

Check List – post of Technician Radiotherapy (Advert. I-03/9/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)

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|--|--|
| Name of Applicant (as per application) (IN CAPITALS) | Gender |
| | Date of birth (dd/mm/yyyy) (as per 10 th 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 – Technician Radiotherapy |
| Email (as per application): | |
| <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> | 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)

| <u>Biometric verified (Yes/No)</u> | <u>Signature of Official</u> |
|---|-------------------------------------|
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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-03/9/2023-24)**

| 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) | 1. 10+2 with Science subjects or equivalent from a recog. Board/ University. 2. Diploma (2 yrs. course) in Radiotherapy Techniques from a recog. Institution. 3. 1 year exp. as Radiotherapy Technician. OR B.Sc. (Hons.) (3 yrs. course) in Radiotherapy from a recog. University/ Institution. | | | |
| 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) | |

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

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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) |
| IF NOT VERIFIED – Record reasons | 1. – 2. – 3. – | | |
| Chairperson (DV committee) | (Name) | (Signature) | |