<u>Check List – post of Asstt. Security Officer (Advert. I/28/1/Rectt/2023-24; Exam done 15.12.2023)</u>

PART A. APPLICANT DETAILS - To be filled by Applicant in CLEAR HANDWRITING, ONLY AS PER

<u>APPLICATION FORM) - (Strike out what is not applicable and Circle) what is applicable)</u>

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 – Asstt. Security Officer		
Email (as per application):				
Declaration by applicant - I hereby	Signature of Candida	ate Photograph of Candidate to be pasted here		
solemnly declare that Information	(as per the applicat	on (recent;45x35mm; good quality)		
and Documents submitted by me	form)-			
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.				

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

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

Biometric verified (Yes/No)	Signature of Official

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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 Advert. No. 1/28/1/Rectt/2023-24)

S No.	Particulars	Category	Status of Copy of certificate in file (Yes/ No/ NA)	Verified from Original/ Website (Yes/No)
1	Biometric (Done or Not done)	For all		
2	10th class Marks sheet/ Certificate for D.O.B.	For all		
4	Qualif. & Exp. (cut off date 01.07.2023)	For all		
4(a)	Essential Qualifications: (i)Degree of a recognized University or equivalent (ii) Following Physical Standards: (a) Height: 170 cms. Minimum (Relaxable by 5 cms only for residents of hill areas)(b) Chest: 81 cms (85 cms. After expansion) (Relaxable by 5 cms. only for residents of hill areas).(c) Should possess sound health free from defect/deformity/disease. Vision in both eyes should be 6/12 (without glasses). There should be no colour blindness. (Candidates claiming relaxation in height and chest will have to produce the certificate to this effect from the competent authority viz., Deputy commissioner/Distt. Magistrates/ Tehsildars of their places of residence) .iii) Experience for at least 5 years in keeping security preferably in a hospital/medical institution of repute. Desirable: (i) Armed Forces personnel OR the ranked subadar or Inspectors of Police Civil/Para Military/ Military Forces. Period of Probation: 2 years. Age limit of direct recruits: Not exceeding 35 years (Relaxable upto 5 years in the case of employees of SGPGI). Age limit is also relaxable for ExServicemen as per Central Govt.			
5	instructions.) SC/ST/OBC/EWS Certificate on prescribed format	SC/ST/OBC/EWS		
	of UP Govt.	of UP State only		
6	Sub-Category certificate (DFF/ExSM/ Divyang)	DFF/ExSM/Divya ng 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	
9	Character certificate -2 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited ir	n File) (Yes/No)

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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

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