

**TELANGANA GRAMEENA BANK  
HEAD OFFICE: HYDERABAD**

Personnel Dept.  
Date: 03.01.2017

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 written test in September 2015 and interviews during November/December 2015 is displayed in our website from 03.01.2017.

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 letter 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: 03.01.2017

<b>PROVISIONAL SELECTION LIST FOR THE POST OF OFFICE ASSISTANT (MULTIPURPOSE) WHO APPEARED FOR WRITTEN TEST HELD IN SEPTEMBER 2015 AND INTERVIEWS HELD DURING NOVEMBER/ DECEMBER 2015</b>			
SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE
1	<b>12/01/2017 (Thursday) 10:00 A.M</b>	1170701687	YEMMANURU RAJASEKHAR SHARMA
2		2850308696	SHANKARNAIK RAMAVATH
3		2850717289	PAKALA SANDEEP REDDY
4		2850712384	EEGA DINESH
5		1180705751	VATTIGUNTA SARATH BABU
6		2850723794	THEEGALA MOUNIKA
7		1180704269	SAMUDRALA SAI KUMAR
8		1180707445	MATTA ASWASENA REDDY
9		2850800010	GOUDAM SAMARASIMHA REDDY
10		2850110689	GOLI PAVANKUMAR
11		2850712321	DARA HARITA
12		2850308674	DURVA VISHNUVARDHAN
13		2850723935	BALMURI SHIVACHANDAN
14		2850723113	GOVIND BHARATH SIMHA REDDY
15		2850110516	POTHURAJU SRINIVASA RAO
16		2870102107	GUNDAMALA KALYANI
17		1190800918	VENKATA SIVA KUMAR D
18		2850600039	BURRA SRIKANTH
19		2850302718	KORSA LAXMI

Date: 03.01.2017

Sd/-  
GENERAL MANAGER (ADMN & IT)



# TELANGANA GRAMEENA BANK

(Sponsored by State Bank of Hyderabad)

Head Office, # 2-1-520, 2<sup>nd</sup> Floor, Vijayasri Sai Celestia, Street No.9  
Shankermutt Road, Nallakunta, Hyderabad, Telangana. -500 044.

Website: [www.tgbhyd.in](http://www.tgbhyd.in)  
E-mail: [cmper@tgbhyd.in](mailto:cmper@tgbhyd.in)

Phone : 040-27600849  
FAX : 040-27662623

Lr.No.Gr-I/2016-17/

Date: 03.01.2017

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 written test and interview held by the Bank.

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

- Educational qualifications, experience, etc., certificates mentioned in your application, starting from 10<sup>th</sup> class.
- Proper relieving certificate, no objection certificate from your present employer (in case you are presently employed).
- Character and antecedents certificate from (2) respectable persons, not related to you and Bio-data (four sets) duly filled, Form-11 and Declaration (in case of OBC candidates only).
- Conversion certificate issued by the competent authority and a copy of the gazette notification for the change in your name, if any.
- 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.
- Latest nativity/ Residential Certificate issued by the Competent Revenue Authority.
- 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,

GENERAL MANAGER (ADMN & IT)



**TELANGANA GRAMEENA BANK**  
**HEAD OFFICE :: HYDERABAD**

Please affix latest colour passport size Photograph and sign across the photo

**REVISED BIO-DATA CUM ATTESTATION FORM**

(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION FORM WITH HIS / HER OWN HAND WRITING)

1. (a) Name in full (capital letters only) with aliases, if any. Please indicate if you have added / dropped at any stage any part of your name / surname.

SURNAME \_\_\_\_\_

NAME \_\_\_\_\_

- (b) Designation of the candidate with category (Appointment by Direct recruitment / Ex-Servicemen quota / Compassionate ground) **Enclose supporting certified copies of the documents.**

(i) Designation \_\_\_\_\_ Category \_\_\_\_\_

(ii) Place of working \_\_\_\_\_

(iii) Date of Appointment \_\_\_\_\_ ID No \_\_\_\_\_

(iv)  Direct recruitment  Ex-serviceman  Compassionate

2. **Details of addresses:**

	a) Present	b) Permanent
House/Apartment/Flat No		
Name of Apartment		
Street & Road		
Village & Mandal		
City / District		
State .		
Pin Code .		

AADHAR NO. \_\_\_\_\_ PAN CARD NO. \_\_\_\_\_

Contact Phone Numbers

Mobile Number	Alternate Mobile No.	Land line with STD code

Email ID : \_\_\_\_\_

If originally a resident of Pakistan, the address in that Dominion and the date of migration to Indian Union. \_\_\_\_\_

3. Particulars of places where you have resided during the *preceding five years* from the date of filling up of Attestation form.

S.NO	From (Month/Year)	TO (Month/Year)	Residential Address in full (i.e., House / Apartment / Flat Number, Apartment / Street / Colony and Road, Village , Mandal and District / City)	Police Station and District
1.				
2.				
3.				
4.				
5.				

4. Father's details :

a) Name in full with aliases, if any \_\_\_\_\_

b) Profession \_\_\_\_\_

c) If in service, give designation and official address. \_\_\_\_\_

d) Present postal address (if dead, give last address)

House No.
Lane Name
Street & Road
Village/ Mandal Dist
State & PIN Code

e) Permanent House address

House No.
Lane Name
Street & Road
Village/ Mandal Dist
State & PIN Code

5. Nationality of :

(a) Father \_\_\_\_\_

(b) Mother \_\_\_\_\_

(c) Wife / Husband \_\_\_\_\_

(d) Place of birth of Wife / Husband \_\_\_\_\_

6. (a) Date of birth of the applicant \_\_\_\_\_

(b) Present Age \_\_\_\_\_

(c) Age at SSC / Matriculation \_\_\_\_\_

7. (a) Place of birth, District and State \_\_\_\_\_

(b) District and State to which \_\_\_\_\_  
you belong

8. (a) Religion \_\_\_\_\_

(b) Are you a member of Scheduled Caste / Scheduled Tribe / Other Backward Class?

Scheduled Caste	Scheduled Tribe	OBC
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Specify name of the caste \_\_\_\_\_

(c) If you are handicapped, please tick appropriate box:

OC

VI

HI

Percentage of Disability:

9. Educational Qualifications showing places of education with years in schools and colleges since 15th year of age (Please enclose certified copies of Study Certificates and indicate whether study is regular or distances / correspondence).

Course	Name and full address of the school/College (village / Mandal / District/City)	Date of entering (month & year)	Date of leaving (month & year) PG, etc)	Examination passed with (Group i.e., Inter / Degree/ Diploma/ PG)	Police Station and District
SSC /Matriculation					
Inter/ Diploma					
Graduation					
Post-Graduation					
Other Qualification					

**10.** If you have at any time been employed, give details. (Please enclose certified copies of the documents).

Designation of post held or description of work	Period		Full Address of the Office, Firm or Institution.	Resigned to the post? If so, please give details.	Have you been at any time dismissed / removed from
	From	TO			

**11.** Have you ever been arrested by the police, convicted by a Court of law or detained under any state / central Preventive detention laws for any offence? Whether such conviction sustained in the Court of Appeal or set a side by the Appellate Court if appealed against.

(Note: if detained, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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**12.** Name and complete address of two responsible persons of your locality to whom you are known or two references to whom you are known. (Persons shall not be blood relatives)

	Reference I	Reference II
Name of the reference		
House / Flat No		
Name of Apartment		
Street & Road		
Village & Mandal		
City / District		
State		
Pin Code		

**13.** Have you ever been member / worker of any Political Party or Communal organization / Youth / Student/ Service / Labour ? If so furnish details.

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**DECLARATION SHOULD BE SIGNED BY THE CANDIDATE**

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
2. I am married / unmarried and have only one wife living (delete which is not applicable).
3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

**Place:**  
**Date:**

Right Thumb Impression

**Signature of the candidate**

**CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING AUTHORITY**

Certified that I have known Sri / Smt / Kum \_\_\_\_\_  
Son / Daughter / Wife of \_\_\_\_\_ for the  
last \_\_\_ years \_\_\_ months and to the best of my knowledge and belief, the particulars  
furnished by him / her are correct.

**Place:**  
**Date :**

**(Signature)**

**Name & Designation with seal.**

**Photo of the candidate  
attested by Gazetted  
Officer MLA/  
Others with seal**



**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 : \_\_\_\_\_

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 : \_\_\_\_\_ Signature: \_\_\_\_\_  
Date : \_\_\_\_\_ 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. 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 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 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 :

( \_\_\_\_\_ )  
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  
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 Exam/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:**

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).

SIGNATURE OF THE MEDICAL EXAMINER.

PLACE: NAME :  
DATE: DESIGNATION :

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\*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.

**Form 11 (Revised)**



**Employee Code \_\_\_\_\_**

**Mandatory**

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

I

(Name of Employee)

Son/ wife/ daughter of  
Shri/Smt.

do hereby solemnly declare that :-

(a)

I was employed in

M/s

(Name and Full Address of the immediate previous employer)

and left service on

(Date of leaving with immediate previous employer)

from

prior to that, I was

employed in

to

(Name and Full Address of the 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

m

(Date of joining & leaving with immediate previous employer).

and my account number (s) was/were

(PF No. with Establishment 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 holder\*** of scheme Certificate.

(h)

Scheme certificate **surrendered / not surrendered\***.

*\*Strike out whichever is not applicable.*

Date

(Date of joining of employee)

**Signature or left hand thumb  
impression of the employee**

Shri/Smt.

(Name of Employee)

is appointed

as

(Designation with Co.)

in M/s

(Name of the present employer)

with effect

from

(Date of appointment)

P.F. Account

Number

(PF No. with Estt. Code of present employer)

Date

(Date of joining of employee)

**Signature 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 India for the purpose of reservation in services as per  
orders contained in Department of Personnel 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)