

**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 JMGS-I 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 JMGS-I 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	<b>20<sup>th</sup> March, 2018</b>  <b>10:00 A.M.</b>	2911010687	MAHITHA CHAPPIDI
2		2911015706	SANDIPAGU JAWAHAR BABU
3		2911016100	SARITHA CH
4		2911067527	LUNAVATH SUJATHA
5		2911112117	GUTHI SWATHI
6		2911112138	GURRALA THARUN
7		2911112245	MANI TEJA PULI
8		2911112564	SANJAPOGU ABHILASH
9		2911112877	JINJIRALA DILEEP KUMAR
10		2911113377	BINGI VAMSHIKRUSHNA
11		2911113789	ASHA PRAGADA
12		2911117738	BODDU ANUSHA
13		2911117916	CHALLA MAHESH
14		2911117957	AAKOJU SRAVAN KUMAR
15		2911118009	PILLI MAHENDER
16		2911118240	SOUNDARYA PALASA
17		2911118291	HANMATHGUNDHAM SUBHAJYOTHI
18		2911118375	KATTA VIJAYA SRI
19		2911118507	MEKALA ANUSHA
20		2911118691	AJAY KUMAR YARA
21		2911119490	GAJARAJA RAJESH KUMAR
22		2911164230	FEHMIDA BANO
23		2911164369	VANGA MANASA
24		2911164577	THEEGALA SAMATHA
25		2911164666	YANAMADALA SAI MEGHANA
26		2911165119	HYDER ABBAS
27		2911165260	ARAVIND CHADUVU
28		2911169758	MACHIPEDDI VENKAT SAI
29		2921010025	JANAGAM PRASHANTH
30		2921060977	BUKYA SAIRAM
31		2921110633	SRIRAMOJU RANJITH
32		2921111380	BALUSANI ARUN KUMAR
33		2921111926	BOKKA BHARATHI
34		2921160724	SINDHURA SAMA
35		2931011491	BASYABOYINA SANTOSH KUMAR
36		2931011927	SHANTHI JANGAM
37		2931012387	KONDRU POOJITHA
38		2931110331	KANDULA SAIKUMAR
39		2931160394	SIVANAGA BHAVANIPRASAD DESPANDE

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
40	<b>20<sup>th</sup> March, 2018</b> <b>10:00 A.M.</b>	2931161796	REDDYMALLA MADHAVA REDDY
41		2941060520	BHUKYA ANUSHA
42		2941060709	JARUPULA RAVIVARMA
43		2941161749	KATAM SHIVA PRASAD
44		3541011338	SWAPNA RAMAGIRI
45		3541012166	MANKALI PRASHANTI RAMULU
46		3541012221	GAJJALA PUSHPALATHA
47		3541046502	POTHARLA RAJENDER
48		3541062539	BANOTHU PRAMEELA
49		3541068165	PATHLAVATH SARASWATHI
50		3541113330	KATHOJU ANUSHA
51		3541113441	BONTHALA MAMATHA
52		3541113564	MALLIKHARJUNA CHITTEMSETTY
53		3541113589	ARKALA SUNIL KUMAR
54		3541113591	JAVVAJI PRASHANTH
55		3541113644	CHINTAKRINDI SAIRAM
56	<b>20<sup>th</sup> March, 2018</b> <b>1:30 P.M.</b>	3541113831	PALA JAYA KRISHNA
57		3541114095	KAKUMANU NARENDRA
58		3541114305	SIRIPURAM VINOD KUMAR
59		3541114340	VENKATA RAO PILLA
60		3541114662	GOUNI ASHOK
61		3541114859	BHANDARU KRISHNAVENI
62		3541114925	KORAKOPPULA ABHILASH
63		3541119138	ERLA RAMAKRISHNA
64		3541119462	MADAM SANTHOSH
65		3541119491	PULA SREEJA
66		3541119601	ANAND VEERA KALLURI
67		3541119720	KATHOJU SANTHOSH
68		3541119764	V NAGENDRA BABU
69		3541119828	G RAJU KUMAR
70		3541121006	BHUMA HARISH
71		3541160126	KALUVALA SAI
72		3541160336	SAMARLA RAMA CHARAN
73		3541160787	POTHURAJU SAIMADHURI
74		3541160827	LAKIDE SHAILAJA
75		3541165444	AKKISETTY DIVYA
76		3541166000	FARHIN FATHIMA
77		3541166128	G NANDU KUMAR REDDY
78		3551015893	PRAVEEN KUMAR KATTA
79		3551016223	POKURI MANEESHA
80		3551019232	ADIGAM VAISHNAVI
81		3551019687	PATCHIGOLLA ANIL KUMAR
82		3551110206	K SRINIVASULU
83		3551110412	JELLA LAHARI
84		3551113501	SIDDHARTHA GOUD GODISELA
85		3551114069	VELPULA MAHESH
86		3551114205	KODURU THANGARAJU
87		3551114361	ADLA MANOHAR

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
88	<b>20<sup>th</sup> March, 2018</b> <b>1:30 P.M.</b>	3551116863	VEDHURUPARTHI YOGESHWAR SAI
89		3551117259	DASARI MURALI KRISHNA
90		3551161224	DANDU LAVANYA
91		3551168175	BHUMI REDDY MANOJ KUMAR REDDY
92		3551168672	K HAINDAVI SRIVATSASA
93		3561012737	MAMIDI RAMA KRISHNA
94		3561013317	PUNDGE SAJAN
95		3561063629	MEGAVATH NARESH
96		3561092416	SURENDER BANOTH
97		3561110277	SANDEEP PATIL VALANDAS
98		3561110932	REBELLY NAVYASREE
99		3561111055	SANTHOSH ENUGANTI
100		3561111134	P KIRAN KUMAR
101		3561114677	TIRUNAGARI CHAKRADHAR GOUTHAM RAJ
102		3561161821	TUMMALAPALLI SRI RAMA MURTHY
103		3561161919	SURYA DEEPAK BPL
104		3561162204	P RAVI TEJA
105		3561165237	BONTU POORNA CHANDRA REDDY
106		3561165503	CH SIDDARTHA REDDY
107		3561182399	BADAM KHAJAREDDY

Date: 13.03.2018

**Sd/-**  
**GENERAL MANAGER (ADMN.)**



## TELANGANA GRAMEENA BANK

(Sponsored by State Bank of India)

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/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 JMGS-I** 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 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 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 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/-**  
**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 :

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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** (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 \_\_\_\_\_  
(Designation with Co.)  
in M/s \_\_\_\_\_ with effect  
(Name of the present employer) 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)