

Check List – post of Hospital Attendant Gr II (Advert. I/28/5/Rectt/2023-24; Exam done 15.12.2023)

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 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 – <u>Hospital Attendant Gr II</u>
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 Advert. No. **I/28/5/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		
3	Qualif. & Exp. (cut off date 01.07.2023)	For all		
3(a)	Desirable: (i) Experience of having worked in a Civil or Military Hospital, or in a Nursing Home or with a Medical Practitioner			
4	SC/ST/OBC/EWS Certificate on prescribed format of UP Govt.	SC/ST/OBC/EWS of UP State only		
5	Sub-Category certificate (DFF/ExSM/ Divyang)	DFF/ExSM/Divyang UP state only		
6	Domicile of U.P. / Aadhaar certificate	All categories	(To be deposited in File) (Yes/No)	
7	Character certificate -1 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in File) (Yes/No)	
8	Character certificate -2 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in File) (Yes/No)	
9	Declaration -1 (Rs 100 non-judicial stamp paper)	All categories	(To be deposited in File) (Yes/No)	
10	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)
IF NOT VERIFIED – Record reasons	1. – 2. – 3. –		
Chairperson (DV committee)	(Name)	(Signature)	