<u>Check List</u> – Post of Technician (Dialysis) (Advt. no. I-48/15/Rectt./2023-24; Exam conducted 15.07.2024)

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	Gender		
CAPITALS)			
	Date of birth (dd/mm/yy)		
	(as per 10 th 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- Technician (Dialysis)		
Email)as per application):			
	r the application 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)

Biometric verified (Yes/No)	Signature of Official			

Check List – Technician (Dialysis) (Advt. no. I-48/15/Rectt./2023-24; Exam conducted 15.07.2024)

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 Advt. no. I-48/15/Rectt./2023-24; Exam conducted 15.07.2024)

Sl. No.	Particulars	Cate	gory	Status of certificate (Yes/No/NA)	in file	Verified Original/Website (Yes/No)	from
1	Biometric (Done or Not done)		For all				
2	10 th class Marks sheet/ Certificate for D.O.B.		For all				
3	12 th class Mark Sheet/ Certificate		For all				
4	Essential Qualif. & Exp. (cut of 01.01.2024)	date	For all				
4(a)	Essential Qualification and experien Essential:- B.Sc. in Dialysis Technology B.Sc. With diploma in Dialysis technology 02 years and one year experience of wo as dialysis technician in a Hospital of dialysis unit. If candidates above qualific are not found than following qualific shall be considered. B.Sc. in life science 02 years experience of working as dia technician in a hospital of 20 Dialysis Unit	y OR gy of orking of 20 ation ation ation e plus alysis	For all				
5	SC/ ST/ OBC/EWS Certificate on prescribed format of UP Govt.	-	ST/ OBC/EWS P 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) (Yes/No)			
8	Character certificate -1 (Issued by Gazetted officer of Head/ Principle of Institute.	All Categories		(To be deposited in File) (Yes/No)			
9	Character certificate -1 (Issued by Gazetted officer of 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 depos	sited in File	e) (Yes/No)	
11	Declaration-2 (Rs 100 non-judicial stamp paper)	All Categories		(To be depos	sited in File	e) (Yes/No)	

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

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