

**Check List – Post of Pharmacist Gr.-II (Advt. no. I-28/ 03/Rectt./2023-24; Exam conducted 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/yy) (as per 10 <sup>th</sup> class certificate)	
Address (for communication- as per application)	Roll No.	
	Category applied UR/ OBC/ SC/ ST/ EWS	
	Sub Category applied – DFF/ Ed. SM/ Divyang/ None	
Phone no. )as per application)	Post applied- <b>Pharmacist Gr.-II</b>	
Email )as per application):		
<i>Declaration by applicant – I hereby solemnly declare that Information and Document 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 farce.</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; Ex. SM; Divyang.

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

<b>Biometric verified (Yes/No)</b>	<b>Signature of Official</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-28/ 03/Rectt./2023-24 Exam date 15.12.2023**

Sl. 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	10 <sup>th</sup> class Marks sheet/ Certificate for D.O.B.	For all		
3	12 <sup>th</sup> class Mark Sheet/ Certificate	For all		
4	Essential Qualif. & Exp. (cut of date 01.07.2023)	For all		
4(a)	Essential: (i) Diploma in Pharmacy from a recognized University / Institution (ii) Should be a registered Pharmacist under the Pharmacy Act, 1948. Desirable: 1. Degree in pharmacy from recognized University / Board.2. 02 years experience in related filed.	For all		
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/Ex.SM/Divyang)	DFF/Ex.SM/Divyang UP State only		
7	Domicile of UP/Aadhaar Certificate	All Categories	(To be deposited in File) <b>(Yes/No)</b>	
8	Character certificate -1 (Issued by Gazetted officer of Head/ Principle of Institute.	All Categories	(To be deposited in File) <b>(Yes/No)</b>	
9	Character certificate -1 (Issued by Gazetted officer of Head/ Principle of Institute.	All Categories	(To be deposited in File) <b>(Yes/No)</b>	
10	Declaration-1 (Rs 100 non-judicial stamp paper)	All Categories	(To be deposited in File) <b>(Yes/No)</b>	
11	Declaration-2 (Rs 100 non-judicial stamp paper)	All Categories	(To be deposited in File) <b>(Yes/No)</b>	

DFF- Dependent of Freedom Fighter: Ex.SM- Ex Service Man: Divyang- Physically handicapped.

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