DECCAN GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept Date:27.10.2014

The list of selected candidates for the post of Office Assistant (Multi Purpose), appeared for written test in Sep/Oct 2013 and interviews conducted from 07.10.2014 to 11.10.2014 is displayed in our website from 27.10.2014.

The selected candidates are advised to report at the following address on 10.11.2014 along with the Certificates, Documents, etc., mentioned in the model Provisional Selection letter which is displayed below.

DECCAN 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)

DECCAN GRAMEENA BANK

HEAD OFFICE:HYDERABAD

Date:27.10.2014

SELECTION LIST FOR	THE POST OF	OFFICE ASSISTANT	(MULTI PURPOSE) WH	10
APPEARED FOR W	RITTEN TEST H	IELD IN SEPTEMBER	/OCTOBER, 2013 AND)
INTERV	EWS HELD FRO	OM 07.10.2014 TO	11.10.2014	

	DATE & TIME OF		
SL.NO.	REPORTING	ROLL NO.	NAME OF THE CANDIDATE
1		1110100503	DASARI ANIL
2		1110300128	PALAPARTHI APARNA
3		1110303162	MOGILI EDUKONDALU
4		1110501487	NARASIMHA RAO GUDAVALLI
5		1110703866	SUJATHA BIKKAM
6		1120100760	KURAPATI SUDHEER
7		1120500371	L S RAJASEKHAR PAILA
8		1130100047	PILLI SIREESHA
9		1130100071	BABY POTHULA
10		1130101741	VADDI RAVI KUMAR
11		1130103191	MYLA PALLIVENKATA LAXMAN RAO
12		1130104295	CHOPPALA VASANTHA KUMAR
13		1130500771	YEJJALA LOHIDASU
14		1130701061	KALIDINDI NARASIMHA RAO
15		1160101118	GURIVINDAGUNTA SPANDANA
16	10.11.2014	1160500286	JALAGAM SAILAJA
17	09.00 A.M	1160502763	BANTU SUDHEERKUMAR
18		1160702861	NAGAMLLA VENKATA N S S KUMAR
19		1170102286	NERADE VIJAY KUMAR
20		1170102580	JAKKULA RAJU
21		1170102707	MURALI KRISHNA BAVANDLAPELLI
22		1170105277	CHEETHA BHAVANI
23		1170109334	ANUSHA KUNAMALLA
24		1170111327	NIGULAPU SANTHOSH
25		1170123073	BUDIDA RAMESH
26		1170300546	AADE VANITHA
27		1170306673	ADE ESHWAR
28		1170306859	DARAMSOTH BALAJI
29		1170501122	MUDDAM LAXMIKALA
30		1170503740	THIRUPATHI SAMUDRALA
31		1170503797	RAJENDRA PRASAD THOKALA
32		1170511938	SAMPAT GANGULA

		4470540400	
33		1170512493	KRISHNA VEGGALAM
34		1170515930	KRISHNA KAIRAMKONDA
35		1170516496	
36		1170516775	DINESH TUNGUTURI
37		1170518343	AMME PADMA
38		1170520057	ARJUN GOUD MATTAPALLY
39		1170520496	ARUN SREENIVAS TOGURU
40		1170524341	MERUGU PRAVEEN
41		1170604997	G VIJAY BHASKAR
42		1170701344	SWATHI A
43		1170701552	MOUNIKA DEVIREDDY
44		1170704533	AKINAPELLY SRINIVAS
45		1170717236	PAIDI RAVI CHAITHANYA
46		1170721054	DANDA HANUMANTHA REDDY
47		1170721096	AINDLA SAI KUMAR
48		1170721267	SEETARAMAIAH GOVINDU
49		1170724703	NALLA RAJASHEKHAR REDDY
50		1170724777	PEDDASHERI VIKAS REDDY
51		1171504964	A VINOD REDDY
52		1171509186	A SITARAMA SAI
53		1180100768	VINOD KUMAR GANGAMADRI
54		1180102651	PULLURI NAGARAJU
55	10 11 2011	1180302927	ATHRAM ALEKHYA
56	10.11.2014 12.00 Noon	1180500891	BANDI PRADEEP KUMAR
57	12.00 110011	1180501310	CHUNCHU NARESH
58		1180503156	CHINNA REDDY THOTA
59		1180503177	HARIPRASAD BALASANKULA
60		1180700466	MOOLA RAMANA REDDY
61		1180703327	SANDEEP KUMAR DUDDELLI
62		1190300428	KHOLA VINAYA KUMAR
63		1190301593	D SUDARSHAN
64		1190500037	SHAMANTHULA SANKEERTHANA
65		1190500945	GAJULA SWATHI
66		1190700868	KAMATALA RAVI
67		1200501013	TULUGU DILLESWARA RAO
68		1210500089	SASIKALA CHAPPA
69		1220501587	SYAMALA CHAPPA
70		1220706675	VENKATESH SURAPUREDDY
70		1221308180	CHINNARUMULLA RAJ SEKHAR
72		1230102954	SRAVAN KUMAR KUMMARI
72		1230300245	BHUKYA MOHAN
15			I

[]	ſ		
74		1230700474	BOBBALA ASHOK REDDY
75		1240101655	VADLAKUNTA GURAVAIAH
76		1240300088	DHARAVATH DURGA
77		1240501245	VINAY KUMAR PUNNAM
78		1240502425	RAMA KRISHNA YANAMALA
79		1240502514	KATTABOINA MALATHI
80		1240701350	AJAY GODALA
81		1250300455	Y PAVAN KUMAR
82		1250501198	YUGANDHAR A
83		1250700538	G. PRAKASH
84		1260500571	MADISETTI NAGENDRA BABU
85		1270501974	VENKATA RAMUDU KARUMURI
86		1270503392	VELUPULA GURU ANIL
87		1280101462	P MADHAVI
88		1280106101	THIRUPATI SURESH
89		1280301502	C.RAJESWAI
90		1280307234	RAMULU N
91		1280500774	SHRAVAN KANOLLA
92		1280501115	BOYA RAJASEKHAR
93		1280502330	KONDAMEEDI SURESH BABU
94		1280503696	SARIKONDA NAGA RAJU
95	40 44 2044	1280504951	SADU CHOWDAPPA SADUCHOWDAPPA
96	10.11.2014 02.00 P.M	1280505096	M C MADDILETI NAIDU
97	02:001	1280701154	VEMPALLI THIRUPAL REDDY
98		1280704531	SREEVANI KUNDURU
99		1280705321	SUNEEL KUMAR GUNDA
100		1280706633	RAGHAVENDRA REDDY P
101		1280707791	BUTCHI VENKATA KRISHNA SUSARLA
102		1280801386	MADHUBABU SURU
103		1300100634	SUJITHA TIRUPATHI
104		1300101206	RAJANI MEDIKONDA
105		1300103009	DARA SOWMYA JASSINTHA
106		1300500481	SRINU DHARANIKOTA
107		1300501470	MADIYALA ANKAMARAO
108		1300501485	KAPPALA SREENU
109		1300701051	PASUPULETI NARASIMHA RAO
110		2781303253	BAIRU RAVI KUMAR
IU			

27.10.2014



DECCAN GRAMEENA BANK

(Sponsored by State Bank of Hyderabad) Head Office, # 2-1-520, 2nd Floor, Vijayasri Sai Celestia, St. No. 9, Shankermuth Road, Nallakunta, Hyderabad, A.P. -500 044. Com Phone : 040-27600849

Website : <u>www.dgbhyd.com</u> E-mail : managerper@dgbhyd.com

Date: 27.10.2014

Lr.No.Gr-I/2014-15/ **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.

2. Please note that <u>your appointment is subject to production of following original</u> <u>certificates at the time of your reporting on the date indicated herein:</u>

- a. Educational qualifications, experience (if any), etc., certificates mentioned in your application, starting from 10th class.
- b. Proper relieving certificate, no objection certificate from your present employer (in case you are presently employed).
- c. Character and antecedents from (2) respectable persons, not related to you and Biodata (four sets) duly filled.
- d. Conversion certificate issued by the competent authority and a copy of the gazette notification for the change in your name, if any.
- e. 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.
- f. Nativity/ Residential Certificate issued by the Competent Revenue Authority.
- g. Further, submission of certificates/letters, etc., if any, not produced at the time of interview.
- 3. 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.

4. 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 10.11.2014 at 9.00 A.M/12.00 Noon/02.00 P.M along with certificates / testimonials as mentioned above, at our Head Office.

Yours faithfully,

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

1.	Name	:			
2.	S/O/ D/O /W/O	:			Passport size
3.	Date of Birth & age as on 01.07.20	13:			Photograph with signature
4.	Educational Qualification	:			of candidate
5.	Other Qualifications, if any	:			
6.	Permanent Address	:			
7.	Place of domicile	:			
8.	Name of Spouse	:			
9.	Category of caste	:			
10.	Whether married	:			
11.	No. of children	:			
		1). Name		Age _	
		2). Name		Age _	
12.	Languages Known	: <u>Speak</u>	<u>Read</u>		<u>Write</u>
13.	Identification marks	:			
		1).			
		2).			

- 15. Character certificates as per the proforma, duly furnishing : 1) Name, occupation and addresses of two respectable persons, not related to you on the certificates issuing them (proforma enclosed)
 - 2)

- 16. Medical Report Date : (To be furnished after medical examination)
- 17 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:
- 18 Is any case pending against you in any court of law or involving moral turpitude. If yes give full details:

Place: Date: Signature Name:

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

1.	1. Name of the candidate :	
2.	2. Applied for the post of :	
3.	3. Is the candidate known to you : Yes / No	
4.	4. If so, kindly state the period : Year months	
5.	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.	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.	8. Are you aware of any circumstances which would render the candidate unsuitable for appointment in a banking institution ?	
9.	9. Is the candidate related to you :	
l certi	ertify that the above information is correct to the best of my knowledge and belie	ef and that
Sri	/ Smt. / Kum S/o	
	b bears a good moral character.	
	Signature:	
Place	ce : NAME :	

Date :

NAME : Status : Postal Address:

DECCAN 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 MM DD 5. Married/Single/Widow/Widower : 6. Personal History • a) Whether any time you have vomited blood or Yes/No : coffee colour or had bleeding from anus with stools or suffered with pain Abdomen if so. What was the diagnosis of your doctor or suffered with prolong fever or jaundice etc. Give details if yes. b) Any history of cough with expectoration Yes/No : blood in sputum, breathlessness or chest pain with cough. Give details of yes. c) Any history of feeling heart beats chest Yes/No : 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. d) Any history of passing blood or stones in : Yes/No the urine or burning during and after passing urine or difficulty in passing urine or any discharge after passing urine. e) Any history of fits (convulsions) or Paralysis Yes/No : of any part of the body (i.e. any limb or face) or deviation of mouth. f) Any history of allergy of skin or loss of Yes/No : sensation of any part of body or sense or 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. Have you suffered from defects in hearing or : Yes/No g) eye sight. Give details Contd......2

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.

DECCAN GRAMEENA BANK							
MEDICAL EXAMINATION REPORT Affix recent							
PART - II REPORT OF THE MEDICAL	passport size photograph						
	duly attested						
Name of the Candidate	:	by Medical					
Category of the Post	•	Examiner					
1. General Development	: Good Fair Poor						
a) Nutrition	: ThinAverage Obese						
b) Best weightKg. When DD	MM YYYY Heig	ght 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 cavit	с у					
6. Respiratory System	: Normal/Abnormal						
Does physical examination revea anything abnormal in th respiratory organs ?							
If yes, explain fully							
7. CIRCULATORY SYSTEM							
a) Heart : Any organic lesions	: Yes/No						
Pulse Rate	Pmt						
b) Blood Pressure : Systolic Diastolic	:mm of Hg :						

8).	. ABDOMEN : GirthCms Tenderne	ess Present/Absent
	Hernia	
a)	Palpable : Liver Sp	bleen
	Kidney Tu	umors
b)	Hemorrhoids : Fistula	
9.	NERVOUS SYSTEM : Indication of nervous or disabilities	mental : Yes/No
10.). Loco-Motor System: Any abnormality	: Yes/No
11.	. Genito Urinary System: Any evidence of hy	ydrocele varicocele etc. : Yes/No
a)	Physical appearance : CLEAR / HAZY	
b)	Albumin : ABSENT / PRES	NET
c)	Sugar : ABSENT / PRES	ENT }Report Enclosed
d)	Casts : ABSENT / PRES	ENT
e)	Cells : WNL / ABNORM	AL
12.	2. Report of X-Ray Examination of Chest : E	nclosed - NORMAL / ABNORMAL
13.	8. Report of the Blood Exami/HIV Test :	Enclosed - NORMAL / ABNORMAL
14.	I. Report of Full Abdomen Ultrasound Test : I	Enclosed - NORMAL / ABNORMAL
15.	5. 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.	5. 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.