Check List - post of Technical Officer (Perfusion) (Advert. 1/28/7/Rectt/2023-24; Exam done 15.12.2023)

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)		Ge	Gender		
		Dat	te of birth (dd/mm/yyyy) (as per 10 th class		
		cer	tificate)		
Address (for communication – as per application)		Rol	Roll No		
		Cat	regory applied - UR / OBC / SC / EWS / ST		
		Sub- Category applied - DFF /Ex SM /Divyang /			
		None			
Phone no. (as per application)		Post Applied – Technical Officer (Perfusion)			
			· · · · · · · · · · · · · · · · · · ·		
Email (as per application):					
Declaration by applicant - I hereby	Signature of Candida	ate	Photograph of Candidate to be pasted here		
solemnly declare that Information	(as per the applicati	ion	n (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.					
			61 : 11 1 1: 1		

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 Advert. No. 1/28/7/Rectt/2023-24)

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	12 th Class Mark Sheet / Certificate	For all		
4	Qualif. & Exp. (cut off date 01.07.2023)	For all		
4(a)	Essential Qualification and experience (i) B.Sc. Degree in Medical Perfusion from a recognized Institute/University OR (ii) B.Sc. Degree from a recognized University with certificate in Perfusion Technology (awarded by a recognized Institution/ Association/ Authority (such as Association of Thoracic and Cardio Vascular Surgeons of India) after minimum 01 year training in a center with CVTS Services. AND 05 year experience in clinical perfusion			
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 File) (Yes/No)	
8	Character certificate -1 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in File) (Yes/No)	
9	Character certificate -2 (Issued by Gazetted officer or Head/ principle of Institute)	All categories	(To be deposited in	r 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	r File) (Yes/No)

DFF – Dependent of Freedom Fighter; ExSM – 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 CheckList)	1.(Name) 2.(Name)	1.(Signature) 2.(Signature)
IF NOT VERIFIED - Record reasons Chairperson (DV committee)	(Name)	(Signature)	