

**DECCAN GRAMEENA BANK
HEAD OFFICE: HYDERABAD**

Personnel Dept
Date:14.05.2014

The list of selected candidates for the post of Officer JMGS-I, appeared for written test in Sep/Oct 2013 and interviews conducted from 21.02.2014 to 22.02.2014 & from 02.05.2014 to 07.05.2014 is displayed in our website from 14.05.2014.

The selected candidates are advised to report at the following address on 27.05.2014 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/ 9491041909/ 9491041997.
(from 10.30 A.M. to 5.30 P.M)

Sd/-

GENERAL MANAGER (ADMN & IT)

DECCAN GRAMEENA BANK

HEAD OFFICE:HYDERABAD

Date:14.05.2014

SELECTION LIST FOR THE POST OF OFFICER JMGS-I WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2013 AND INTERVIEWS HELD FROM 21.02.2014 TO 22.02.2014 & 02.05.2014 TO 07.05.2014

S.No.	Date & Time	Hall Ticket No.	Name
1	27.05.2014 10.30 A.M Tuesday	1111092183	POLIBOINA RAMA DEVI
2		1111094469	SUDHEER KUMAR PARCHURI
3		1111130892	YEDLAPALLI RAMAKRISHNA
4		1111132939	GANTA ESWARASAIBABU
5		1111133178	NAMBURU LAVANYA
6		1111133179	MALLELA BHAVANI SIRISHA
7		1111133655	RAJASEKHAR REDDY BUSIREDDY
8		1111134499	SHAIK ABDUL NAYEB RASOOL
9		1111134527	SRIHARISH SUDANA
10		1111134578	RAKESH KANCHETI
11		1131130969	CHITTURI RAJEEV
12		1131130979	KUCHARLAPATI NAGA SUNIL VARMA
13		1131133246	BALA BALAJI VASIREDDY
14		1151092397	KADIRI PRAVEEN KUMAR
15		1151130656	LAVANYA REKHA AAMBURU
16		1151131674	GAJULAPALLI SWATHI
17		1161093490	VENKATA SUDHAKARARAO GORIPARTHI
18		1161132846	UDAY KUMAR MERUGA
19		1171017223	DAMMA SRAVAN KUMAR
20		1171017415	NANNAM MADHU MADHU
21		1171017572	RAVIKIRAN MULUGU
22		1171098701	RAJENDER GANDHAM
23		1171131556	O.G.SURDEEP KOUR
24		1171134292	RAVI TEJA ORUGANTI
25		1171134624	AVINASH REDDY MOTADU
26		1171134682	ARAVIND MOGILSETTI
27		1171134825	GUNDLA RANJITH REDDY

28		1171134936	V RAJESH
29		1171136358	KAVYA RANABOTHU
30		1171136563	SIREESHA ALLA
31		1171136576	SRAVANI YERRAMREDDY
32		1171139557	KRANTI KIRAN K
33		1171139725	RAVINDAR REDDY SOLY
34		1181011062	RAJENDAR GUNIGANTI
35		1181091110	RAVULA THIRUPATHI
36		1181091137	SANDEEP KOTA
37		1191090459	KARINGULA SUMITH
38		1201010737	SARATH CHANDU NULAKAJODU
39		1221090258	MANASA MAJJI
40		1221090368	SAGARIKA CHERAKAM
41		1221094464	YERNI KUMAR KOSANA
42		1231131622	RAVULA MOUNISHA REDDY
43		1231132437	K MALLA REDDY
44		1241010980	JANGALI RAKESH BABU
45		1251130178	BODANAPALLY LAXMAREDDY
46		1251130375	NAGIREDDY BEERAM
47		1261010798	Y SYAMALAMMA
48		1261131469	MARUR LAKSHMI NARASIMHA PHANI
49		1261133670	MOHAMMAD ABDUL MUZIBUR RAHIMAN
50		1271012324	PUSALA VIMAL RAJ
51	27.05.2014 01.30 P.M Tuesday	1271091768	MARKAPURAM SRAVAN KUMAR
52		1271130634	SHAIK MOHAMMAD JAVEED
53		1271131963	K VENKATA SUDHEER KUMAR
54		1271132182	D LAKSHMI PRASANNA
55		1281013166	KOTA SURYAKANTH
56		1281092362	S.SIDDHARTHA
57		1281093413	PEDDAKOTLA PHANINDRA
58		1281093421	RAMESH RUDDULA
59		1281093481	NIMIRTHI RAGHAVENDRA
60		1281093512	GOVVALA SANTHOSH KUMAR
61		1281093639	SANDULA DUSYANATH KUMAR
62		1281131689	SUSHMA BOKKA
63		1281132420	VUNGARALA KIRAN
64		1281132909	CHETTEPU SRAVANALAXMI
65		1281133906	G CHAITANYA KUMAR REDDY
66		1281134976	GADDAM ANANDA REDDY
67		1281136441	RAJESH MAHADAS

68	1291130186	YELCHURI VENKATA SHANMUKHA MANASA
69	1301130815	POLURU SRIVIDYA
70	3011010540	LAVANYA THADURI
71	3011012198	RAJU THOGARI
72	3011016069	RADHA POTLANNAGARI
73	3011017756	SURESH CHEGANTI
74	3011093705	DINESH KUMAR KOYALKAR
75	3011094187	BALARAJU MUDRABOINA
76	3011094399	ANABATHULA SAI SANTOSH
77	3011098358	NASIR MOHAMMED
78	3011131957	KOMANDURI SWATHI
79	3011135075	SAKETH REDDY ADMALA
80	3011135107	ANNAREDDY VENKATA NARASIMHA REDDY
81	3011135467	VEERA MAHESWAR REDDY MARTHALA
82	3011139156	VINAY KUMAR JALAGAM
83	3011139407	NARRAVULA GOWTHAM REDDY
84	3021011375	CHILAKA JAYANTHI
85	3021011419	P GAYATHRI
86	3021012788	TEJDEEP CH
87	3021012860	POTHE SHIVA KRISHNA
88	3021013516	SHEKAR VODYARAM
89	3021053638	ARJUN SULTAN
90	3021092069	VARANGANTI THEJASWINI
91	3021094529	PADAMATI MAHESH
92	3021135243	KOLUGURI GOPI KRISHNA
93	3021135932	REVANTH SAINATH BOMMISSETTY

14.05.2014

Sd/-
GENERAL MANAGER(ADMN & IT)



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.

Phone : 040-27600849

Website : www.dgbhyd.com

E-mail : managerper@dgbhyd.com

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

Date: 14.05.2014

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.

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

- 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 Bio-data (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 garu

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 **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.

You are advised to report to the undersigned on 27.05.2014 at 10.30 A.M/01.30 P.M along with certificates / testimonials as mentioned above, 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 01.07.2013 :
4. Educational Qualification :
5. Other Qualifications, if any :
6. Permanent Address :
7. Place of domicile :
8. Name of Spouse :
9. Category of cast :
10. Whether married :
11. No. of children :

Passport size
Photograph
with signature
of candidate

1). Name _____ Age _____

2). Name _____ Age _____

12. Languages Known : Speak Read Write

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 offenses
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 :)
H.T.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 retention 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 :
Date :

Signature :
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 :

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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 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 of 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

- 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 :

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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 it 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
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 :

*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.