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.