

Check List – Post of Nursing Officer (Advt. no. I-48/6/Rectt./2023-24; Exam conducted 16.07.2024)

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 CAPITALS) | Gender | |
| | 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- Nursing Officer | |
| 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)

| 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 **Advt. no. I-48/6/Rectt./2023-24; Exam conducted 16.07.2024)**

| 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 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 date 01.01.2024) | For all | | |
| 4(a) | Essential Qualification and experience :- (i) B.Sc. (Hons) Nursing/B.Sc Nursing from an Indian Nursing Council recognized Institute or University OR B.Sc. (Post certificate) / Post Basic B.Sc Nursing from an Indian Nursing Council recognized Institute/Board or University. (ii) Registered as Nurse & Midwife in State / India Nursing Council OR (i) Diploma in General Nursing Midwifery from an Indian Nursing Council. (ii) Registered as Nurse & Midwife in State / Indian Nursing Council (iii) Two years experience in minimum 50 bedded Hospital after acquiring the educational qualification mentioned above. | 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) (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 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: Ex.SM- Ex Service Man: Divyang- Physically handicapped.

| | | | |
|---|--|-------------|----------------|
| Document produced by candidate have been VERIFIED (YES/NO) | 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) | |