**Checklist for Document Verification of the provisionally selected candidates for the post of X-ray Assistant in Safdarjung Hospital on regular basis**

## A. To be filled by the candidate

| | | | | | |
|---|---|---|---|---|---|
| 1 | Roll No. | | | Please affix recent Passport size photograph | |
| 2 | Over All Rank | | | | |
| 3 | Name of the Candidate (in block letter) | | | | |
| 4 | Father's Name (in block letter) | | | | |
| 5 | Date of Birth | | | | |
| 6 | Age as on 25.10.2023 | | | | |
| 7 | Category (UR/SC/OBC/EWS) | | | | |
| 8 | Whether age relaxation obtained, if so, in which category | | | | |
| 9 | Whether PwBD ? (Yes/No) | | Sub Category of PwBD (OH/HH/VH/HH/Other) | | |
| **B.** | **List of documents required to be produced by the candidates in original along with multiple set of photo copy duly self attested at the time of document verification: (Please mark "Yes" or "No" or "Not Applicable" in appropriate column)** | | | | |
| **Sl. No.** | **As per RRs, documents required for following essential qualifications** | Yes/NO/Not applicable | Photocopy duly self attested attached | Detail/Remarks (if any) | Remarks of committee |
| 1. | a.) 12th class pass with Science from a recognized Board;<br><br>b.) Certificate or Diploma in Radiography. (Two year duration) from a recognized institute. | | | | |
| **Educational and Other information** | | | | | |
| 1 | Photo identity card viz. Aadhar Card | | | | |
| 2 | Xth class certificate | | | | |
| 3 | 10+2/Intermediate | | | | |
| 4 | Diploma Course Certification | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| 5 | Graduation Degree | | | | |
| 6 | Master Degree | | | | |
| 7 | Other education qualifications | | | | |
| 8 | Council Registration Certificate | | | | |
| 9 | Detail of Experience certificate | | | | |
| 10 | Caste Certificate (SC/ST/OBC(NCL)/EWS) | | | | |
| 11 | In case of OBC(NCL) candidate, OBC(NCL) certificate **Issued during the period from 01/04/2023 onwards** on the basis of the income of the financial year 2022-23. | | | | |
| 12 | In case of EWS candidate, EWS certificate **issued during the period from 01/04/20223 onwards** on the basis of the income of the financial year 2022-23 | | | | |
| 13 | In case of Person with Benchmark Disability (PwBD), Certificate issued by Appropriate Authority | | | | |
| 14 | Discharge certificate in case of Ex-serviceman | | | | |
| 15 | No Objection Certificate in case of candidate already working in Central Govt. | | | | |
| **DECLARATION** | | | | | |
| I hereby declare and certify that all the statements made in the checklist above are true and correct to the best of my knowledge and belief. If any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage during or after selection process. | | | | | |
| 16 | REMARKS OF BIO-METRIC ATTENDANCE (TO BE FILLED BY HLL) | | | | |

| | | | | |
|---|---|---|---|---|
| 17 | Preference of Hospital (Safdarjung Hospital/Dr. R.M.L. Hospital) | 1. | | 2. |
| **Date :** | | Thumb Impression | | (Signature of the candidate) |
| **Place :** | | | | |

**(For Office use only)**

The particulars furnished by _____ Roll No. _____ for the post of _____ in checklist have been checked and found correct except the following discrepancy(ies):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Final recommendation by the Scrutiny Committee (Whether ELIGIBLE or NOT ELIGIBLE):

| | | | |
|---|---|---|---|
| Member | Member | Member | Member |