

CERTIFICATE VERIFICATION OF <u>THEATRE ASSISTANT</u> ON OUTSOURCING 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 type="text"/>		Age:	<input 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	Professional Qualification Pass Certificate Submitted:	:	10th Class from Recognized School	Passed in Month/ Year		Minimum Service of 5 years as Nursing Orderly in a Hospital (2 marks per each year) 10
			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Particulars of Marks in SSC						Weightage for Completed 1 Year – 1 Mark per year (Max. 10 Marks)
	Years		Max. Marks		Marks Obtained	
	SSC					
	Total Marks					
	Percentage for 100				%	
	Percentage for 80%				%	
Experiance as Nursing Orderly weightage as on 01.07.2020						
Sl. No.	Nursing Orderly	Place of working	Hospital Address	From - To	Length of Experiance(Years)	
1						
2						
3						
Total experiance and marks @ 2 marks per ach year (Max.10 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.

<u>For use of verification team only</u>		
Abstract		Weightage
Qualifying Exam %	80%	
Experience as nursing orderly 2 Marks per each year (Max. 10)	10	(Maximum-10)
Weightage @ 1 mark per year from the passing of qualifying examination	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: