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 Officer JMGS-I appeared for CWE-IV in September 2015 and interviews during November/December 2015 are 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

PROVISIONAL SELECTION LIST FOR THE POST OF OFFICER JMGS-I WHO APPEARED FOR CWE IV HELD IN SEPTEMBER 2015 AND INTERVIEWS HELD DURING NOVEMBER/ DECEMBER 2015 BY IBPS

	DURING NOVEMBER/ DECEMBER 2015 BY IBPS					
SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE		
	REPORTING					
1		1181134570	KASIREDDY ANJANEYULU	UNRESERVED.		
2		1201131318	SRIKANTHREDDY VENNAPUSA	UNRESERVED.		
3		1251136373	SAJIDA BEGUM	UNRESERVED.		
4		2851094633	KARUNAKAR KAMISHETTY	UNRESERVED.		
5		2851097811	ANAND YADAV GANGALA	UNRESERVED.		
6		2851097848	ANOLI SANTOSH	UNRESERVED.		
7		2851098172	M SIVA KRISHNA	UNRESERVED.		
8		2851136238	SAMA RAJU	UNRESERVED.		
9		2851136408	S MADHUSAI REDDY	UNRESERVED.		
10		2851138976	A SRINIVAS	UNRESERVED.		
11	18/04/2016	2851139375	SANDEEP REDDY MEDA	UNRESERVED.		
12	(Monday) 08:30 A.M	2851139598	MOHAMMAD SHAHBAZ	UNRESERVED.		
13	00.50 / t.i.m	2851139603	PAKALA SANDEEP REDDY	UNRESERVED.		
14		2851139659	AMULA PRATHYUSHA REDDY	UNRESERVED.		
15		2871092354	VANAPARTHY LIKITHA	UNRESERVED.		
16		2871130672	LEDALLA SRI YAMINI SHANTI	UNRESERVED.		
17		2871131011	CHERVOO JANSI RANI	UNRESERVED.		
18		2871132424	KOYA RAMYA SRI	UNRESERVED.		
19		2881090310	NANEM SANDEEP KUMAR	UNRESERVED.		
20		2881130344	THAHNIYATH HARMAIN	UNRESERVED.		
21		2951130566	ABHISHEK KUMAR SINGH	UNRESERVED.		
22		3401094400	SANTHOSH THIPPANI	UNRESERVED.		
23		3401094697	ADEPU MAHESH KUMAR	UNRESERVED.		

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE	CATEGORY OF THE CANDIDATE
24		3401097545	MOHAMMAD SHAREEF	UNRESERVED.
25		3401098025	LAXMAN KUMAR P	UNRESERVED.
26		3401139264	VIKASH SUNCHANAKOTA	UNRESERVED.
27	18/04/2016	3411092073	SIRAVENI PREM KUMAR	UNRESERVED.
28	- 18/04/2016 (Monday) - 08:30 A.M	3411132598	GOVINDARAM KRISHNA	UNRESERVED.
29		3411132738	DIRISHALA AUGASTYA	UNRESERVED.
30		3411133118	AMULYA KOMMAREDDY	UNRESERVED.
31		3471135111	JEEWAN JYOTI	UNRESERVED.
32		1151093294	GOPI NINDUJARLA	OBC.
33		2851091746	MANDA SATHISH	OBC.
34		2851091778	ADEPU BHUPENDHER	OBC.
35		2851092319	M RAMESH YADAV	OBC.
36		2851092368	KISHORE KUMAR MACHERLA	OBC.
37		2851094828	PALISHETTI VEERANNA	OBC.
38		2851095181	YEDLA ANJANNA	OBC.
39		2851097801	RACHANA KYATHAM	OBC.
40		2851097855	SHIVAKUMAR M	OBC.
41		2851098134	GURASALA GOPAL	OBC.
42	18/04/2016 (Monday)	3401090693	MANISHA B	OBC.
43	01:00 P.M	3401090763	CHENNAM MANOJ KUMAR	OBC.
44		3401094387	KOLANU NAVYASRI	OBC.
45		3401097318	B KEZIAH	OBC.
46		3401098608	MOTHUKURI SUDHEER KUMAR	OBC.
47		3411092526	SHIVA PRASAD M	OBC.
48	2851119711		NARESH ANKATI	OC OBC
49		1241010910	B SUSHMAJA	SC.
50		1241011701	MANNELI JAGADESWAR	SC.
51		1251012043	MADHURI ADEPU	SC.
52		2851010188	KAPERA RAMU	SC.

SL NO.	DATE & TIME OF REPORTING	DF		CATEGORY OF THE CANDIDATE
53		2851013493	YAMAGANTI DURGA PRASAD	SC.
54		2851016692	G MAHESH	SC.
55		2851017020	PULAPARTHY DURGA RAM PRASAD	SC.
56		2851019835	TEJDEEP CH	SC.
57	18/04/2016	3401016638	LINGIRI KRANTHI KUMAR	SC.
58	(Monday) 01:00 P.M	3411010155	ANJANEYULU LAPANGI	SC.
59	01.00 P.M	2851050951 THIRUPATHI GUGULOTHU		ST.
60		2851057548	LAVDIYA SUNITHA	ST.
61		3401053742	GANTALA UMADEVI	ST.
62		3401057078	VISHWANATH KORRA	ST.
63		3411050320	DHARAMSOTH SANTHOSH	ST.

Sd/Date: 01.04.2016 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
 : www.tgbhyd.in
 Phone
 : 040-27600849

 E-mail
 : cmper@tgbhyd.in
 FAX
 : 040-27662623

Lr.No.Gr-I/2015-16/ Date: 31.03.2016

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 Officer JMGS-I in our Bank, based on the CWE-IV and interview held by the IBPS.

- 1. Please note that <u>your appointment is subject to production of following original certificates at the time of your reporting on the date indicated in the list:</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 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 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)

BIO-DATA FORM

_					
	Name		:		Affix passport
2.	S/O/ D	/0 /W/0	:		size
3.	Date of	Birth & age as on 01.07	.2015:		Photograph
4.	Educati	ional Qualification			with signature of candidate
		a) As on 28.07.2015	:		
		b) Latest	:		
5.	Other 0	Qualifications, if any	:		
6.	Permar	nent Address	:		
7.	Catego	ry of caste	:		
8.	Category of caste Whether married No. of children		:		
9.	No. of	children	:		
			1) Name	Age	
			2) Name	Age	
10	. Occupa	ition of			
	1) Fatl	her :		Annual Income :	
	 Father: Mother: 			Annual Income :	
	3) Spo	use:		Annual Income :	
11	Place o	of domicile	•		
			•		
12		Dependants	<u>. </u>		
	SI No.	Name		Relation	Age
	1				
	2				

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

13. Status of present Employer if any, (Govt./Semi.Govt./Public/Pvt. Sector):					
14. Languages Known	: <u>Speak</u>	Read	<u>Write</u>		
	1)				

2)

3)

1)	
2)	
16. Character certificates as per the proforma, duly furnishing two respectable persons, not related to you, who issued of1)	
2)	
17. Particulars of cases pending against you in any court of la any loan from Banks/Financial Institution:	w including case (s) for non- payment of
18. Particulars of disqualification / debarment by any Service C selection / examination :	Commission, examining body at their
19. Particulars of any case (s) of disciplinary action instituted /p previous employer (s). Please also state whether you were 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:	Signature
Date:	Name: Roll. No.
	ROIL. NO.

15. Identification marks:

ANNEXURE

(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				
	 He was ever arrested / prosecu kept under retention or convict by court of law. 				
6.	Is the family of the candidate is kn	own to	you.		
7.	Has any member of the candidate's ever been arrested / kept / kept u or convicted by a court of law.				
8.	Are you aware of any circumstance would render the candidate unsuit appointment in a banking institution	able for			
9.	Is the candidate related to you	:			
l certi	fy that the above information is cor	rect to	the best of my	y knowledge and b	elief and that Sri / Smt
/ Kum	n S/o		·	R/o	bears a good
moral	character.				
		!	Signature:		
Place	:	1	NAME:		
Date	:	!	Status :		
		i	Mobile No. :		
		ĺ	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.	Naı	me in full (Surname First)	:		
2.	Cat	tegory of Post	:		
3.	Add	dress	: :		
4.	Dat	te of Birth	: DD	MM 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 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 that one sex partners regular or occasional.	s	Yes/No	
	g)	Have you suffered from defects in hearing or eye sight. Give details	:	Yes/No	

Contd......2

:: 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 : Yes/No

history which you have not already

mentioned?

7. FAMILY HISTORY:

i) Heart disease and blood pressure. If yes relationship. : Yes/No

ii) Chronic Cough with expectoration with weight : Yes/No

loss (Tuberculosis). If yes relationship

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) 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:

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 MEDICAL EXAMINATION REPORT

Affix recent

passport size

photograph

PART - II REPORT OF THE MEDICAL EXAMINER

Diastolic

duly attested Name of the Candidate by Medical Category of the Post Examiner : Good Fair Poor 1. General Development : Thin _____ Average____ Obese____ a) Nutrition b) Best weight _____Kg. When DD MM YYYY Height ____ Cms. : _____Kgs. Weight: ____ Kgs. c) Any recent change in weight d) Temperature : Normal/Raised e) Girth of chest i) After full inspiration : Cms : Cms ii) After full expiration f) Identification Marks : ABM/Scar : ABM/Scar 2. Skin: Any obvious disease : Yes/No 3. Ears: Inspection : Clear /Blocked : Normal/Defective Hearing: Right Ear 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 Pmt Pulse Rate b) Blood Pressure: Systolic :_____mm of Hg

8).	8). ABDOMEN : GirthCms Tenderness Present/Absent						
	Hernia						
a)	a) Palpable : Liver Spleen						
	Kidney Tumors						
b)	b) Hemorrhoids : Fistula						
9.	 NERVOUS SYSTEM: Indication of nervous or mental : Yes/No disabilities 						
10.	10. Loco-Motor System: Any abnormality : Yes/No						
11.	11. Genito Urinary System: Any evidence of hydrocele varicocele etc: Yes/No						
a)	a) Physical appearance : CLEAR / HAZY						
b)	b) Albumin : ABSENT / PRESNET						
c)	Albumin : ABSENT / PRESNET Sugar : ABSENT / PRESENT }Report Enclosed Casts : ABSENT / PRESENT Cells : WNL / ABNORMAL						
d)	Sugar : ABSENT / PRESENT }Report Enclosed Casts : ABSENT / PRESENT Cells : WNL / ABNORMAL						
e)	e) Cells : WNL / ABNORMAL						
12.	12. Report of X-Ray Examination of Chest : Enclosed - NORMAL / ABNORMAL						
13.	13. Report of the Blood Exami/HIV Test : Enclosed - NORMAL / ABNORMAL						
14.	14. Report of Full Abdomen Ultrasound Test : Enclosed - NORMAL / ABNORMAL						
15.	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.	16. Findings:						
	The Medical Examiner should record: the findings under one of the following categories.						
i)	i) FIT :						
ii)	ii) UNFIT on account 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 :

REPORT BY THE OPHTHALMOLOGIST:

i) Name of the patient :

ii) Category of the post:

Acuity of Vision	Naked Glasses	With Glasses		Strength of Gl	lasses
			Sph	Cyl	Axis
Distant Vision					
R.E.					
L.E.					
Near Vision					
R.E.					
L.E.					
Hypermetropia					
(Manifest)					
R.E.					
L.E.					

1)) Anv	disease	of th	ne eve	es .	:
• /	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aiscusc	01 (1	ic cyc		

2) Night blindness :

3) Defect in colour vision :

4) Field vision :

5) Visual acuity :

6) Fundus examination :

PLACE: SIGNATURE OF THE

OPHTHALMOLOGIST

DATE : WITH SEAL.

^{*}Such candidate will be advised to contact the Bank for fresh medical examination after three months of confinement.

Form 11 (Revised)





THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34) AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce

		Son/	wife/ daughter of		
	(Name of Emp		Smt.		
	eby solemnly dec	lare that :-			
	mployed in				
M/s		previous employer)			
and left	t service on	(D. (1)	prior to that, I was		
		(Date of leaving with immedia	from	employed in	
(Nan	ne and Full Address of	the second last employer, if any)	- (Date of joining	& leaving with second last employer, if any)	
I was me	mber of	(1)	(DE 0///		
Drovide	ant Fund and alec	(Name of PF Trust / Add (Name of PF Trust / Add	ress of PF Office of imn fro	nediate previous employer) to	
Fund	and and and also	or the rension	m	<i>10</i>	
i unu				& leaving with immediate previous employer).	
and my	account number	(s) was/were	()	,	
,		· ,	PF No. with Establishme	ent Code of immediate previous employer)	
I have / have not* withdrawn the amount of my Provident Fund/Pension Fund.					
I have / have not*drawn any superannuation benefits in respect of my past service from any employer.					
I <u>have / have never</u> * been a member of any Provident Fund and/or Pension Fund.					
I am <u>drawing / not drawing</u> * Pension under EPS 95.					
I am a holder / not holder* of scheme Certificate.					
Scheme	certificate surrend	ered / not surrendered*.			
ut which	ever is not applica	ıble.			
(Date of jo	nining of employee)			Signature or left hand thum	
				impression of the employee	
<u>t</u> .			is appointe	ed	
	(Na	me of Employee)	as	(Designation with Co.)	
			with effect		
	(Name of the	present employer)	from	(Date of appointment)	
ount					
	(PF No. with Es	tt. Code of present employer)			
		<u></u>			
(Date o	of joining of employee)			re of the Employer/Manager or	
			Other Au	thorised Officer with Office S	

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

1	Son/daugnter 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 Ir	ndia for the purpose of reservation in services as per
orders contained in Department of Person	nel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is also ded	clared that as on 31.12.2015, I do not belong to persons
/ sections (Creamy Layer) mentioned in o	column 3 of the Schedule to the above referred Office
Memorandum dated 08.09.1993.	
Place:	Dated (Signature of the candidate)
	Dated (Signature of the candidate)