

**DECCAN GRAMEENA BANK
HEAD OFFICE: HYDERABAD**

Personnel Dept
Date:09.05.2014

The list of selected candidates for the post of Officer MMGS-III for the vacancies identified as on 01.04.2013, after the written test in Sep/Oct, 2013 and interviews on 17.02.2014 is being displayed in our website from 09.05.2014.

The candidates are advised to report at the following address on 26.05.2014 at 10.30 A.M. along with the Certificates, Documents, etc., mentioned in the model call 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 proformae 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 (OPS & CR)**

DECCAN GRAMEENA BANK
HEAD OFFICE:HYDERABAD

Date: 09.05.2014

SELECTION LIST FOR THE POST OF OFFICER MMGS-III WHO APPEARED FOR
WRITTEN TEST HELD IN SEPTEMBER /OCTOBER, 2013 AND INTERVIEWS
HELD ON 17.02.2014

S.No.	Hall Ticket No.	Name
1	1169133910	PRASANNA KUMAR ADUSUMALLI
2	1189091717	SRINIVASA CHARY NAMOJU
3	3029131234	TIRUPATHI RAJU DONTULA
4	3059094470	PRAVEEN KUMAR PRABHAKAR
5	3059134528	RAVI MOHAN



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/2014-15/710

Date: 09.05.2014

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 MMGS-III** in our Bank, based on the written test and interview held by the Bank.

2. Please note that this is not an order of appointment. **Your appointment is subject to production of following at the time of your reporting on the date indicated herein:**

- a. Original 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 (proformae enclosed).
 - 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. Experience Certificate
4. You are advised to bring Medical Fitness Certificate obtained from not below the rank of Assistant Civil Surgeon in Govt Hospital as per proforma enclosed.(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.

5.

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 **Officer MMGS-III** 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 terminated or if you are appointed by the Bank, you will be summarily dismissed.

You are advised to report to the undersigned **on 26.05.2014 at 10.30 AM** along with certificates / testimonials as mentioned above.

Yours faithfully,

Sd/-

GENERAL MANAGER (OPS & CR)

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) Menstrua 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 :

(
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.