b>

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**PART C. TO BE FILLED BY DOCUMENT VERIFICATION COMMITTEE** as per Documents submitted by

Candidate and status of verification from Originals as well as concerned website, as per Advertisement No. **I-03/10/2023-24**

S No.	Particulars	Category	Status of Copy of certificate in file (Yes/ No/ NA)	Verified from Original/ Website (Y/N)
1	Biometric (Done or Not done)	For all		
2	10th class Marks sheet/ Certificate for D.O.B.	For all		
3	12th class (Science) Mark Sheet/ Certificate	For all		
4	Essential Qualif. & Exp. (cut off date 1.1.2023)	For all		
4(a)	Essential: - (i) B.Sc. Or 10+2 with Science with 05 years experience in the following areas. (a) OT (b) ICU (c) CSSD (d) Manifold Room (e) Anesthesia (f) Interventional Radiology (g) Bronchoscope (h) Endoscopy (i) Cardiac Cath Lab. Preference will be given to candidates with Certificate/ Diploma course in OT Techniques from recognized Hospital / Institutions (ii) Work experience shall be considered, if candidate has worked in private or public sector/Hospital of at least 500 beds			
5	SC/ST/OBC/EWS Certificate on prescribed format of UP Govt.	SC/ST/OBC/EWS of UP State only		
6	Sub-Category certificate (DFF/ExSM/ Divyang)	DFF/ExSM/Divyang UP state only		
7	Domicile of U.P. / Aadhaar certificate	All categories	(To be deposited in File) (Yes/No)	
8	Character certificate -1 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in File) (Yes/No)	
9	Character certificate -2 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in File) (Yes/No)	
10	Declaration -1 (Rs 100 non-judicial stamp paper)	All categories	(To be deposited in File) (Yes/No)	
11	Declaration-2 (Rs 100 non-judicial stamp paper)	All categories	(To be deposited in File) (Yes/No)	

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Document produced by candidate have been VERIFIED (YES/NO)	Signatures of Members of DV Committee (at least 2 members & Chairperson should sign each CheckList)	1.(Name)	1.(Signature)
		2.(Name)	2.(Signature)
<b>IF NOT VERIFIED – Record reasons</b>	1. – 2. – 3. –		
Chairperson (DV committee)	(Name)	(Signature)	