


TCS NQT YOP 2024

Admit Card: TCS NQT YOP 2024

Registration Number	DT20218843301			Paste your photograph here **Clear photo is mandatory to appear for the exam
Candidate Name	NADHA Najeeb K C			
Date of Birth	18-12-2001			
Exam Venue	iON Digital Zone iDZ Kozhikode KM Tower, Behind Hotel Sangamam, Opp Medical College Hospital, Kozhikode, Kerala, India - 673008			
Date of Test	Reporting Time	Gate Closure Time	Test Timing	
8/May/2024	12:30 PM	01:30 PM	2:00 PM - 5:10 PM	
			Roll No: TAG244252477	

Instructions – To Be Strictly Followed:

- Please ensure you carry the following documents with you to the Test Center, on the day of exam:
 - Printed copy of Admit Card (Pls note- A copy of the physical/hard copy of your Admit card is mandatory for admission into the examination venue). **You have to carry one photo and paste the same on the Hall ticket at the exam venue)**
 - Your original Photo Identity proof for verification (original PAN Card / Driving License / Passport / Voter ID / College ID Card / Aadhaar Card)
- Please read through the COVID Guidelines mentioned in the Admit Card and carry a copy of signed COVID Declaration
- Please bring your own mask, gloves, personal hand sanitizer (50ml), transparent water bottle, a simple pen or pencil and the exam related documents (Hall Ticket, ID Card etc.). No other items will be permitted inside the exam venue.
- As per COVID guidelines drinking water will not be provided within the exam center.
- Prohibited Items:** Bags, mobile phones, calculator and other electronic devices are strictly prohibited in the examination hall. The examination center will not be responsible for safekeeping of these items.
- Unfair Means:** Adoption of any unfair means in the examination hall will result in disqualification from the test and your scores will not be published. You will also not be able to participate in any subsequent selection process or tests.

You will NOT be permitted to appear for the Exam if you fail to carry the Admit Card and/ or any one of the mandatory documents.

Declaration:

I hereby certify that I meet the eligibility criteria to take the test and the information furnished by me in the Registration/Application Form is factually correct and subject to verification by TCS. Later at any point in time during the selection process if any information is found to be incorrect, my scores obtained in the test can be withheld / or invalidated.

- I certify that I **DO NOT** have any COVID 19 like symptoms.

Signature of Candidate

Social Distancing and Safety guidelines for COVID-19

1. Candidates must maintain social distancing starting from point of entry in the exam venue till his/her exit from the exam venue.
2. Candidate must bring their own Mask, Gloves, personal hand sanitizer (50ml), transparent water Bottle, a simple pen and the exam related documents (Hall Ticket, ID Card etc.). No other items will be permitted inside exam venue.
3. Candidates must declare under signatures that they do not have the COVID-19 symptoms. (Declaration is provided along with this Admit Card) and show the same to the Security Guard at the entry into the exam venue.
4. Temperature of a candidates will be checked at the entry to the exam venue with a Thermo Gun.
5. Candidates with COVID-19 symptoms WILL NOT be allowed entry into the exam venue
6. Mapping of 'Candidate Registration Number and the Lab Number' will NOT be displayed outside the exam venue, but the same will be provided to the candidates individually at the time of entry of the candidate to the exam venue and post their Hall Ticket and ID verification.
7. Candidate needs to follow directions given by representatives & need to stand within in physical the Circles drawn on the ground at the entry points.
8. Candidate is required to report at the exam venue strictly as per the time slot mentioned in the admit card AND/OR informed via SMS on their registered mobile number prior to exam date. It is expected that candidate strictly adhere to this time slot – as entry into the test center will be provided based upon the individual's time slot ONLY.

COVID Self-Declaration

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a ✓ (Yes, I have) or ✗ (No, I do not have).

Cough	<input type="checkbox"/>	Fever	<input type="checkbox"/>
Cold / Runny Nose	<input type="checkbox"/>	Breathing Problem	<input type="checkbox"/>

I'm certifying that I've NOT tested Positive for the Corona virus or identified as a potential carrier of the COVID-19 virus.

Candidate Name : _____

Registration No. : _____

Date of Exam : _____

Exam Center Name : _____

Signature of Candidate : _____