



**ANDHRA PRADESH GRAMEENA VIKAS BANK**

**Head Office, Warangal**

Telephone No.0870-2577744, 2577766

Fax. 0870-2550370

Email: apgvikasbank2006@yahoo.co.in

Date 12.03.2015

### **Recruitment 2014-15 – Officers Scale-II and Officer Scale-III**

With further reference to the written test conducted during September 2014 and subsequent interviews held during March 2015, we furnish here the list of candidates recruited in Officer Scale-II and Officer scale-III Cadres.

The candidates are advised to report at our Staff Learning Centre, the address of which is given below, on 23.3.2015 at 10 AM.

They should bring all the original certificates like Caste Certificates, Educational Qualifications Certificates, Experience Certificates, NOC from the present employer.

They should get examined themselves by a Doctor not less than Civil Surgeon on the medical report attached hereto. The candidates will be put on training and subsequently they will be posted to Branches directly.

In case the candidates do not report on 23<sup>rd</sup> March 2015, their appointment is liable for cancellation.

Please note that candidates have to execute a Bond for Rs 1.50 Lakhs (Rupees One Lakh and Fifty Thousand Only) as mentioned in the Notification at the time of reporting. Further they have to bring Affidavit as per the format placed on website.

Address:

APGVB Staff Learning Centre  
Lane Opposite to DIG Office  
(On the Main Road from Hanamkonda to Hyderabad)  
Subedari  
Hanamkonda

#### **1. Officers Scale-III**

SN	Roll No	Name of the Candidate	Category
1	1249013607	SAILESH SANDIPAM	SC.
2	1829133564	DEEPAK SHARMA	GENERAL.
3	2249095442	GANGADHAR JEETHURI	OBC.
4	3429133849	ASHALATHA M	GENERAL.

## 2. Officers Scale-II

SN	Roll No	Name	Category	Post
1	3454133145	SHREYA BANSAL	GEN	CA
2	2244135314	ANKUR DHARIWAL	GEN	CA
3	1262137905	DATLA VENKATA SURYA MANI VARMA	GEN	GBO
4	1242133463	ANUDEEP VENKATA KONAKALA	GEN	GBO
5	1262137902	AKHILESH KUMAR KANTAM	GEN	GBO
6	3312131805	SAIDA REDDY BUTUKURI	GEN	GBO
7	1962132334	VAMSI KRISHNA BOLLU	GEN	GBO
8	3312131793	MOLLETI NEELA VENKATA NARESH	GEN	GBO
9	3422095427	RAVIKANTH UDUGU	OBC.	GBO
10	1252097394	MERCY ESTHER AMBATI	OBC.	GBO
11	2832092638	TALLURI NEERAJA	OBC.	GBO
12	3482091032	SRINIVAS KOTTE	OBC.	GBO
13	3312091708	SRIKANTH MARAM	OBC.	GBO
14	3422015169	SHATHAM PRABHAKAR	SC.	GBO
15	1222015723	PRASAD UBA	SC.	GBO
16	3422015167	S V AJAYANAND	SC.	GBO
17	3422015212	RAMULU A	SC.	GBO
18	3312011665	GORLLA SREENIVASULU	SC.	GBO
19	2822013085	PRAVEEN KUMAR BYRUMALLA	SC.	GBO
20	2822012919	GAJULA KAVITHA	SC.	GBO
21	1143016766	SURENDRA BABU NEELA	SC.	IT
22	3316132352	GOPAL ILLURI	GEN	TRE

Chairman

## **MEDICAL REPORT**

(To be filled in by the candidate before presenting the form to the medical officer)

### **Personal statement of the candidate:**

1. Name in full (in capital letters, surname first) :
2. Category of Post :
3. Address :
4. Date of Birth :
5. Married / Single :
6. Personal History :
  - A. History of Bleeding from Gastro-intestinal Track, Gastric or Duodenal Ulcers, Appendicitis, Internal Piles, Typhoid, Jaundice, etc, Give details:  
.....  
.....
  - B. History of Asthma, Tuberculosis, Spitting of Blood, Pleurisy, Breathlessness, etc., Give details:  
.....
  - C. History of Palpitation. Fainting spells, Pain on the Chest, Breathlessness on exertion, cyanosis, Rheumatic fever with Joint pains, Swelling of Legs, Face etc., Give details:  
.....  
.....
  - D. History of Bleeding of Urinary Tract, Painful Urination passing of stones or given in Urine etc., Give details:  
.....
  - E. History of Fits, Paralysis, Neurasthenia, Nervous Breakdown etc., Give details:  
.....
  - F. History of Leprosy, Extensive Generalized Allergic Dermatitis, Leucoderma, Venereal Diseases etc. Give details:  
.....  
.....
  - G. Have you suffered from defects in Hearing or Eyesight? Give details:  
.....  
.....
  - H. Details of Serious Illness / Injuries sustained by accident or otherwise, Give details  
.....  
.....

I. Details of Surgical Operations undergone:

.....  
.....

J. Is there any other item in your Medical History which you have not already mentioned ?

.....  
.....

K. Have you ever tested for HIV ? If so, what was the result ?

.....  
.....

7. Family History:

- a) Heart Disease & Hypertension : .....
- b) Tuberculosis : .....
- c) Kidney Disease : .....
- b) Any other serious ailment : .....

08. For female candidates only:

- a) Menstrual History : .....
- b) Date of L.M.P. : .....
- c) Any Evidence of Pregnancy : .....
- d) History of Diseases of Uterus  
Cervix, Ovaries or Breasts : .....

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 / Thumb impression of the Candidate)

Signed in my presence

Signature of Authorised / Designated Doctor

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 error of Judgement in the decision of the Medical Examiner, it is open to the Bank to allow an appeal to the 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 Medical Board is decided by the Bank, the candidate will be called upon to deposit a sum of Rs. 50/- for the purpose. If, found medically fit by the Medical 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 subjected to review by any other Specialist Panel or Board.

## REPORT OF THE MEDICAL EXAMINER

Name of the Candidate : \_\_\_\_\_

Category of the Post : \_\_\_\_\_

**01. General Development** : GOOD.....FAIR.....POOR.....

Nutrition : THIN.....AVERAGE.....OBESE.

Best Weight : .....When.....

Any recent changes in weight: .....

Height. : .....

Temperature : .....

Girth of Chest : 1. After Full Inspiration:.....

2. After Full Expiration.....

Identification Marks : 1.....

2.....

**02. SKIN** : Any obvious Disease.....

**3. EYES** :

(a) Whether vision is Normal : \_\_\_\_\_

If not, is it capable of being corrected to 6/6 with glasses? (Not with Contact Lenses)

(b) If the candidate is referred : \_\_\_\_\_

to an Eye Surgeon, what are the Surgeon's observations in respect of the following:

1. Any Disease : \_\_\_\_\_

2. Night Blindness : \_\_\_\_\_

3. Defect in Colour Vision : \_\_\_\_\_

4. Field Vision : \_\_\_\_\_

5. Visual Acuity : \_\_\_\_\_

6. Fundus Examination : \_\_\_\_\_

ACUITY OF VISION	NAKED EYES	WITH GLASSES	STRENGTH OF GLASS		
<b>Distant Vision</b> :					
Right Eye					
: Left Eye					
<b>Near Vision</b> :					
Right Eye					
: Left Eye					
<b>Hypermetropia -</b>					
(Manifest) Right Eye					
:					

**Remarks of Ophthalmologist:**

**Signature**

- 04 Ears Inspection** : .....  
.....  
Hearing - Right Ear : .....  
Left Ear : .....  
**05. Glands** : .....  
**06. Conditions of Teeth** : .....  
**07. Respiratory System:**

Does the physical examination reveal anything abnormal in the respiratory organs ?

.....  
.....

If yes, explain fully:

.....

**08. Circulatory System:**

a) Heart : Any Organic Lesion ?.....  
Pulse Rate:.....

b) Blood Pressure : Systolic:.....  
Diastolic:.....

**09. Abdomen** : Girth:.....  
Tenderness:.....

a) Palpable : Liver..... Spleen.....  
Kidney..... Tumors.....

b) Hemorrhoids : Liver..... Fistula.....

**10. Nervous System:**

Indication of nervous or mental disabilities:

.....  
.....

11. Loco-Motor System: Any Abnormality:.....

.....

12. Genito - Urinary System: Any evidence of Hydrocele, Varicocele etc.:

.....

13. Urinary System:

a) Physical appearance:..... b) SP.GR.....

c) Albumin:..... d) Sugar:.....

e) Casts:..... f) Cells:.....

14. Report of X-Ray examination on chest:.....

.....

.....

15. ECG report:.....

.....

16. Report of the complete Blood examination and HIV Test:.....

.....

.....

.....

## **X - RAY REPORT**

Name :

Category of Post :

HEART :

LUNGS :

MEDIASTINUM :

CP ANGLES :

BONY CAGE :

INFERENCE :

16. 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 service for which he / she is a candidate :

i) **FIT**

ii) **UNFIT**

**Note:** In the case of a female candidate, if it is found that she is pregnant, she should be declared temporarily Unfit.

Place:

Date:

***Signature of the Medical Examiner***

Name:

Designation:

## **FORM OF AFFIDAVIT**

### **(TO BE SUBMITTED BY OFFICERS SCALE-II AND SCALE-III)**

(TO BE EXECUTED ON A NON-JUDICIAL STAMP PAPER OF VALUE Rs. 20/-)

I, \_\_\_\_\_, S/o. \_\_\_\_\_,

aged about \_\_\_\_ years, belonging to \_\_\_\_\_ caste, \_\_\_\_\_ religion, \_\_\_\_\_ country,

R/o. \_\_\_\_\_ do hereby solemnly state on oath as follows:

That I am competent to give this affidavit. That I undertake to abide by the rules and regulations of the Bank.

That I am residing at the above mentioned address since last \_\_\_\_\_ years.

That I have passed the \_\_\_\_\_ qualifying examination (graduation) in the month and year \_\_\_\_\_ and I have \_\_\_\_\_ years of experience in \_\_\_\_\_ field/domain in \_\_\_\_\_ organizations and I have lastly rendered my services in \_\_\_\_\_ organization/institution. I declare that there were no civil or criminal cases pending against me in any police station within the jurisdiction of any State or Central Court/Courts of Law.

Further, I declare that I have never been convicted for any dowry offence under the Dowry Prohibition Act, 1961 or any criminal offence under any other law/released under the Probation of Offenders Act, 1958. In case the particulars furnished by me are found to be false or not true and/or suppression of material facts revealed at any later date my services are liable to be terminated.

I certify that the particulars furnished above are true, correct and complete to the best of my knowledge and belief. I am not aware of any circumstance which might impair my fitness for employment in the Bank. I am willing to serve anywhere in the state of Andhra Pradesh and anywhere in India.

Deponent

Solemnly affirmed and signed before me on this the \_\_\_\_ day, \_\_\_\_\_, 2014 at \_\_\_\_\_.

Notary

(Signature and Seal)