



UP STATE PARAMEDICAL COUNCIL

DOCUMENT VERIFICATION PROFORMA

(To be filled by the candidate)

NAME OF THE CANDIDATE :

BRANCH/COURSE :

FATHER'S / GUARDIAN'S NAME :

Sr No.	Document	Check by Verification Team(tick <input type="checkbox"/> or X)	
		Original	Photocopy*
1	10+2 Mark sheet & Certificate		
2	10 th Mark sheet & Certificate		
3	Marks Sheets and Certificates of the qualifying Examination		
4	Diploma (Original) or Provisional Certificate		
5	Character Certificate (Original)		
6	Migration Certificate (Original)		
7	Affidavit Rs.50/- Notarized		
8	College NOC, Photocopy SR Register Photo Copy and Covering Letter		
9	Passport Size photographs (3 Nos)		
10	Aadhaar Card		

Date:

Signature of the Candidate

(To be filled / checked by the Verifying Officer)

Please Tick below as applicable:

- Important Checks carried out (Tick)
 - Identity of candidate
 - Original Documents as above checked and returned after verification. OR
 - Original Documents not shown. Undertaking form received for documents which have not been produced.
 - Original character certificate / migration certificate / medical certificate / anti-ragging proforma attached.
- Any others (Please specify):

Name of Verifying Officer:

Signature