

**TELANGANA GRAMEENA BANK
HEAD OFFICE: HYDERABAD**

Personnel Dept.
Date: 04.09.2015

The list of provisionally selected candidates for the post of Office Assistant (multi purpose) appeared for written test in Sep/Oct 2014 and interviews conducted from 25.05.2015 to 03.06.2015 & 03.08.2015 to 07.08.2015 is displayed in our website from 04.09.2015.

The provisionally selected candidates are advised to report at the following address on the dates mentioned in the list along with the Original Certificates, Documents, etc., and a set of attested Xerox copies mentioned in the model Provisional Selection letter which is displayed below.

**TELANGANA GRAMEENA BANK
HEAD OFFICE
H.NO. 2-1-520, II FLOOR
VIJAYASRI SAI CELESTIA
STREET NO.09, NALLAKUNTA
SHANKERMUTT ROAD
HYDERABAD-500 044**

The proformae of the following are also displayed.

1. Bio data
2. Antecedents/ Character Certificate
3. Medical Certificate.
4. Form11 of PF Organisation
5. Declaration to be submitted by the OBC candidates.

In case of any clarifications, please contact 040-27600849/ 9491041986/ 9491041997. (from 10.30 A.M. to 5.30 P.M)

Sd/-
GENERAL MANAGER (ADMN & IT)

TELANGANA GRAMEENA BANK
HEAD OFFICE:HYDERABAD

Date: 04.09.2015

PROVISIONAL SELECTION LIST FOR THE POST OF OFFICE ASSISTANT (MULTI PURPOSE) WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2014 AND INTERVIEWS HELD FROM 25.05.2015 to 03.06.2015 & 03.08.2015 to 07.08.2015				
SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
1	21.09.2015 (Monday) 10:00 A.M.	1120100475	YANDRAPALLI LAKSHMI TULASI	SC
2		1130500761	M V UDAYA KUMAR	OBC
3		1131300280	NATARAJA NARAYANA	OBC EXS
4		1140102159	RAMAIAH THALLURI	SC
5		1140703580	SATEESH REDDY MUPPIDI	GENERAL
6		1140707957	KANKANALA RAM CHARAN TEJA	GENERAL
7		1141501359	RAMBABU YASAM	GEN. EXS
8		1150101773	JELLA SUSHITHA	SC
9		1150106625	DEVI OGIRALA	SC
10		1150502229	ZEB A FREEN	OBC
11		1150503125	KOMMANAPALLI KUSUMAHARA SRINIVASA RAO	OBC
12		1150503853	KADALI VIJAYA DURGA	OBC
13		1150512092	TADDI SRINIVASA RAO	OBC
14		1150703371	JANGMA VEERA SRIKANTH	GENERAL
15		1151304948	VENU MADHAV P	OBC EXS
16		1151503444	SRINIVASA RAO	GEN. EXS
17		1151508192	SYED MOHAMMED ATAVUR RAHIMAN	GEN. EXS
18		1180100953	MESA DAVID	SC
19		1180101956	GOTTEMUKKULA SWAROOPA RANI	SC
20		1180104629	CHILUMULA KALPANA	SC
21		1180500209	VADLAMUDI NIROSHA	OBC
22		1180501922	VITHALA GOWYHAMI	OBC
23		1180507133	SABBAVARAPU NOOKARAJU	OBC
24		1180507966	SESI CHILLAPALLI	OBC
25		1180603066	SANKARA RAO KUNCHANGI	OBC OC.

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
26	21.09.2015 (Monday) 10:00 A.M.	1180700201	KAMBALA SOWMYA	GENERAL
27		1180702695	PARVATHA RAVI KUMAR REDDY	GENERAL
28		1180704198	SYED ASIF IQBAL	GENERAL
29		1180708893	KATTA BHARATH KUMAR	GENERAL
30		1190100639	KASTHURAMMA PITLA	SC
31		1190902134	ERI AJAYA KUMAR	SC EXS
32		1200100773	GUNTAKA MANOHAR BABU	SC
33		1220100127	MEDEPALLI CHANDUSHA	SC
34		1220105942	BUSI KEZIA	SC
35		21.09.2015 (Monday) 02:00 P.M.	1220500253	SHEIK VAHIDA BEGUM
36	1230500895		VILASINI GUNNA	OBC
37	1230702649		ALLU SANTOSH KUMAR	GENERAL
38	1250510802		NAGABABU BORRA	OBC
39	1250702644		ADAPALA RAVI TEJA	GENERAL
40	1251501377		PATTELA KIRAN KUMAR	GEN. EXS
41	1251505530		RAPARLA RAVI KUMAR	GEN. EXS
42	1251505538		CHILLARA SATYA SAI SYAM PRASAD	GEN. EXS
43	1260500983		ARUN CHAITANYA GORLE	OBC
44	1260504829		MADHU SUDHAN CHUKKA	OBC
45	1260504923		SURAPUNaidu NADUPURU	OBC
46	1261501280		PAVAN KUMAR PARIMI	GEN. EXS
47	1261505308		VIJAYA SARADHI EDARA	GEN. EXS
48	1270703402		SANTOSH CHAKRAVARTHY BOORAVILLI	GENERAL
49	2810101693		JILUKARA MALLESH	SC
50	2810108166		K JAMUNA	SC
51	2810113102		THALLAPALLY SAGAR	SC
52	2810115086		RAMYAKUMARI JAKKULA	SC
53	2810116747		POTTA VINAY KRISHNA	SC
54	2810127904		POTHURAJU SUMANTH	SC
55	2810302201	DEVENDAR PAWAR	ST	
56	2810302424	P DILIP KUMAR	ST	

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE	
57	21.09.2015 (Monday) 02:00 P.M.	2810306177	BANOTH SURESH	ST	
58		2810306352	VENU YEPA	ST	
59		2810313268	BANOTH SURESH	ST	
60		2810313442	ARVIND KUMAR V	ST	
61		2810316862	PEERCHAND PAWAR J	ST	
62		2810501019	JAYAMMA GUJJARI	OBC	
63		2810502632	SHEELA SRAVANKUMAR	OBC	
64		2810502923	JINNA VIJAY KUMAR	OBC	
65		2810503224	GAJANAN KOILAKONDA	OBC	
66		2810503384	MANOHAR M	OBC	
67		2810504530	RAJYA LAKSHMI KUMARI DH	OBC	
68		2810504724	PRATHIBHA NALAPATLA	OBC	
69		22.09.2015 (Tuesday) 10:00 A.M.	2810505041	BHANDAVI EPU	OBC
70			2810506673	V MADHU	OBC
71	2810506807		MANGALAPALLI RAKESH	OBC	
72	2810507154		B SRIDHAR	OBC	
73	2810507230		DHONDI GANGASAGAR	OBC	
74	2810507328		NAVEEN KUMAR ODNAM	OBC	
75	2810510814		GANDHAM VARUN BHARGAV	OBC	
76	2810511020		THOUTU SRIKANTH	OBC	
77	2810513752		PARSHAROUTHU SURYAKIRAN VARMA	OBC	
78	2810515271		PALADUGU SHIREESHA	OBC	
79	2810517274		THATIKONDA MALLESAM	OBC	
80	2810517362		M RAKESH	OBC	
81	2810517445		P NARESH KUMAR	OBC	
82	2810518157		MOHAMMAD SAMEER	OBC	
83	2810521310		DARUGULA SRINIVAS	OBC	
84	2810522000		PREM KUMAR SIRAVENI	OBC	
85	2810522108		MADUGULA VINAY GOUD	OBC	
86	2810523317		BOMMALAPELLI PREMALATHA	OBC	
87	2810523714		RAMYASAI GOUD	OBC	

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
88	22.09.2015 (Tuesday) 10:00 A.M.	2810701421	RAYAPATI SAMATHA REDDY	GENERAL
89		2810701588	KATHI SWATHI	GENERAL
90		2810703643	VENKAT NARESH KUPPALA	GENERAL
91		2810703780	NARENDAR REDDY MALLU	GENERAL
92		2810709242	RAVULA MAMATHA	GENERAL
93		2810711032	M RAVI KUMAR	GENERAL
94		2810714641	YARA SURENDBHER REDDY	GENERAL
95		2810715913	MOOLA SWATHI	GENERAL
96		2810715931	K VISHNU PRIYA	GENERAL
97		2810716071	SRUTHI ANNEPARTHI	GENERAL
98		2810716142	PATTI SANDHYARANI	GENERAL
99		2810718367	NAVEEN KUMAR SAMBAI AHGARI	GENERAL
100		2810718428	MIDIDODDI VIVEK RAJU	GENERAL
101		2810718456	PERUVALA HARSHAVARDHAN REDDY	GENERAL
102		2810718491	PRAKASH KUMAR SARODE	GENERAL
103		22.09.2015 (Tuesday) 02:00 P.M.	2810722501	VANGAVEETI UPENDAR
104	2810722584		MANTRAVADI MOHAN KRISHNA KANTH	GENERAL
105	2810723838		NASEEM AFROZ	GENERAL
106	2810729750		ANUGU SHYAM CHARAN REDDY	GENERAL
107	2810729751		ASB VISWESWARA RAO	GENERAL
108	2811303913		SRINIVAS KUDURUPAKA	OBC EXS
109	2811303922		VENU DEVULAPALLY	OBC EXS
110	2811314711		TUKKAPURAM VAMSHI KIRAN	OBC EXS
111	2811503929		RAVI KUMAR SK	GEN. EXS
112	2811509396		PUNNAPUREDDY RAVINDAR	GEN. EXS
113	2811511334		P ASHOK KRISHNA	GEN. EXS
114	2811514740		VANGALA PRAMOD REDDY	GEN. EXS
115	2811514752		SATHELI SHANKER	GEN. EXS
116	2820102333		G RANJEETH KUMAR	SC
117	2820500151		MEDAGONI MANASA	OBC
118	2820502168		RAJANI THAMUTAM	OBC

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
119	22.09.2015 (Tuesday) 02:00 P.M.	2820503028	AJAY KUMAAR KOTHURI	OBC
120		2820701285	AIREDDY KRANTHI KUMAR REDDY	GENERAL
121		2820704772	THANUJA GOVARDHANA	GENERAL
122		2830100049	MODUGU ASWANI	SC
123		2830100067	KOMMU SHRUTI	SC
124		2830101051	NANDIGAMA RAVI KUMAR	SC
125		2830301194	BANOTH SAIRAM	ST
126		2830500576	PUNNAVELLI NARAYANA	OBC
127		2830500878	SANDYA RANI KAMBAMPATI	OBC
128		2830502160	ANNARAPU NAGESWARA RAO	OBC
129		2830502167	ALLADA KOTESWARA RAO	OBC
130		2830703619	SURYA VUYURU	GENERAL
131		2830703827	TAKKELLAPATI SWETHA	GENERAL
132		2840300781	SHIRISHA KUNUSOTH	ST
133		2840502252	SHIREESHA RADAPU	OBC
134		2840503837	DURGUM VENKATESHWARLU	OBC
135		2840700287	KEERTHANA MUKKALA	GENERAL
136		2840700649	ADDAGUDI NITHIN	GENERAL

Date: 04.09.2015

Sd/-
GENERAL MANAGER (ADMN & IT)



TELANGANA GRAMEENA BANK

(Sponsored by State Bank of Hyderabad)

Head Office, # 2-1-520, 2nd Floor, Vijayasri Sai Celestia, Street No.9
Shankermutt Road, Nallakunta, Hyderabad, Telangana. -500 044.

Website : www.tgbhyd.in

Phone : 040-27600849

E-mail : cmper@tgbhyd.in

FAX : 040-27662623

Lr.No.Gr-I/2015-16/

Date: 04.09.2015

Name & Roll No.:

Dear Sir / Madam,

MODEL PROVISIONAL SELECTION LETTER

We are pleased to inform that you have been provisionally selected for appointment for the post of **Office Assistant(multi purpose)** in our Bank, based on the written test and interview held by the Bank.

1. Please note that **your appointment is subject to production of following original certificates at the time of your reporting on the date indicated herein:**

- Educational qualifications, experience, etc., certificates mentioned in your application, starting from 10th class.
- Proper relieving certificate, no objection certificate from your present employer (in case you are presently employed).
- Character and antecedents certificate from (2) respectable persons, not related to you and Bio-data (four sets) duly filled, Form-11 and Declaration (in case of OBC candidates only).
- Conversion certificate issued by the competent authority and a copy of the gazette notification for the change in your name, if any.
- Relevant Caste certificate in original in the prescribed format issued by the competent authority in proof/ support of the claim for the category under which you have been provisionally selected.
- Latest nativity/ Residential Certificate issued by the Competent Revenue Authority.
- Further, submission of certificates/letters, etc., if any, not produced at the time of interview.

2. You are advised to bring Medical Fitness Certificate, as per proforma, obtained from not below the rank of Assistant Civil Surgeon in Govt. Hospital (or)

Our panel doctor whose address is given below. The fees for this certificate is to be paid by the candidates to the hospital directly.

Dr.K.V.R.Prasad

Sri Devi Nursing Home, Varasiguda

Secunderabad. Phone No.s 040-27509124, 040-27510213.

3. Please note that you are provisionally selected for appointment in the bank as an **Office Assistant(multi purpose)** relying on the particulars furnished by you in your application and other certificates / testimonials submitted. In case it is found that any of the particulars / certificates / testimonials furnished by you are found / proved to be false or incorrect at a later date, your provisional selection will be cancelled or if you are appointed by the Bank, you will be summarily dismissed from the service and liable for any other action deemed fit by the Bank.

You are advised to report to the undersigned on the date and time mentioned in the list along with original certificates / testimonials as mentioned above and a set of attested xerox copies, at our Head Office.

Yours faithfully,

(Sd/-)

GENERAL MANAGER (ADMN & IT)

BIO-DATA FORM

1. Name :
2. S/O/ D/O /W/O :
3. Date of Birth & age as on 01.07.2014 :
4. Educational Qualification :
5. Other Qualifications, if any :

Affix passport
size
Photograph
with signature
of candidate

6. Permanent Address :
7. Occupation of parents :

1) Father :

Annual Income :

2) Mother :

Annual Income :

8. Place of domicile :
9. Name of Spouse :
10. No. of Dependants :

Sl No.	Name	Relation	Age
1			
2			
3			
4			
5			
6			
7			
8			

11. Category of caste :
12. Whether married :
13. No. of children :

1) Name _____ Age _____

2) Name _____ Age _____

14. Status of present Employer if any, (Govt./Semi.Govt./Public/Pvt. Sector):

15. Languages Known : Speak Read Write

1)

2)

3)

16. Identification marks:

1)

2)

17. Character certificates as per the proforma, duly furnishing Name, occupation and addresses of two respectable persons, not related to you, who issued certificates.

1)

2)

18. Particulars of cases pending against you in any court of law including case (s) for non- payment of any loan from Banks/Financial Institution :

19. Particulars of disqualification / debarment by any Service Commission, examining body at their selection / examination :

20. Particulars of any case (s) of disciplinary action instituted /pending against you by your present or previous employer (s). Please also state whether you were debarred from appearing in any promotion examination.

21. Medical Report Date _____ :
(To be furnished after medical examination)

22. Have you ever been arrested, prosecuted, kept under detention or bound down /fined, convicted under the of law for offences involving moral turpitude. If yes details:

23. Is any case pending against you in any court of law or involving moral turpitude. If yes give full details:

Place:

Date:

Signature

Name:

Roll. No.

A N N E X U R E
(CHARACTER CERTIFICATE)

1. Name of the candidate : _____
2. Applied for the post of : _____
3. Is the candidate known to you : Yes / No
4. If so, kindly state the period : _____ Year _____ months
5. Whether to the best of your knowledge and information
 - a. The candidate has at any time taken active part in politics
 - b. He was ever arrested / prosecuted / kept under retention or convicted by court of law.
6. Is the family of the candidate is known to you.
7. Has any member of the candidate's family ever been arrested / kept / kept under detention or convicted by a court of law.
8. Are you aware of any circumstances which would render the candidate unsuitable for appointment in a banking institution ?
9. Is the candidate related to you :

I certify that the above information is correct to the best of my knowledge and belief and that Sri / Smt. / Kum. _____ S/o. _____ R/o. _____ bears a good moral character.

Place :	Signature:
Date :	NAME :
	Status :
	Mobile No. :
	Postal Address:

TELANGANA GRAMEENA BANK
MEDICAL EXAMINATION REPORT

PART - I: PERSONAL STATEMENT OF THE CANDIDATE

To be filled in by the candidate before presenting the form to the Medical Officer.

1. Name in full (Surname First) :
2. Category of Post :
3. Address : _____
: _____
: _____
4. Date of Birth :

--	--

 DD

--	--

 MM

--	--	--	--

 YYYY
5. Married/Single/Widow/Widower :
6. Personal History :
- a) Whether any time you have vomited blood or coffee colour or had bleeding from anus with stools or suffered with pain in Abdomen if so. What was the diagnosis of your doctor or suffered with prolong fever or jaundice etc. Give details if yes. : Yes/No
- b) Any history of cough with expectoration blood in sputum, breathlessness or chest pain with cough. Give details if yes. : Yes/No
- c) Any history of feeling heart beats chest pain associated with sweating, spell of fainting, breathlessness at rest or chest discomfort discoloration of lips or nails on exercise, joint pains, swelling of legs or breathlessness disturbing your sleep. : Yes/No
- d) Any history of passing blood or stones in the urine or burning during and after passing urine or difficulty in passing urine or any discharge after passing urine. : Yes/No
- e) Any history of fits (convulsions) or Paralysis of any part of the body (i.e. any limb or face) or deviation of mouth. : Yes/No
- f) Any history of allergy of skin or loss of sensation of any part of body or sense of hot and cold. Do you any time suffered with leprosy or discharge after urination. Ulcers or growths on private parts. Do you have more than one sex partners regular or occasional. : Yes/No
- g) Have you suffered from defects in hearing or eye sight. Give details : Yes/No

Contd.....2

:: 2 ::

- h) Details of serious illness/injuries sustained by accident or otherwise. Give details : Yes/No
- i) Details of surgical operation undergone. : Yes/No
- j) Is there any other item in your medical history which you have not already mentioned? : Yes/No

7. FAMILY HISTORY:

- i) Heart disease and blood pressure. If yes relationship. : Yes/No
- ii) Chronic Cough with expectoration with weight loss (Tuberculosis). If yes relationship : Yes/No
- iii) Kidney disease. If yes relationship : Yes/No
- iv) Cancer. If yes relationship : Yes/No
- v) Any other serious ailments. If yes relationship : Yes/No
- vi) Diabetes. If yes relationship : Yes/No

8) FOR FEMALE CANDIDATES ONLY

- i) Menstrual History (Monthly Periods) : Regular / Irregular
- ii) First date of last menstrual period :
- iii) Any evidence of Pregnancy : Yes / No

I hereby declare that the above statements are correct to the best of my knowledge and that any incorrect/suppressed information will render me liable for termination of my services in the Bank.

Place :

Date :

(
SIGNATURE OF THE CANDIDATE

SIGNED IN MY PRESENCE

SIGNATURE OF THE MEDICAL EXAMINER

NOTE:

The candidate may please note that they would have no right to appeal against the decision of the Medical Examiner. If, however the Bank is satisfied on the basis of the evidence produced before it, of the possibility of an error of judgment in the decision of the Medical examiner, it is open to the Bank to allow an appeal to a Medical board which will be constituted by the Bank. Such evidence should however, be submitted by the candidate within one month of the date of communication in which the decision of the Medical Examiner is advised to him/her. If the setting up of the Medical Board is decided by the Bank the candidate will be called upon to deposit the expenses of medical board. If found medically fit by the board this deposit would be refunded to the candidate. It will otherwise be forfeited. The report of the Medical Board is final and will not be subject to review by any other special list Panel or Board.

TELANGANA GRAMEENA BANK
MEDICAL EXAMINATION REPORT

Affix recent
passport size
photograph
duly attested
by Medical
Examiner

PART - II REPORT OF THE MEDICAL EXAMINER

Name of the Candidate :

Category of the Post :

1. General Development : Good _____ Fair _____ Poor _____

a) Nutrition : Thin _____ Average _____ Obese _____

b) Best weight _____ Kg. When DD MM YYYY Height _____ Cms.

c) Any recent change in weight : _____ Kgs. Weight: _____ Kgs.

d) Temperature : Normal/Raised

e) Girth of chest :

i) After full inspiration : _____ Cms

ii) After full expiration : _____ Cms

f) Identification Marks : ABM/Scar

: ABM/Scar

2. Skin : Any obvious disease : Yes/No

3. Ears : Inspection : Clear /Blocked

Hearing : Right Ear : Normal/Defective

Left Ear : Normal/Defective

4. Glands Normal/Enlarged : Thyroid Normal/Enlarged

5. Conditions of Teeth : All healthy & Intact + missing cavity

6. Respiratory System : Normal/Abnormal

Does physical examination reveal : Yes/No
anything abnormal in the
respiratory organs ?
If yes, explain fully

7. CIRCULATORY SYSTEM

a) Heart : Any organic lesions : Yes/No

Pulse Rate _____ Pmt

b) Blood Pressure : Systolic : _____ mm of Hg

Diastolic : _____

- 8). ABDOMEN : Girth ____Cms Tenderness Present/Absent
Hernia _____
- a) Palpable : Liver _____ Spleen _____
Kidney _____ Tumors _____
- b) Hemorrhoids : _____ Fistula _____
9. NERVOUS SYSTEM : Indication of nervous or mental disabilities : Yes/No
10. Loco-Motor System: Any abnormality : Yes/No
11. Genito Urinary System: Any evidence of hydrocele varicocele etc. _____
: Yes/No
- a) Physical appearance : CLEAR / HAZY
- b) Albumin : ABSENT / PRESENT
- c) Sugar : ABSENT / PRESENT }Report Enclosed
- d) Casts : ABSENT / PRESENT
- e) Cells : WNL / ABNORMAL
12. Report of X-Ray Examination of Chest : Enclosed - NORMAL / ABNORMAL
13. Report of the Blood Exami/HIV Test : Enclosed - NORMAL / ABNORMAL
14. Report of Full Abdomen Ultrasound Test : Enclosed - NORMAL / ABNORMAL
15. Is there anything in the health of the candidate likely to render him / her unfit for the efficient discharge of his/her duties in the services for which he/she is a candidate? : Yes / No
16. Findings :
- The Medical Examiner should record the findings under one of the following categories.
- i) FIT :
- ii) UNFIT on account of :

NOTE:

*In the case of a female candidate, if it is found that the pregnancy is beyond 6 months, she should be declared as temporarily unfit. In case the pregnancy is less than 6 months, the female candidates should furnish a certificate from specialist gynecologist that her taking up Bank's employment at that stage is no way likely to interfere with her pregnancy or the normal development of the fetus, or is not likely to cause her miscarriage or otherwise to adversely affect her health.

*If there is any abnormal report, further investigation may be advised.

SIGNATURE OF THE MEDICAL EXAMINER.

PLACE: NAME :
DATE: DESIGNATION :

*Such candidate will be advised to contact the Bank for fresh medical examination after three months of confinement.

REPORT BY THE OPHTHALMOLOGIST:

- i) Name of the patient :
- ii) Category of the post :

Acuity of Vision	Naked Glasses	With Glasses	Strength of Glasses		
			Sph	Cyl	Axis
Distant Vision R.E. L.E.					
Near Vision R.E. L.E.					
Hypermetropia (Manifest) R.E. L.E.					

- 1) Any disease of the eyes :
- 2) Night blindness :
- 3) Defect in colour vision :
- 4) Field vision :
- 5) Visual acuity :
- 6) Fundus examination :

PLACE :
DATE :

SIGNATURE OF THE
OPHTHALMOLOGIST
WITH SEAL.



THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)
AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce

- I _____
(Name of Employee) Son/ wife/ daughter of _____
Shri/Smt.
- do hereby solemnly declare that :-
- (a) I was employed in _____
M/s *(Name and Full Address of the immediate previous employer)*
and left service on _____ prior to that, I was
(Date of leaving with immediate previous employer) employed in _____
from _____ to _____
(Name and Full Address of the second last employer, if any) *(Date of joining & leaving with second last employer, if any)*
- (b) I was member of _____
(Name of PF Trust / Address of PF Office of immediate previous employer)
Provident Fund and **also/but not*** of the Pension _____
Fund _____
(Date of joining & leaving with immediate previous employer).
- and my account number (s) was/were _____
(PF No. with Establishment Code of immediate previous employer)
- (c) I **have / have not*** withdrawn the amount of my Provident Fund/Pension Fund.
- (d) I **have / have not*** drawn any superannuation benefits in respect of my past service from any employer.
- (e) I **have / have never*** been a member of any Provident Fund and/or Pension Fund.
- (f) I am **drawing / not drawing*** Pension under EPS 95.
- (g) I am a **holder / not holder*** of scheme Certificate.
- (h) Scheme certificate **surrendered / not surrendered***.

**Strike out whichever is not applicable.*

Date _____
(Date of joining of employee)

Signature or left hand thumb impression of the employee

Shri/Smt. _____
(Name of Employee) is appointed _____
as _____
(Designation with Co.)
in M/s _____
(Name of the present employer) with effect _____
from _____
(Date of appointment)

P.F. Account Number _____
(PF No. with Estt. Code of present employer)

Date _____
(Date of joining of employee)

Signature of the Employer/Manager or Other Authorised Officer with Office Seal

**DECLARATION TO BE SUBMITTED BY THE OTHER BACKWARD CLASSES
CANDIDATES SEEKING RESERVATION AS OBC**

I _____ Son/daughter of
Shri _____ Resident of village/
town/city _____ District _____
State _____. Hereby declare that I belong to the
_____ Community which is recognised as a
backward class by the Government of India for the purpose of reservation in services as per
orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is also declared that as on 07.07.2014, I do not belong to persons
/ sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office
Memorandum dated 08.09.1993.

Place:

Dated (Signature of the candidate)