

TELANGANA GRAMEENA BANK
HEAD OFFICE: HYDERABAD

Personnel Dept.
Date: 13.03.2018

The first batch list of provisionally selected candidates who appeared for the post of Officer MMGS-III conducted by IBPS in September/ November 2017 and interviews held during January 2018 is displayed in our website from 14.03.2018.

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 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/ 9491041909/ 9491041997/ 9491042025/ 9491041986. (From 10.30 A.M. to 5.30 P.M)

Sd/-
GENERAL MANAGER (ADMN.)

TELANGANA GRAMEENA BANK
HEAD OFFICE:HYDERABAD

Date: 13.03.2018

**PROVISIONAL SELECTION LIST FOR THE POST OF OFFICER MMGS-III WHO APPEARED
FOR WRITTEN TEST HELD DURING SEPTEMBER/ NOVEMBER 2017 AND INTERVIEWS
HELD DURING JANUARY 2018**

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
1	19th March, 2018 10:00 A.M.	1499010629	PIYUSHA WANKHEDE
2		2749111534	SANGEETHA K
3		2909160139	MAHARAJAN G
4		2919162726	SACHIN BALASAHEB KAPSE
5		3079162966	RAKHI SHARMA
6		3139060743	SHAILESH SINGH

Date: 13.03.2018

Sd/-
GENERAL MANAGER (ADMN.)



TELANGANA GRAMEENA BANK

(Sponsored by State Bank of India)

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

Website: www.tgbhyd.in
E-mail: cmper@tgbhyd.in

Phone : 040-27600849
FAX : 040-27662623

Lr.No.Gr-I/2017-18/

Date: 13.03.2018

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 MMGS-III** in our Bank, based on the CWE-VI held by IBPS, Mumbai.

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 10th 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 fee 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 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 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/-
CHAIRMAN



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)

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 aside 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. / Ms. _____ S/o/D/o/W/o. _____ R/o. _____ bears a good moral character.

Place :	Signature:
Date :	NAME :
	Status :
	Mobile No. :
	Postal Address:

TELANGANA GRAMEENA BANK
MEDICAL EXAMINATION REPORT

(To be obtained from not below the rank of Assistant Civil Surgeon in Govt. Hospital)

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 :
:
:
:
:

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4. Date of Birth : DD MM 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

:: 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 Examination/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 :

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

REPORT BY THE OPHTHALMOLOGIST (To be obtained from not below the rank of Assistant Civil Surgeon in Govt. Hospital):

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.



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 _____ Son/ wife/ daughter of _____
(Name of Employee) 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 _____ prior to that, I was
(Date of leaving with immediate previous employer) employed in
_____ from _____ 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 _____ from _____ to _____
Fund (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. _____ is appointed _____
(Name of Employee) as _____
in M/s _____ (Designation with Co.)
(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 31.12.2017, 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)