

CERTIFICATE VERIFICATION OF STAFF NURSE ON CONTRACT BASIS AT _____, ONGOLE, PRAKASAM DISTRICT						Photo
VERIFICATION OF ORIGINAL CERTIFICATES - CHECK LIST						
1	Application No.	:				
2	Name	:				
3	Gender	:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
4	Father/Husband name	:				
5	Mother Name	:				
6	Date of Birth (SSC Certificate as proof) as on 01.07.2020	:	<input style="width: 100%;" type="text"/>		Age: <input style="width: 50%;" type="text"/>	
7	Ex Service Men / Women	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
8	Sports Certificate (for sports quota)	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
9 (a)	<u>Professional Qualification Pass Certificate Submitted:</u>	:	GNM	<input type="checkbox"/>	B.Sc., Nursing	<input type="checkbox"/>
			Passed in Month/Year			
9 (b)	A.P. Nursing Council Registration certificate submitted	:	YES	NO	Date of Registration	Registration Number
			GNM Course		B.Sc., Nursing Course (Excluding English & Induction to Computer Science)	
					Weightage for Completed 1 Year – 1 Mark per year (Max. 10 Marks)	
	Years	Max. Marks	Marks Obtained	Max. Marks	Max. Marks	
	1 st Year					
	2 nd Year					
	3 rd Year					
	4 th Year					
	Total Marks					
	Percentage for 100		%		%	
	Percentage for 75%		%		%	

Service Weightage in Govt. Sector(Contract/outsourcing) as on 01.07.2020 (completed 06 months take it as Unit)

Sl. No.	Staff Nurse (Urban/Rural/Tribal)	Place of working	from - To	Length of Service (Years/Months)	Urban area (1 mark per completed 6 months)	Rural Area (2 marks per completed 6 months)	Tribal Area (2.5 marks per completed 6 months)	Whether Service certificate issued by the Controlling Officer and Counter signed by the District Authority		
1										
2										
3										
4										
Total Service and marks (Max.15 Marks)										
10	Social Status (Latest caste certificate issued by Tahasildar)	:	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
11	Whether Physically Handicapped(Please tick) (PH) (Latest certificate issued by Sadaram)	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HH <input type="checkbox"/>	OH <input type="checkbox"/>	VH <input type="checkbox"/>			
12	Local status	:	Local <input type="checkbox"/>	Non-Local <input type="checkbox"/>		District : _____				

DETAILS OF SCHOOL EDUCATION :

Sl.No.	Class	Year of Passing	School		District
			Village	Town	
1	IV				
2	V				
3	VI				
4	VII				
5	VIII				
6	IX				
7	X				
If SSC is appeared privately without school studies, residence certificate for 7 years preceding SSC may be submitted from Tahasildar.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	District <input type="text"/>

13	Local Status certificate if any (Migrated from Telangana)	:	
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DECLARATION

I, Smt/Kum/Sri....., D/o,S/o..... certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my checklist being found to be incorrect or false at a later date my candidature will be cancelled summarily.

Signature of the Candidate

Ph.No.

For use of verification team only		
Abstract		Weightage
Qualifying Exam %	75%	
Govt.Service weightage	15	(Maximum-15)
Year of passing weightage from the qualifying exam	10	(Maximum-10)
Total:	100	

Eligible	
In Eligible	

Remarks	:	
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Signature of the Verifying Officer1

Signature of the Verifying Officer2

Counter No.

Venue:

Date: