GOVERNMENT OF BIHAR

BIHAR COMBINED ENTRANCE COMPETITIVE EXAMINATION BOARD

I. A. S. Association Building, Near Patna Airport, Patna - 14

APPOINTMENT FOR TENURE POST OF SENIOR RESIDENT / TUTOR – 2022 UNDER HEALTH DEPARTMENT, GOVT. OF BIHAR

CHECK-SLIP

(To be filled in by the candidate in his / her own clear handwriting)

| | POS | T APPLIED FOR (In | clud | ing Speciality) | | | | |
|----|--------------------|---|---------|---------------------------|--------------------------|---------|--------------------------------------|--|
| 1. | Name | | | | Gender | | | |
| 2. | Senior Re | esident / Tutor -2022 | (i) | Registration No. | | | | |
| | | | (ii) | Reservation Category | : | | | |
| | | | (iii) | UR Rank | : (| iv) | Category Rank : | |
| 3. | Regis | stration no. of MCI | () | | | . , | | |
| | _ | | 4-4- | | | | | |
| 4. | _ | | | | | | | |
| 5. | 5. Father's Name : | | | | | | | |
| 6. | Perm | anent Address : . | | | | | | |
| | | | | | | | | |
| 7. | Corre | espondance Addres | s:. | | | | | |
| | | | | | | | | |
| 8. | Mobi | le No. | | 9. | e mail address | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Date | | | | | | Full Signature of the Candidate | |
| | | | | FOR THE USE | OF COUNSELLING | ì | | |
| | Onimin | | | | | • | | |
| 1. | Örigir i. | Original Copies and one set of photo copies of the following documents; | | | | | | |
| | ii. | | | | | | | |
| | iii. | | | | | | | |
| | iv. | Original attempt certificate of MBBS. | | | | | | |
| | V. | Original Marks shee | | | | | | |
| | vi. | Original Passing Ce | ertific | ate of Speciality Subjec | t. | | | |
| | vii. | Original Certificate | of Ph | .D./ DM / MCH | | | | |
| | viii. | Medical Registration | n Cer | tificate. | | | | |
| | ix. | , , | | | | | | |
| | Χ. | | | | | | | |
| | xi. | o , | | | | | | |
| | xii. | xii. Current Caste Certificate with Non Creamy Layer duly issued by the D.M. / S.D.O. (Civil) / C.O. / Revenue | | | | | | |
| | | • | | nce in the State of Bihar | | | | |
| | xiii. | Four identical photographs as used in filling online application | | | | | | |
| | xiv. | For Disable Quota candidate, Disability Certificate issued by Competent Medical Board /Authority. Certificate for Economically Weaker Section (EWS) issued by the D.M./ S.D.O. of the District / area of his | | | | | | |
| | XV. | permanent resident | | • | EVVS) issued by the L | J.IVI./ | S.D.O. of the District / area of his | |
| | xvi. | • | | hter of freedom fighter | guota Certificate issued | d by r | oroner authority | |
| | XVI. XVII. | | _ | _ | | | • | |
| | AVII. | xvii. Any other Certificate apart from the above as per the requirement of the prospectus of appointment for Tenure Po of Senior Resident / Tutor – 2022 under Health Department, Govt. of Bihar. | | | | | | |
| | | | | | , , , , | | | |
| Da | te | | | | | | | |
| | | | | | | | Signature of Verifying Officer | |

2. CHECK POINTS:

| SI. No. | Checking Details | Remarks and Signature of Verifying Officer |
|---------|---|--|
| 1. | Age: | |
| | The candidate's date of birth isas | |
| | mentioned in his / her Online Application Form of appointment for Tenure | |
| | Post of Senior Resident / Tutor – 2022 under Health Department, Govt. of | |
| | Bihar. Verified / Not Verified against his / her Date of Birth as mentioned | |
| | in his / her original certificate / Marks Sheet of Matriculation / Equivalent | |
| | Examination. | |
| 2. | (I) Educational Qualification : | |
| | a. (i)Original Passing Certificate / Marks Sheet of MBBS from recognised | |
| | Institution / University Submitted / Not submitted | |
| | (ii) As per marks sheet marks obtained in MBBS | |
| | i. 1st Professional ii 2nd Professional | |
| | iii. Final Professional (i) iv. Final Professional (ii) | |
| | Total Marks, % of Marks | |
| | (iii) % of marks obtained in Speciality Subject in MBBS | |
| | b. (i) Original Passing Certificate / Marks Sheet of Speciality Subject | |
| | from recognised Institution / University Submitted / Not Submitted. | |
| | (ii) As per marks sheet marks obtained | |
| | c. Original Certificate of Ph.D. / DM / M. Ch. Submitted / Not submitted | |
| | d. Candidate belongs to BHS / PGS / PGO. In case of BHS proper | |
| | certificate has been submitted / not submitted. | |
| | On verification of the above certificates / documents, the candidate | |
| | satisfies / does not satisfy the educational eligibility required for panel | |
| | formation for appointment for Tenure Post of Senior Resident / Tutor – 2022 | |
| | (II) Non-Medical Post Graduate Students: | |
| | As per para-2(xiii) of the Prospectus Original Passing Certificate / Marks | |
| | Sheet of Non Medical Post Graduate with M.Sc. (Medical) Degree in | |
| | Anatomy, Physiology, Biochemistry from recognised Institution / University | |
| | Submitted / Not submitted | |
| | (ii) As per marks sheet marks obtained in | |
| | i ii | |
| | iiiiv. | |
| | Total Marks, % of Marks | |
| | On verification of the above certificates / documents, the candidate | |
| | satisfies / does not satisfy the educational eligibility required for panel | |
| | formation for appointment for Tenure Post of Senior Resident / Tutor – 2022 | |

| SI. No. | Checking Details | Remarks and Signature of Verifying Officer |
|---------|--|---|
| 3. | As per para-2 (iii) of the Prospectus, Experience Certificate issued by proper authority has been submitted / not submitted. | |
| 4. | Residential Qualification: (i) The residential certificate issued by the competent authority has been submitted / not submitted by the candidate. (ii) In case, the candidates claims to fulfill the requirement of permanent residence on the basis of the Residence Certificate of his / her spouse, the marriage certificate duly issued by the competent authority is submitted / not submitted. | |
| 5. | (i) Left thumb impression of the candidate (ii) Mark of Identification | |
| 6. | Eligibility for Reserved Seats: (i) The original certificate for SC / ST Category issued from competent authority has been submitted / not submitted by the candidate. (ii) The original non-creamy layer caste certificate for BC / EBC Category issued by the D.M. / S.D.O. (Civil) / C.O. / Revenue Officer of his permanent residence in the state of Bihar has been submitted / not submitted by the candidate. (iii) The original Certificate for EWS category issued by concerned DM / SDO / CO of the District / area of his permanent residence of Bihar in the Prescribed Performa has been submitted / not submitted by the candidated. (iv) The original Certificate for DQ issued by concerned authority is submitted / not submitted by the candidated. During verification he is found fit / unfit for DQ seat. (v) Freedom fighter quota certificate issued by proper authority has been submitted / not submitted. | |

| 7. | No Objection Certificate : | | | | | |
|--|---|------------------------------------|--|--|--|--|
| | Original / Attested copy of "No Objection Certificate' from | | | | | |
| | the employer if the applicant is in service, as such he / she | | | | | |
| | satisfies / does not satisfy the criteria of "No Objection". | | | | | |
| 8. | As per para 2(viii) of the Prospectus, Affidavit has been | | | | | |
| | submitted / not submitted. | | | | | |
| | In the light of above furnished information, | | | | | |
| (Nan | ne), Registration No, Rank | Category | | | | |
| Department. / Specility is eligible / not eligible for the appointment for Tenure Post | | | | | | |
| of Se | of Senior Resident / Tutor – 2022 under Health Department. | | | | | |
| | | | | | | |
| | Final Verifying Officer (1) Date: | Final Verifying Officer (2) Date: | | | | |

APPOINTMENT FOR TENURE POST OF SENIOR RESIDENT / TUTOR - 2022 UNDER HEALTH DEPARTMENT, GOVT. OF BIHAR

Biometric Identification Report

| Registration No.: | •••••• | Date : | |
|--|--|--|------------|
| CANDIDATE'S NAME: | | | ••• |
| DEPARTMENT: | | | ••• |
| UR RANK: | | CATEGORY: | ••• |
| CATEGORY RANK: | | | |
| AADHAR NO | : | | |
| PHONE / MOBILE NO. | : | | |
| mentioned candidate a appointment for Tenure | appearing for the cour Post of Senior Residen | umb impression and photo of the abounselling / Document verification at / Tutor – 2022 was collected beforestablishing his / her identity. | of |
| L.T.I./ R.T.I. of the Cand | <u>idate</u> | Signature of the Candida | <u>ate</u> |
| Remark if any | | | |

Signature of Representative (Biometric identification)

Signature of Officer Incharge Health Department