

CERTIFICATE VERIFICATION OF <u>FEMALE NURSING ORDERLY ON</u> OUTSOURCING BASIS AT _____, ONGOLE, PRAKASAM DISTRICT						Photo
VERIFICATION OF ORIGINAL CERTIFICATES - CHECK LIST						
1	Application No.	:				
2	Name	:				
3	Gender	:	FEMALE			
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	<u>Professional Qualification</u> <u>Pass Certificate Submitted:</u>	:	10th Class from Recognized School	Inter (Bi.P.C.) only 2 Marks only	MPHA (F) Course (3 Marks only)	Passed in Month/ Year
			<input type="text"/>			
<b>Particulars of Marks in SSC</b>						Weigh tage for Completed 1 Year – 1 Mark per year (Max. 10 Marks)
	Years		Max. Marks		Marks Obtained	
	SSC					
	Total Marks					
	Percentage for 100				%	
	Percentage for 85%				%	
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	<b>Local status</b>	:	Local <input type="checkbox"/>	Non-Local <input type="checkbox"/>	District : _____		
<b>DETAILS OF SCHOOL EDUCATION :</b>							
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)	:					

### 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.

<b>For use of verification team only</b>		
Abstract		Weightage
Qualifying Exam %	85%	
Inter Bi.P.C. Only	2	(Maximum-2)
MPHA(F) Course Only	3	(Maximum-3)
Weightage @ 1 mark per year from the passing of qualifying examination	10	(Maximum-10)
Total:	100	

<b>Eligible</b>	
<b>In Eligible</b>	

<b>Remarks</b>	:	
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**Signature of the Verifying Officer1**

**Signature of the Verifying Officer2**

Counter No.

Venue:

Date: