TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept. Date: 01.04.2016

The list of provisionally selected candidates who are allotted to our Bank by the IBPS for the post of Office Assistant (Multi Purpose) appeared for CWE-IV in September 2015 and interviews during November/December 2015 is displayed in our website from 01.04.2016.

Female candidates while undergoing medical tests, if Pregnancy is detected; they are to be found TEMPORARILY UNFIT by the Civil Surgeon. Such candidates will be considered for Appointment after delivery and on production of a 'Fitness certificate' from the Civil Surgeon. The posts will be kept as vacant and unfilled till such time. (To avail this facility, the pregnant candidates have to give a request letter in writing along with the Medical certificate from the Surgeon and obtain permission from the Competent Authority).

The provisionally selected candidates are advised to report at the following address on the dates mentioned in the list along with the Original Certificates, Documents, etc., and two sets of attested xerox copies mentioned in the model Provisional Selection letter which is displayed below.

TELANGANA 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.
- 4. Form11 of PF Organisation
- 5. Declaration to be submitted by the OBC candidates.

Note: No individual Provisional selection letters will be sent to the candidates separately.

In case of any clarifications, please contact 040-27600849/ 9491041997. (From 10.30 A.M. to 5.30 P.M)

Sd/-

GENERAL MANAGER (ADMN & IT)

TELANGANA GRAMEENA BANK HEAD OFFICE:HYDERABAD

Date: 01.04.2016

PI	PROVISIONAL SELECTION LIST FOR THE POST OF OFFICE ASSISTANT(MULTI PURPOSE) WHO APPEARED FOR CWE-IV HELD IN SEPTEMBER 2015 AND INTERVIEWS HELD DURING NOVEMBER/ DECEMBER 2015 BY IBPS						
SL	DATE & TIME OF			CATEGORY OF THE			
NO.	REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CANDIDATE			
1		1110701283	GALI MAISURA REDDY	UNRESERVED			
2		1180510981	M KRUPENDAR	UNRESERVED			
3		1180701631	AKHIL CHERUGONDI	UNRESERVED			
4		1180702359	GANTI KAMESWARA VENKATA ADITYA	UNRESERVED			
5		1180707083	YERVA VENKATA SUMABINDU	UNRESERVED			
6		1220702409	GEETHA THAVITAPU	UNRESERVED			
7		1230701078	NARAM KARTHIK	UNRESERVED			
8		1230701842	LABALA HEMASUNDAR	UNRESERVED			
9		1240702884	CHEREDDY JYOTHI PRAKASH	UNRESERVED			
10		1250703940	GUJJULA ASHOK REDDY	UNRESERVED			
11	11/04/2016	1250703999	KAKARLA NAGA NIROSHA	UNRESERVED			
12	(Monday) 08:30 A.M	1260701936	CHARAN KUMAR DEVARASETTY	UNRESERVED			
13	08.30 A.M	1260703955	RAHUL KUMAR SIGILIPELLI	UNRESERVED			
14		2850108059	SIRIGIRI SHRAVYA	UNRESERVED			
15		2850503281	HARSHA DEVI THALLA	UNRESERVED			
16		2850504510	BANDLA SRIKANTH	UNRESERVED			
17		2850511292	KRISHNACHAITANYA MIRYALA	UNRESERVED			
18		2850512186	SANGAYAPALLY YADAIAH	UNRESERVED			
19		2850516332	K NAVEEN KUMAR	UNRESERVED			
20		2850521742	RAGHAVARAPU SRAVANI	UNRESERVED			
21		2850709943	SWATHI BURLA	UNRESERVED			
22		2850712303	NARENDER REDDY NOMULA	UNRESERVED			
23		2850712342	ARGULA SATHISH	UNRESERVED			

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
24		2850712435	YEDLA SUKESH REDDY	UNRESERVED
25		2850712488	GUDIPALLI NARENDER REDDY	UNRESERVED
26		2850717887	GURAJALA KRISHNA CHARAN	UNRESERVED
27	•	2850723495	R VENKAT REDDY	UNRESERVED
28		2880703205	THAHNIYATH HARMAIN	UNRESERVED
29		2850800070	SINDHU BHARANI CHITHANOORI	VI UR
30	11/04/2016	2720504016	GOKULAKRISHNAN R	OBC
31	(Monday) 08:30 A.M	2850503424	SRI KALA SEDAM	OBC
32		2850504235	CHETTIPELLI KAVYA	OBC
33		2850504682	ANJANNA ROUTHU	OBC
34		2850509724	SRINIVAS GARIGANTI	OBC
35		2850511226	GANJI RAGHAVENDRA	OBC
36		2850511301	P RAMESH	OBC
37		2850511573	MAISA ANAND KUMAR	OBC
38		2850511823	MAMIDALA SRILAXMI	OBC
39		2850511870	MADUKAL NAGARJUNA	OBC
40		2850511979	SANDEEP KUMAR ARVA	OBC
41		2850512091	B SAI PRAKASH	OBC
42		2850514903	SANTHOSH THIPPANI	OBC
43		2850515618	RAJASHEKAR A	OBC
44	11/04/2016	2850517123	B SRILATHA	OBC
45	(Monday) 01:00 P.M	2850600165	NARESH ANKATI	OC OBC
46		1180104257	POGABANDI NAVEEN KUMAR	SC
47		2850100645	DONDAPATI SUNDER PRAKASH	SC
48		2850101437	CHELUMALA NIROSHA	SC
49		2850108025	M ARJUN RAO	SC
50		2850108121	MORE RAMESH	SC
51		2850108156	DURGAM KEERTHI	SC
52		2850108173	GUNDLA SRINIVASARAO	SC

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
53		2850108251	PRAVEEN MANDALA	SC
54		2850110406	K AMARNADH	SC
55		2850110568	VIDYASAGAR BHAGATH	SC
56		2850119748	NEERATI ANIL	SC
57		2860101122	BEDEGAM SANDHYA RANI	SC
58		2850302587	KASHI VISHWANATH SALA	ST
59		2850308631	GEETHA ESLAVATH	ST
60		2850308754	BADAVATH GANESH	ST
61		2850308797	PANUGOTHU MATRU	ST
62	11/04/2016	2850310973	J VITTAL	ST
63	(Monday) 01:00 P.M	2671503317	PAVAN KUMAR PRASAD	EX-SER UR
64	01.00 F.M	2851507878	S SURESH KUMAR	EX-SER UR
65		2851507935	P PRAKASH KUMAR	EX-SER UR
66		2851507949	KANDUKURI SAI KUMAR	EX-SER UR
67		2851510338	PINGILI VINAY	EX-SER UR
68		2851510375	VIJAY BHUPATHI	EX-SER UR
69		2881501073	KANDLAKUNTA VENKATA RAMANA	EX-SER UR
70		1261303015	TIRUNAHARI RAVINDER	EX-SER OBC
71		2851307807	NATHI GANGA KISHORE GOUD	EX-SER OBC
72		2851307818	RM CHIDANANDA SWAMY	EX-SER OBC
73		2851307821	I GOPINATH	EX-SER OBC

Date: 01.04.2016

Sd/-GENERAL MANAGER (ADMN & IT)



TELANGANA GRAMEENA BANK

(Sponsored by State Bank of Hyderabad) Head Office, # 2-1-520, 2nd Floor, Vijayasri Sai Celestia, Street No.9 Shankermutt Road, Nallakunta, Hyderabad, Telangana. -500 044.

Website : <u>www.tgbhyd.in</u> E-mail : <u>cmper@tgbhyd.in</u>

Lr.No.Gr-I/2015-16/

Date: 01.04.2016

Phone : 040-27600849

FAX : 040-27662623

Name & 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 CWE-IV and interview held by IBPS.

1. Please note that <u>your appointment is subject to production of following original certificates at the</u> <u>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 certificate from (2) respectable persons, not related to you and Biodata (four sets) duly filled, Form-11 and Declaration (in case of OBC candidates only).
- 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. Latest 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.
- 2. 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.

3. Please note that you are provisionally selected for appointment in the bank as an Officer 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 the date and time mentioned in the list along with original certificates / testimonials as mentioned above and TWO sets of attested xerox copies, at our Head Office.

Yours faithfully,

Sd/-GENERAL MANAGER (ADMN & IT)

1.	Name	:			Affix passport
2.	S/O/ D/O /W/O	:			size
3.	Date of Birth & age as on 01.07.2015	:			Photograph
4.	Educational Qualification				with signature of candidate
	a) As on 28.07.2015	•			
	b) Latest	:			
5.	Other Qualifications, if any	:			
6.	Permanent Address	:			
7.	Category of caste	:			
8.	Whether married	:			
9.	No. of children	:			
	1) Name	Age	e	
	2	2) Name	Age		
10	. Occupation of				
	1) Father :		Annual Incon	ne:	

i) rutiter i	
2) Mother:	Annual Income :
3) Spouse :	Annual Income :

:

:

- 11. Place of domicile
- 12. No. of Dependants

SI No.	Name	Relation	Age
1			
2			
3			
4			
5			
6			
7			

14. Status of present Employer if any, (Govt./Semi.Govt./Public/Pvt. Sector):

15. Languages Known : <u>Speak Read Write</u> 1) 2) 3)

16. Identification marks:

1) 2)

- 17. Character certificates as per the proforma, duly furnishing Name, occupation and addresses of two respectable persons, not related to you, who issued certificates.
 - 1) 2)
- 18. Particulars of cases pending against you in any court of law including case (s) for non- payment of any loan from Banks/Financial Institution :
- 19. Particulars of disqualification / debarment by any Service Commission, examining body at their selection / examination :
- 20. Particulars of any case (s) of disciplinary action instituted /pending against you by your present or previous employer (s). Please also state whether you were debarred from appearing in any promotion examination.
- 20. Medical Report Date : (To be furnished after medical examination)
- 21. 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:
- 22. Is any case pending against you in any court of law or involving moral turpitude. If yes give full details:

Place: Date: Signature Name: Roll. No.

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

1.	Nar	me of the candidate	:		
2.	App	olied for the post of	:		
3.	ls t	he candidate known to you	:	Yes / No	
4.	lf s	o, kindly state the period	:	_Year	_ months
5.		ether to the best of your owledge and information			
	a.	The candidate has at any time taken active part in politics			
	b.	He was ever arrested / prosecu kept under retention or convict by court of law.			
6.	ls t	he family of the candidate is kno	own to	you.	
7.	eve	s any member of the candidate's er been arrested / kept / kept ur 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 : Mobile No. : Postal Address:

TELANGANA 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.	Nai	me in full (Surname First)	:		
2.	Cat	tegory of Post	:		
3.	Ado	dress	:		
4.	Dat	te of Birth	: DD N	M YYYY	
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 in 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 if 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 or sensation of any part of body or sense or he and cold. Do you any time suffered with leprosy or discharge after urination. Ulcers or growth on private parts. Do you have more that one sex partners regular or occasional.	ot / 1s	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 : Yes/No by accident or otherwise. Give details					
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			
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 aliments. If yes relationship			Yes/No			
vi) Diabetes. If yes relationship			Yes/No			
8) <u>FO</u>	R FEMALE CANDIDATES ONLY					
i) Mer	nstrual History (Monthly Periods)	:	Regular / Irregular			
ii) First 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

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.

TELANGANA GRAMEENA BANK

	EXAMINATION	DEDODT
MEDICAL	EXAMINATION	REPURI

	MEDICAL EXAMINATION REPORT	Affix recent
	passport size	
PART - II REPORT OF THE MEDICA	L 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 DI	D 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 + <u>missing</u> cavity	
6. Respiratory System	: Normal/Abnormal	
Does physical examination revea anything abnormal in th respiratory organs ? If yes, explain fully	al: Yes/No ne	
7. CIRCULATORY SYSTEM		
a) Heart : Any organic lesions	: Yes/No	
Pulse Rate	Pmt	
b) Blood Pressure : Systolic Diastolic	:mm of Hg :	

8). ABD	OMEN :	Girth	_Cms Tende	erness Present	/Absent			
		Hernia _						
a) Palpa	able			_ Spleen				
		Kidney _		Tumors		-		
b) Hemo	orrhoids	:	Fist	ula				
	OUS SYSTEM	: Indicatio	n of nervou	s or mental	:	Yes/No		
10. Loco	-Motor Syster	m: Any ab	normality		:	Yes/No		
11. Geni	ito Urinary Sy	stem: Any	evidence o Yes/N :	of hydrocele va No	aricocele	etc		
a) Physi	ical appearan	ce : (CLEAR / HA	ZY				
b) Albur	min	: /	ABSENT / PF	RESNET				
c) Sugar	r	: /	ABSENT / PF	RESENT }Repor	rt Enclose	ed		
d) Casts	5	: /	ABSENT / PF	RESENT				
e) Cells		: \	WNL / ABNC	ORMAL				
12. Rep	ort of X-Ray E	Examinatio	n of Chest	: Enclosed -	NORMAI	_ / ABNORM	AL	
13. Rep	ort of the Blo	od Exami/	HIV Test	: Enclosed	- NORMA	al / Abnor	MAL	
14. Repo	ort of Full Abo	lomen Ultr	asound Tes	t : Enclosed	- NORMA	al / Abnor/	MAL	
of th him disch servi	ere anything ne candidate / her unfit harge of his/ ices for whic lidate?	likely to for the her duties	render efficient in the	: Yes / No				
16. Find	lings :							
the f	Medical Exar findings unde gories.			:				
i) FIT				:				
ii) UNFIT	on account o	of		:				

<u>NOTE:</u> *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.

F	<mark>orm 11 (Revised)</mark>			Employee Code Mandatory			
				$2 \left(\text{Developen 24} \right)$			
	THE EMPLOYED	es' provident fund And		52 (Paragraph 34)			
		OYEES' PENSION SCI					
Declara	ation by a person taking u	ip employment in an estal Employees' Pension		the Employees' Provident Funds &			
			wife/ daughter of				
	(Name of Empl do hereby solemnly decl		Smt.				
(a)	I was employed in						
	M/s (Name and Full Address of the immediate previous employer)						
	and left service on	(Date of leaving with immedia	te previous employer)	mployer) prior to that, I was			
			from	to			
	(Name and Full Address of t	he second last employer, if any)	- (Date of joining &	leaving with second last employer, if any)			
(b)	I was member of						
	(Name of PF Trust / Address of PF Office of immediate previous employer) Provident Fund and also/but not* of the Pension fro to						
	Fund		т				
	and my account number	(s) was/were	(Date of joining & l	eaving with immediate previous employer).			
				Code of immediate previous employer)			
(c)	I have / have not * withdrawn the amount of my Provident Fund/Pension Fund.						
(d)	I have / have not * drawn any superannuation benefits in respect of my past service from any employer.						
(e)	I have / have never* been a member of any Provident Fund and/or Pension Fund.						
(f)	I am drawing / not drawing * Pension under EPS 95.						
(g)	I am a holder / not holde	r * of scheme Certificate.					
(h)	Scheme certificate surrendered / not surrendered*.						
	ıt whichever is not applica	ble.					
Date							
-	(Date of joining of employee)		-	Signature or left hand thumb impression of the employee			
Shri/Smt.			is appointed				
in M/s	(Nar	ne of Employee)	as with effect	(Designation with Co.)			
	(Name of the p	resent employer)	from	(Date of appointment)			
P.F. Acco	Punt	t. Code of present employer)					
Number	(Fr NO. WILL EST	. ooue of present employer)					
Date -	(Date of joining of employee)	_	Signature	e of the Employer/Manager or			

Other Authorised Officer with Office Seal

DECLARATION TO BE SUBMITTED BY THE OTHER BACKWARD CLASSES CANDIDATES SEEKING RESERVATION AS OBC

I	Son/daughter of
Shri	Resident of village/
town/city	District
State	Hereby declare that I belong to the
	Community which is recognised as a
backward class by the Government of	of India for the purpose of reservation in services as per
orders contained in Department of Per	sonnel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is also	declared that as on 31.12.2015, I do not belong to persons
/ sections (Creamy Layer) mentioned	in column 3 of the Schedule to the above referred Office
Memorandum dated 08.09.1993.	

Place:

Dated (Signature of the candidate)