

| CERTIFICATE VERIFICATION OF <u>DARK ROOM ASSISTANT ON</u><br>OUTSOURCING BASIS AT _____,<br>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   | <u>Professional Qualification</u><br><u>Pass Certificate Submitted:</u> | : | Name of the technical qualification |                          | Passed in   |                          |
|   |   |   | <input type="text"/>                |                          | Month/ Year   |                          |
| <b>Particulars of Marks in Professional Qualification</b>   |   |   |                                     |                          | Weigh tage for Completed<br>1 Year – 1 Mark per year<br>(Max. 10 Marks) |                          |
|   | Years   |   | Max. Marks                          | Marks Obtained           |   |                          |
|   | 1 <sup>st</sup> Year  |   |                                     |                          |   |                          |
|   | 2 <sup>nd</sup> Year  |   |                                     |                          |   |                          |
|   | 3 <sup>rd</sup> Year  |   |                                     |                          |   |                          |
|   | 4 <sup>th</sup> Year  |   |                                     |                          |   |                          |
|   | Total Marks   |   |                                     |                          |   |                          |
|   | Percentage for 100  |   |                                     | %                        |   |                          |
|   | Percentage for 90%  |   |                                     | %                        |   |                          |

|    |   |   |                                 |                                    |                                |                                |                                |      |    |    |
|----|---|---|---------------------------------|------------------------------------|--------------------------------|--------------------------------|--------------------------------|------|----|----|
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/>     | HH<br><input type="checkbox"/> | OH<br><input type="checkbox"/> | VH<br><input type="checkbox"/> |      |    |    |
| 12 | <b>Local status</b>   | : | 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | District<br><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><u>For use of verification team only</u></b>                        |     |           |
|--|-----|-----------|
| Abstract   |     | Weightage |
| Qualifying Exam %  | 90% |           |
| Weightage @ 1 mark per year from the passing of qualifying examination | 10  |           |
| Total:   | 100 |           |

**(Maximum-10)**

|                    |  |
|--------------------|--|
| <b>Eligible</b>    |  |
| <b>In Eligible</b> |  |

|                |   |  |
|----------------|---|--|
| <b>Remarks</b> | : |  |
|----------------|---|--|

Signature of the Verifying Officer1

Signature of the Verifying Officer2

Counter No.

Venue:

Date: