

**CHECK LIST
FOR CERTIFICATE VERIFICATION OF AB AGRITECH-2026**

CANDIDATE. POST NAME _____

Affix Passport
Size Photograph
to be attested
by the Gazetted
officer signature

Sl. No	Details	Particulars to be filled by the Candidate by his/her own hand writing	Whether the Original Certificates has been Verified (Yes/No)	Whether the Original Certificates Found Correct or not	Remarks
1	Local District of the Candidate				
2	Post Applied District				
3	Application ID number Number.				
4	Ab Agritech -2026 Hall ticket Number				
5	Date of Examination				
6	Examination Center Name				
7	Category of the Post				
8	Select district and Mandal				
9	Candidate Name (With Surname)				
10	Father Name				
11	Mother Name				
12	Date of Birth (as per SSC or Equivalent)				
13	Gender				
14	Community/Caste Certificate Number with date of issue				

Sl. No.	Details	Particulars to be filled by the Candidate by his/her own hand writing	Whether the Original Certificates has been Verified (Yes/No)	Whether the Original Certificates Found Correct or not	Remarks
15	Do You have any Physical Disability with 40% & above? If Yes, please provide Sadaram Certificate with date of issue				
16	Do you Claim EWS? If yes, please provide EWS Certificate with date of issue				
17	Are you Ex- Service Man? If yes, please provide Ex-Servicemen Certificate				
18	Are you Telangana or Andhra Pradesh State Government Employee? Provide details i.e., Department name and also NOC issued by department.				
19	Are You involved in any Criminal Case? If Yes Status of the case with full details.				
20	Are You Claiming Sports Reservation? Details thereon				

Study Particulars to be filled by the Candidates:

	Class(es)	District	Name of the School with Address	Academic Year
a)	Class-I			
b)	Class-II			
c)	Class-III			
d)	Class-IV			
e)	Class-V			
f)	Class-VI			
g)	Class-VII			

Sl. No.	10th Standard Details	Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
21	Name of the Board				
22	Hall Ticket No.				
23	Date of Pass				
24	GPA/Marks				
10 + 2 Details:		Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
25	Group				
26	Name of the Board/ University				
27	Hall ticket Number				
28	Date of Pass				
29	Maximum Marks				
30	Marks Secured				
31	Percentage of Marks (%)				
Graduation Details		Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
32	Group				
33	Name of the Board/ University				
34	Hall Ticket No.				

	Graduation Details	Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
35	Date of Pass				
36	Maximum Marks				
37	Marks Secured				
38	Percentage of Marks(%)				
	Post Graduation Details	Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
39	Group				
40	Name of the Board/ University				
41	Hall Ticket No.				
42	Date of Pass				
43	Maximum Marks				
44	Marks Secured				
	Percentage of Marks(%)				
	Professional Qualifications Details:	Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
46	Whether Your Course is completed?				
47	Course Name				
48	Name of the University				
49	College Name				

	Professional Qualifications Details:	Particulars to be filled by the candidate by his/her own hand writing	Whether the Original Certificates has been verified (Yes/No)	Whether the Original Certificates found correct or not	Remarks
50	METHODOLOGY 1				
51	METHODOLOGY 2				
52	METHODOLOGY 3				
53	Hall Ticket No.				
54	Place of Study				
55	Date of Pass				
56	Maximum Marks				
57	Percentage of Marks (%)				
58	Marks Secured				

Address for Correspondence:

Mobile Number :

Email ID :

Aadhaar Card Number# :

Identification Mark 1 :

Identification Mark 2 :

I, hereby declare that the above information submitted by me is true, if any false information furnished by me, the department can take disciplinary action and Criminal Case against me at anytime without assigning any notice thereof.

Date:

Place:

Signature of the Candidate

Encl: 1. All Educational Qualification original Certificates along with two set of Xerox copies

2. Community certificate, Aadhar, Hall ticket, Rank card and Study certificates, PHC Certificate, EWS, etc.

3. Correction application will not be considered, it will be rejected.

DATE OF VERIFICATION:

Sl.No.	Name of the verification Officer	Designation	Signature with date
1			
2			
3			

(for official use only)

I hereby certified that the details furnished by the candidate are verified with the relevant original certificate with above information and found correct/incorrect. Therefore, I hereby **recommended/not recommended** the candidate for further selection to the _____ post.

**Signature of the Ab Agritech Director
with Stamp**