

**TELANGANA GRAMEENA BANK  
HEAD OFFICE: HYDERABAD**

Personnel Dept.  
Date: 27.10.2015

The 2<sup>nd</sup> list of provisionally selected candidates for the post of Officer JMGS-I appeared for written test in Sep/Oct 2014 and interviews conducted from 25.05.2015 to 10.06.2015 & 03.08.2015 to 22.08.2015 is displayed in our website from 29.10.2015.

Female candidates while undergoing medical tests, if Pregnancy is detected; they are to be found TEMPORARILY UNFIT by the Civil Surgeon. Such candidates will be considered for Appointment after delivery and on production of a 'Fitness certificate' from the Civil Surgeon. The posts will be kept as vacant and unfilled till such time. (To avail this facility, the pregnant candidates have to give a request letter in writing along with the Medical certificate from the Surgeon and obtain permission from the Competent Authority).

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 proforma 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.

**Note: No individual Provisional selection letters will be sent to the candidates separately.**

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: 27.10.2015

<b>PROVISIONAL SELECTION LIST FOR THE POST OF OFFICER JMGS-I WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2014 AND INTERVIEWS HELD FROM 25.05.2015 to 10.06.2015 &amp; 03.08.2015 to 22.08.2015</b>				
SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
1	<b>05.11.2015 (Thursday) 10:00 A.M.</b>	1141133231	CHENNAMSETTY SURESH	GENERAL
2		1151093301	RAJULAPUDI SURESH KUMAR	OBC
3		1151131673	B PRAKASH NARAHARASETTI	GENERAL
4		1161131546	GARLANKALA V V RAMANA	GENERAL
5		1171132409	T SHIRISHA	GENERAL
6		1181010957	AKUPOGU HARI RAJU	SC
7		1181092573	C MADHU BABU	OBC
8		1181094984	ALTI SIVAJI	OBC
9		1181096349	GORLE RAMAKOTI	OBC
10		1181130397	SHAIK ALIYA	GENERAL
11		1181130599	NALINIVANI NEEREDDULA	GENERAL
12		1181137696	KAMBALA SOWMYA	GENERAL
13		1181138447	VAMSI KRISHNA TUMATI	GENERAL
14		1191092191	POKUR MADAN	OBC
15		1201131758	TEJASWINI SAMINENI	GENERAL
16		1201131802	KOTU AISWARYA	GENERAL
17		1201132107	VAMSI KRISHNA PALAVELLI	GENERAL
18		1221150013	CHAMAKURI K S S VINAYA KUMAR	GEN OC.
19		1231131597	VAMSIDHAR YERUKOLA	GENERAL
20		1241132341	P SRINIVASA REDDY	GENERAL
21		1251012061	PYDIMUKKALA RAVI CHANDRA	SC
22		1251012249	VASU GUDISI	SC
23		1251017585	RAJIV KANTH VARRI	SC

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
24	<b>05.11.2015 (Thursday) 10:00 A.M.</b>	1251094475	SRAVANI VANGAPANDU	OBC
25		1251131973	MUNAGALA NAGA LAKSHMI	GENERAL
26		1251133993	MADIRE VISHNUVARDHAN REDDY	GENERAL
27		1251133994	VINEEL VARUN TUMMALA	GENERAL
28		1251135420	SURESH RAVILLA	GENERAL
29		1261096504	PANDURU S POTANNACHARI	OBC
30		1261133918	POTHAMSETTI NAGENDRA	GENERAL
31		1261134600	SIVALA ANUSHA	GENERAL
32		1261137751	PEDDU SUCHANDRA	GENERAL
33		2811015865	RANJITH KUMAR JETTI	SC
34		2811016188	LEELANAND KUMAR YALLA	SC
35		2811018709	USHA CHITTARU	SC
36		2811056527	AMBOTHU SRINIVAS	ST
37		2811090725	POSA VENKATA PADMA	OBC
38		2811133819	TAKKELAPALLI SURENDAR VENKATA	GENERAL
39		2811134109	VENKATESWAR REDDY G	GENERAL
40		2811137782	SAINATH VALIPIREDDY	GENERAL
41		2811137960	G SHASHIKANTH REDDY	GENERAL
42		2811138135	PARSHI PRASHANTH KUMAR	GENERAL
43		2831091265	KODAVANDLA VAMSI KRISHNA	OBC
44		2841010066	SUSHMA KOYYADA	SC
45		2871132543	MD SHAHBAZ	GENERAL
46		3411010188	D MANOHAR	SC
47		3411010812	K CHAITANYA	SC
48		3411010827	BOMMAKA RAKESH KUMAR	SC
49		3411015562	BAVANDLAPALLI MANOHAR	SC
50		3411091732	V SRAVAN KUMAR	OBC
51		3411092110	MADAVENA SUMAN	OBC
52		3411092142	MUSHAM PRADEEP	OBC

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
53	<b>05.11.2015 (Thursday) 10:00 A.M.</b>	3411094066	PUNNA SANTOSHI LAKSHMI	OBC
54		3411130004	SWATHI KORLAKUNTA	GENERAL
55		3411133249	MALREDDY PRAVEEN REDDY	GENERAL
56		3411133269	VEMIREDDY VARUN KUMAR REDDY	GENERAL
57		3411134669	SRAVANI MANKENA	GENERAL
58		3411139628	BHAGYA LAXMI PULUGAM	GENERAL
59		3421091003	P SATISH	OBC
60		3421132275	SATEESH ARABATI	GENERAL
61		3421134975	ANUGU SHYAM CHARAN REDDY	GENERAL

Date: 27.10.2015

**Sd/-**  
**GENERAL MANAGER (ADMN & IT)**



## TELANGANA GRAMEENA BANK

(Sponsored by State Bank of Hyderabad)

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

Website : [www.tgbhyd.in](http://www.tgbhyd.in)

Phone : 040-27600849

E-mail : [cmper@tgbhyd.in](mailto:cmper@tgbhyd.in)

FAX : 040-27662623

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

Date: 27.10.2015

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 **Officer JMGS-I** 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 10<sup>th</sup> 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 **Officer JMGS-I** 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 : Annual Income:
- 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 : 

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 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 :

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\*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 \_\_\_\_\_  
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 31.12.2014, 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)