SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW

CHECKLIST FOR DOCUMENT VERIFICATION

Post of O.T. Assistant (Backlog/ Unfilled)

Advt. No. I/08/12/Rectt./2025-26 | Date of Examination: 20.06.2026

PART A: APPLICANT DETAILS

Instructions: To be filled by the Applicant in CLEAR HANDWRITING, strictly matching the details provided in the Application Form. (Strike out what is not applicable and Circle what is applicable)

Name of Applicant (In Block Letters)			PASTE RECENT PASSPORT SIZE PHOTOGRAPH (45mm x 35mm)
Gender	Male / Female / Other		
Date of Birth (DD/MM/YYYY)	___ / ___ / _____ (As per 10th Certificate)		
Roll Number			Category: UR / OBC / SC / ST / EWS
Sub-Category	DFF / Ex-SM / Divyang / None	Domicile of UP	Yes / No
Address for Communication (As per Application Form)			
Phone Number:		Email ID:	
AADHAR:		PAN:	
Post Applied For	**O.T. Assistant (Backlog/ Unfilled)**		

Declaration by Applicant:

I hereby solemnly declare that the information and documents submitted by me before the Document Verification Committee are true, authentic, and nothing has been concealed. Further, I hereby acknowledge that if I submit or produce any false/fabricated document, or if any discrepancy is discovered subsequently, my appointment may be cancelled without any intimation, and I shall be liable under the applicable provisions of law.

Date: ____ / ____ / _____	_____ Signature of Candidate (as per Application Form)

PART B: BIOMETRIC VERIFICATION (To be filled by CEL / Authorized Official)

Biometric Verification Status	Remarks / Match % (if available)	Signature of Verifying Official
VERIFIED / NOT VERIFIED		

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PART C: VERIFICATION OF DOCUMENTS (To be filled by Document Verification Committee)

Note: Verification must be done using original credentials and matching verification links on the respective official websites as per Advt. No. I/08/12/Rectt./2025-26.

Sl. No.	Particulars / Documents Required	Applicability	Copy in File (Yes/No/NA)	Verified from Original or official Website	Committee Recommendation & Specific Remarks
1.	Biometric Authentication Status	For all candidates			
2.	10th Class Marks Sheet & Certificate (Proof of D.O.B.)	For all candidates			
3.	12th Class Marks Sheet & Certificate	For all candidates			
4.	**Essential Qualification:** B.Sc. (Anesthesia & Operation Theatre Technologist) B.Sc. (OT Technology/ B.Sc (Anesthesia Technology) from a recognized University/Institute. **[Cut-off Date: 01.01.2025]**	For all candidates			
5.	SC / ST / OBC / EWS Caste Certificate (On prescribed format of UP Government)	SC/ST/OBC/EWS of UP State only			
6.	Sub-Category Certificate (DFF / Ex-SM / Divyang)	DFF/Ex-SM/Divyang of UP State only			
7.	Domicile Certificate of UP / Aadhaar Certificate	All Categories			
8.	Character Certificate - 1 (Issued by Gazetted Officer or Head/Principal of Inst.)	All Categories			
9.	Character Certificate - 2 (Issued by Gazetted Officer or Head/Principal of Inst.)	All Categories			
10.	Declaration - 1 (On Rs. 100 Non-Judicial Stamp Paper)	All Categories			

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Sl. No.	Particulars / Documents Required	Applicability	Copy in File (Yes/No/NA)	Verified from Original or official Website	Committee Recommendation & Specific Remarks
11.	Declaration - 2 (On Rs. 100 Non-Judicial Stamp Paper)	All Categories			

Abbreviations: DFF – Dependent of Freedom Fighter; Ex-SM – Ex-Service Man; Divyang – Physically Handicapped; NA – Not Applicable

FINAL ELIGIBILITY RECOMMENDATION BY THE COMMITTEE

Overall Verification Status:	**[ ] ELIGIBLE [ ] PROVISIONALLY ELIGIBLE [ ] NOT ELIGIBLE**
Deficiencies / Reasons for Non-Eligibility (if any):	
Specific Conditions / Action Required from Candidate:	

1. Signature:	2. Signature:	**3. Signature:**
_____	_____	_____
Name:	Name:	**Name:**
_____	_____	_____
Member, DV Committee	Member, DV Committee	**Chairperson, DV Committee**