## <u>Check List – post of Nuclear Medicine Technologist (Advert. I-03/8/Rectt/2023-24; Exam done 15.07.2023)</u>

## PART A. APPLICANT DETAILS - To be filled by Applicant in CLEAR HANDWRITING, ONLY AS PER

<u>APPLICATION FORM) - (Strike out what is not applicable and Circle what is applicable)</u>

Name of Applicant (as per application) (IN CAPITALS)		Gender		
		Date	e of birth (dd/mm/yyyy) (as per 10 <sup>th</sup> class	
		cert	ificate)	
Address (for communication – as per application)		Roll No		
		Cate	egory applied - UR / OBC / SC / EWS / ST	
		Sub- Category applied - DFF /Ex SM /Divyang /		
		None		
Phone no. (as per application)		Post Applied – Nuclear Medicine Technologist		
Email (as per application):				
<b>Declaration by applicant</b> - I hereby	Signature of Candida	ate	Photograph of Candidate to be pasted here	
solemnly declare that Information	(as per the applicati	ion	(recent;45x35mm; good quality)	
and Documents submitted by me	form)-			
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.				
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DFF – Dependent of Freedom Fighter; ExSM – Ex Service Man; Divyang – Physically handicapped

## 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 Advertisement No. <u>. I-03/8/2023-24</u>)

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	12th class Mark Sheet/ Certificate	For all		
4	Essential Qualif. & Exp. (cut off date 1.1.2023)	For all		
4(a)	Essential: B.Sc. In Life science and other science plus one year diploma in Medical Radiation and Isotope Techniques (DMRIT) OR equivalent approved by AERB Desirable:- One year post diploma (DMRIT) in registered Nuclear Medicine facility			
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/ExSM/ Divyang)	DFF/ExSM/Divya ng UP state only		
7	Domicile of U.P. / Aadhaar certificate	All categories	(To be deposited in	n File) <b>(Yes/No)</b>
8	Character certificate -1 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in	r File) <b>(Yes/No)</b>
9	Character certificate -2 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in	n File) ( <b>Yes/No)</b>
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	r File) (Yes/No)

DFF – Dependent of Freedom Fighter; ExSM – Ex Service Man; Divyang – Physically handicapped

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