

**TELANGANA GRAMEENA BANK  
HEAD OFFICE: HYDERABAD**

Personnel Dept  
Date:15.10.2015

The list of provisionally selected candidates for the post of Officer MMGS-II, appeared for written test in Sep/Oct 2014 and interviews conducted from 11.06.2015 to 12.06.2015 & on 21.08.2015 is displayed in our website from 15.10.2015.

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 26.10.2015 at 11.00 A.M along with the Certificates, Documents, etc., 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.

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:15.10.2015

PROVISIONAL SELECTION LIST OF CANDIDATES FOR THE POST OF OFFICER MMGS-II  
WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2014 AND  
INTERVIEWS HELD FROM 11.06.2015 TO 12.06.2015 & ON 21.08.2015

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	
1	26.10.2015 11.00 A.M	1192133389	YASHWANTH REDDIMALLA	GENERAL BANKING OFFICER
2		2242134982	MANAS RANJAN MISHRA	GENERAL BANKING OFFICER
3		3312011672	RAJA SEKAHAR BETAPDUI	GENERAL BANKING OFFICER
4		3312091728	SURESH KUMAR POTNURU	GENERAL BANKING OFFICER
5		3312131783	CHANDAN KATTEKOLA	GENERAL BANKING OFFICER
6		3312131818	ANNADASU BHARATH	GENERAL BANKING OFFICER
7		3422095427	RAVIKANTH UDUGU	GENERAL BANKING OFFICER
8		3313130919	DEVIKA MITTAL	I T OFFICER
9		3563137776	APARNA SRIVASTAVA	I T OFFICER

Date: 15.10.2015

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: 15.10.2015

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 MMGS-II** 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 MMGS-II** 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 

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 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 \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ m \_\_\_\_\_  
(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 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)