DECCAN GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept Date:27.10.2014

The list of selected candidates for the post of Officer JMGS-I, appeared for written test in Sep/Oct 2013 and interviews conducted from 09.10.2014 to 13.10.2014 is displayed in our website from 27.10.2014.

The selected candidates are advised to report at the following address on 13.11.2014 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

SELECTION LIST FOR THE POST OF OFFICER JMGS-I WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2013 AND INTERVIEWS HELD FROM 09.10.2014 TO 13.10.2014

SL	DATE & TIME OF		
NO.	REPORTING	ROLL NO.	NAME OF THE CANDIDATE
1		1111012412	KANTHETI SESHU BABU
2	-	1111111971	BALSUPATI YESURAJU
3	-	1111131298	ARIFA BEGUM MIRZA
4		1131090284	SANDYA RANI SIRAPARAPU
5		1131092478	RAJANA N L NOOKARATNAM
6		1131133278	BHASWANTH PADALA
7		1141010498	M LEELA VINODH
8		1151091353	UGANDHAR ELIGANDLA
9		1161052576	BANAVATHU AYYAPPA
10		1161094694	RAGAM BRAHMAIAH
11		1171017291	PRAVEEN KUMAR
12		1171050575	VIJAYA BHUKYA
13		1171052900	CHIDEM VENKATA SIVA KUMAR
14		1171060039	THAVURYA NAIK BANAVATH
15		1171090958	MARISERLA DIVYA
16	13.11.2014 10.00 A.M	1171091190	SUCHARITHA POOSA
17		1171093050	NAVEEN KUMAR NAKKA
18		1171093584	NAGARAJU PALAKOORI
19		1171135010	CHETHIREDDY VIKAS REDDY
20		1171139314	SANDEEP KUMAR REDDY TAPALAMEEDI
21		1181091201	ADEPU VAMSHI KRISHNA
22		1181092053	NAMPALLI PAVAN KUMAR
23		1181130415	MANOHAR A
24		1191160001	YERUVA PRAVEEN KUMAR
25		1211091134	SATYANARAYANA BANDARU
26		1221093369	SATYA NARAYANA KARRI
27		1231052214	BHUKYA MANGILAL
28		1231131880	ZAKIULLA BAIG MIRZA
29		1241051074	KISHAN MODE
30		1241091120	GUNDA KRANTHI KUMAR
31		1251090023	PUPPALA SUMA SRI

32		1261111509	SURESH PAMARATHI
33		1261132210	KATAKAM SURENDAR REDDY
34		1261132466	MULABAGUL SAI HARSHITHA
35		1271010725	PRASANNAKUMARI V
36		1281092793	KURAKULA MADHURI
37		1281131147	PRASAD CHILAKALAPUDI
38		1281131758	AARE NIHARIKA
39		1281133823	P SURENDRANATH REDDY
40		1291132000	BOGIREDDY NAVEEN KUMAR REDDY
41		1301012079	SUNEEL PENUMALA
42		1301091662	VALLURI VENKATESWARLU
43		1301091931	AVALA MALLESWARI
44		1301131986	PAPOLU NYMISHA
45		3011012410	SRINIVAS DURGAM
46	13.11.2014	3011012433	SANDEEP JOSHI GANJI
47	01.00 P.M	3011053082	PRAKASH RATHOD
48		3011053268	GOPAL KOLA
49		3011053277	BANOTH SANTHOSH
50		3011093828	KOMMAGANI RAMESH
51		3011093979	VENKATARAMANAIAH K
52		3011094011	SHRAVAN KUMAR K
53		3011094192	THIRUPATHI N
54		3011094272	M DEEPAK
55		3011094293	NIGIDALA UDAY KUMAR
56		3011094352	HARISH DUDAM
57		3011096387	DEVI MOLUGU
58		3011098360	ENGALA NAVEEN KUMAR
59		3011135497	SANDEEP V
60		3021135364	ARDHA RAMAKRISHNA
61		3021135861	MANOJ KUMAR PINGILI

Dt:27.10.2014

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. Com Phone : 040-27600849

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

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 **Officer JMGS-I** 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, 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 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 from the service and liable for any other action deemed fit by the Bank.

You are advised to report to the undersigned on 13.11.2014 at 10.00 A.M/01.00 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	:			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 p Name, occupation and addresses o respectable persons, not related to issuing them (proforma enclosed)	f two	: 1)		
			2)		
	. Medical Report Date (To be furnished after medical exa Have you ever been arrested, kept under detention or bound de	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: 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 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 :
l certi	fy 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.
	Signature:
Place :	NAME :
Date :	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.	Nar	me in full (Surname First)	:			
2.	Cat	tegory of Post	:			
3.	Ado	dress	:			
4.	Dat	te of Birth	:	DD	MM	
5.	Ma	rried/Single/Widow/Widower	:			
6.	Per	rsonal 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 or ho and cold. Do you any time suffered with leprosy or discharge after urination. Ulcers or growth on private parts. Do you have more tha one sex partners regular or occasional.	ot ' Is	:		Yes/No
	g)	Have you suffered from defects in hearing or eye sight. Give details		:		Yes/No
						Contd2

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. <u>FA</u>	MILY HISTORY:			
i) Hea	art disease and blood pressure. If yes relationship.	:		Yes/No
,	onic Cough with expectoration with weight (Tuberculosis). If yes relationship	:		Yes/No
iii) Kio	Iney disease. If yes relationship		:	Yes/No
iv) Ca	ncer. If yes relationship	:		Yes/No
v) An	y other serious aliments. If yes relationship	:		Yes/No
vi) Dia	betes. If yes relationship	:		Yes/No
8) <u>FO</u>	R FEMALE CANDIDATES ONLY			
i) Mei	nstrual History (Monthly Periods)		: Regular /	Irregular
ii) Firs	t date of last menstrual period		:	
iii) An	y 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

)

8

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.

A	DECCAN GRAMEENA BANK	Affix recent
_		passport size
PART - II REPORT OF THE MEDICA	AL EXAMINER	photograph
Name of the Candidate	:	duly attested
Category of the Post	:	by Medical
1. General Development	: Good Fair Poor	Examiner
a) Nutrition	: ThinAverage Obese	
b) Best weightKg. When I	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	

- 4. Glands Normal/Enlarged : Thyroid Normal/Enlarged
- : All healthy & Intact + missing cavity 5. Conditions of Teeth

: Normal/Defective

6. Respiratory System : Normal/Abnormal Does physical examination reveal : Yes/No anything abnormal in the

respiratory organs?

Left Ear

If yes, explain fully

7. CIRCULATORY SYSTEM

a) Heart : Any organic lesions : Yes/No

____Pmt Pulse Rate

b) Blood Pressure : Systolic :_____mm of Hg Diastolic :_

8). ABDOMEN : GirthCms Tenderness Present/Absent
Hernia
a) Palpable : Liver Spleen
Kidney Tumors
b) Hemorrhoids : Fistula
9. NERVOUS SYSTEM : Indication of nervous or mental : Yes/No disabilities
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 / PRESNET
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 / ABNORMA
14. Report of Full Abdomen Ultrasound Test : Enclosed - NORMAL / ABNORMAL
15. Is there anything in the health : Yes / No 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?
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.