TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept. Date: 01.08.2023

The list of provisionally selected candidates under <u>Reserve list Phase-2</u>, who appeared IBPS RRB CWE-XI examination for the post of Officer JMGS-I conducted by IBPS, Mumbai in August & October 2022 and interviews in November 2022 is displayed in our website from 01.08.2023.

The candidates are advised to report at the following address on the dates mentioned in the list along with the Original Certificates, Documents, ID proof etc., as mentioned in the model Provisional Selection letter which is enclosed.

TELANGANA GRAMEENA BANK
HEAD OFFICE
H.NO. 2-1-520, II & III FLOOR
VIJAYASRI SAI CELESTIA
STREET NO.09, NALLAKUNTA
SHANKERMUTT ROAD
HYDERABAD-500 044

All the Candidates shall be required to execute a surety bond agreeing to pay Rs.2,00,000/-(Rupees Two lakhs only) in the event of his/her Resignation from the Bank's service during the probation period. This is in addition to the provisions of Telangana Grameena Bank (officers and employees) service Regulations 2010, Chapter-II, Regulation No. 10.

The proformae of the following are also displayed.

- 1. Bio data
- 2. Antecedents/ Character Certificate
- 3. Medical Certificate.
- 4. Declaration to be submitted by the OBC candidates.
- 5. Declarations & undertakings to be submitted by the candidates.
- 6. Affidavit
- 7. Surety Bond

(For any queries, please contact Mr. Ramisetti Ramu, Ph No.9491042025 between 10 A.M. to 5 P.M.)

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

Sd/-

(K.P.SHOBHA RANI)
GENERAL MANAGER-I

TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Date: 01.08.2023

PROVISIONAL SELECTION LIST (RESERVE LIST PHASE-I) FOR THE POST OF OFFICER JMGS-I WHO APPEARED FOR IBPS RRB CWE-XI HELD DURING AUGUST & OCTOBER 2022 AND INTERVIEWS IN NOVEMBER 2022.

| SL NO. | DATE & TIME OF REPORTING | ROLL NO. | NAME OF THE CANDIDATE (Sri/Smt./Ms.) |
|-----------|-------------------------------|------------|--------------------------------------|
| 1 | 10 th August, | 2541010169 | REDDI RAMAKRISHNA |
| 2 | 2023 (Thursday) 10:00 A.M. | 2541005668 | RATNALA PAVANI |

Sd/-GENERAL MANAGER-I

Date: 01.08.2023



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.inPhone: 040-27600849E-mail: cmper@tgbhyd.inFAX: 040-27662623

Lr.No.Gr-I/2022-23/ Date: 01.08.2023

Name & Roll No.:

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-XI held by IBPS, Mumbai.

- 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 herein:</u>
 - a. Educational qualifications, experience, etc., certificates mentioned in your application, starting from 10th class.
 - b. Proper relieving certificate, No Objection Certificate from your present employer (in case you are presently employed).
 - c. Conversion certificate issued by the competent authority and a copy of the gazette notification for the change in your name, if any.
 - d. Relevant Caste certificate/ PWD 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.
 - e. Latest Community Nativity/ Residential Certificate issued by the Competent Revenue Authority.
 - f. Aadhaar Card & PAN Card Original.
 - g. Further, submission of certificates/letters, etc., if any, not produced at the time of interview (if applicable).
 - h. Two sets xerox copies of all the above documents duly attested by self.
 - i. Character certificate from any two respectable persons (Ex. Teacher, Doctor, Police etc.) not related to you and Bio-data (4 sets -Page Nos.4 to 8) duly filled (not Xerox copies).
 - j. Undertakings & Declarations which are enclosed, to be submitted by the candidates.
 - k. FORM OF AFFIDAVIT and SURETY BOND are to be executed on a Non-Judicial Stamp paper or Franking Stamp of value Rs.200/-.
 - I. Medical Fitness Certificate, as per proforma, obtained from <u>not below the rank of Assistant Civil Surgeon in Govt. Hospital (All Diagnostic reports should be attached).</u>
- 2. 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, at our Head Office.

Yours faithfully,

Sd/-GENERAL MANAGER-I



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)

| AME | | | | | |
|-----------|-----------------------------------------------|------------|--------------------|---------|-------------------------|
| (b) | Designation of the cane quota / Compassionate | | | | itment / Ex-Servicemen |
| (i) | Designation | | Cate | gory | |
| (ii) | Place of working | | | | |
| (iii) | Date of Appointment _ | | | ID No _ | |
| (iv) | Direct recruitment | | Ex-serviceman | | Compassionate |
| Detai | ils of addresses: | a) Present | | b) Pe | ermanent |
| House/A | Apartment/Flat No | u) Tresent | | 0) 10 | |
| Name of | f Apartment | | | | |
| Street & | Road | | | | |
| Village | & Mandal | | | | |
| City / D | istrict | | | | |
| State . | | | | | |
| Pin Cod | e . | | | | |
| AADHAR | NO | | PAN CARD NO | | |
| Contact F | Phone Numbers | | | | |
| | Mobil | e Number | Alternate Mobile 1 | No. | Land line with STD code |
| | | | | | |

| • | lars of places whe tion form. | re you have reside | esided during the <i>preceding five years</i> from the date of filling up of | | | | | |
|------------------------------|----------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|--|--|
| 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. | | | | | | | | |
| b) Profess | in full with aliases ion rvice, give designa | - | | | | | | |
| | postal address give last address) | | ouse No. ne Name | | | | | |
| | | | eet & Road llage/ Mandal Dist | | | | | |
|). D amman ar | nt House address | Sta | ite & PIN Code | | | | | |
|) Termaner | in Trouse address | | ouse No. ne Name | | | | | |
| | | | eet & Road | | | | | |
| | | | llage/ Mandal Dist | | | | | |
| National | | | ate & PIN Code | | | | | |
| | 12.7 | | | | | | | |
| | (O) IVI | ouiei | | | | | | |

4.

| 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? |
| [| Schedul | led Caste Scheduled Tribe OBC |
| | | Specify name of the caste |
| (c) In | f you are | handicapped, please tick appropriate box: OC VI HI |
| | Percenta | ge 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 | | | | | |

| Designation of post held or description of work | Peri | od | Full Address of the Office, Firm or | Resigned to the post? If so, please | Have you been a any time dismisse |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------|
| • | From | ТО | Institution. | give details. | removed from |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. Have you ever been arree Preventive detention law a side by the Appellate (Note: if detained, convicted, or a side by the Appellate) | vs for any offen Court if appeal | nce? Whether s ed against. | uch conviction sustain | ed in the Court of App | peal or set |
| communicated immediately to may be, failing which it will be conviction, sentences and dete | the concerned Doe deemed to be s | Department or the suppression of fa | e authority to whom the | Attestation Form has beer | sent earlier, as the c |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | whom you are known | or two |
| The transfer of the state of th | | | blood relatives) | whom you are known Reference II | or two |
| eferences to whom you are ki | | s shall not be | blood relatives) | î. | or two |
| eferences to whom you are known when you are known when you are known yo | | s shall not be | blood relatives) | î. | or two |
| eferences to whom you are known and the reference House / Flat No | | s shall not be | blood relatives) | î. | or two |
| Name of the reference House / Flat No Name of Apartment | | s shall not be | blood relatives) | î. | or two |
| Name of the reference House / Flat No Name of Apartment Street & Road | | s shall not be | blood relatives) | î. | or two |
| Name of the reference House / Flat No Name of Apartment Street & Road Village & Mandal | | s shall not be | blood relatives) | î. | or two |
| Name of the reference House / Flat No Name of Apartment Street & Road Village & Mandal City / District | | s shall not be | blood relatives) | î. | or two |
| 12. Name and complete addreferences to whom you are known and the reference House / Flat No Name of Apartment Street & Road Village & Mandal City / District State Pin Code | | s shall not be | blood relatives) | î. | or two |
| Name of the reference House / Flat No Name of Apartment Street & Road Village & Mandal City / District State Pin Code 13. Have you ever been me | mown. (Persons | Reference I | e blood relatives) | Reference II | |
| Name of the reference House / Flat No Name of Apartment Street & Road Village & Mandal City / District State Pin Code | mown. (Persons | Reference I | e blood relatives) | 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 me | mown. (Persons | Reference I | e blood relatives) | Reference II | |

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

- I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
 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: | | Signature of the candidate |
|-----------------|------------------------|----------------------------|
| | Right Thumb Impression | |

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

| Certified that I have known Sri / Si | mt / Kum |
|--------------------------------------|-------------------------------------------------|
| Son / Daughter / Wife of | for the |
| ast years months and to the b | est 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

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 politicsb. He was ever arrested / prosecute kept under retention or convicted by court of law. | | | |
| 6. | Is the family of the candidate is know | n to you : | | |
| 7. | Has any member of the candidate's f convicted by a court of law | amily ever been arrested: | I / kept / kept under detention | on or |
| 8. | Are you aware of any circumstances would render the candidate unsuitab appointment in a banking institution? | le for | | |
| 9. | Is the candidate related to you | : | | |
| Ιc | certify that the above information is co | rrect to the best of mv k | nowledge and belief and the | hat Sri / Smt |
| Ms | | • | R/o | bears |
| | good moral character. | | | |
| | | | | |
| | | Signature: | | |
| Pla | ace : | NAME : | | |
| | ate : | Occupation : | | |
| | | 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 | : : : | | <u> </u> | |
| 4. | Date of Birth | : DI | D 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 or 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 | : | Yes/No | | |

eye sight. Give details

:: 2 ::

h) Details of serious illness/injuries sustained : Yes/No

by accident or otherwise. Give details

i) Details of surgical operation undergone. : Yes/No

j) Is there any other item in your medical : 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

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. c) Any recent change in weight : _____Kgs. Weight: ____ Kgs. 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 : Normal/Abnormal 6. Respiratory System 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 :____mm of Hg b) Blood Pressure: Systolic Diastolic

| 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) | c) Sugar : ABSENT / PRESENT }Report Enclosed | |
| d) | d) Casts : ABSENT / PRESENT | |
| e) | e) Cells : WNL / ABNORMAL | |
| 12 | 12. Report of X-Ray Examination of Chest : Enclosed - NORMAL / ABNOR | MAL |
| 13 | 13. Report of the Blood Examination/HIV Test : Enclosed - NORMAL / ABNORMA | AL |
| 14 | 14. Report of Full Abdomen Ultrasound Test : Enclosed - NORMAL / ABNOR | MAL |
| 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 : | |
| | | |

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).

| PLACE: DATE: | | NATURE OF THE NAME : DESIGNATION : | MEDICAL | EXAMINER. | | |
|---------------------------------------------|---------------|------------------------------------------|-----------|------------------|-------------------|-------------|
| *Such candidate months of confine | | to contact the | Bank foi | r fresh medical | examination a | fter three |
| REPORT BY THE O | PHTHALMOLOGIS | T: (To be obtain | ed from ı | not below the ra | nk of Assistant C | <u>ivil</u> |
| Surgeon in Govt. H | ospital) | | | | | |
| i) Name of the partial ii) Category of the | | | | | | |
| Acuity of Vision | Naked Glasses | With Glasses | 6.1 | Strength of Gl | | |
| Distant Vision R.E. L.E. | | | Sph | Cyl | Axis | |
| Near Vision R.E. L.E. | | | | | | |
| Hypermetropia (Manifest) R.E. L.E. | | | | | | |
| 1) Any disease of | the eyes | : | | | | |
| 2) Night blindness | | : | | | | |
| 3) Defect in colou | r vision | : | | | | |
| 4) Field vision | | : | | | | |

PLACE: SIGNATURE OF THE OPHTHALMOLOGIST

DATE : WITH SEAL.

5) Visual acuity

6) Fundus examination

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

| | 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 Governme | nt 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 a | also declared that as on 09.11.2020, I do not belong to persons |
| / sections (Creamy Layer) mention | ned in column 3 of the Schedule to the above referred Office |
| Memorandum dated 08.09.1993. | |
| | |
| | |
| Place: Dated (Signature of the candidate) | |

Place: HYDERABAD

Date:

The General Manager-I, Telangana Grameena Bank Head Office, Nallakunta HYDERABAD.

Sir/Madam,

UNDERTAKING

| I hereby undertake that I shall join the services of the Telangana Grameena Bank as an |
|-------------------------------------------------------------------------------------------------|
| (post) and shall continue to serve the Bank. I shall not be entitled |
| to apply for or to accept the offer of any other appointment or appointments, while I am in the |
| service of the Bank, without the knowledge and permission of the Bank and the Bank may |
| withhold the permission without assigning any reason. |
| |
| Yours faithfully, |
| |
| |
| Signature: |
| Name: |
| Roll No.: |

| Place : HYDE Date : | ERABAD |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The General Manager-I, Telangana Grameena Bank Head Office, Nallakunta HYDERABAD. | |
| Sir/Madam, | |
| <u>UNDERTAKING</u> | |
| I, S/o / D /o W/o(post) agree to abide by the bank's Information undertake to, | • |
| i) Keep all relevant data of the bank as confidential ii) Access only the relevant data that is required for the job iii) Follow the acceptable usage policy of the bank iv) Perform the responsibilities and comply with the requirements specified the Bank policies. | d in |
| I understand the importance of information and agree to take all reaso information assets of the bank. I also understand that non-compliance disciplinary action. | · |

Signature :

Name :

TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Declaration to be bound by the Staff Service Regulations:

| | Place : Hyderabad | |
|-------------------------------------------|----------------------------------------------------|---|
| | Date: | |
| - | read and understood the Deccan (now Telangana) Gra | |
| Name in full | : | - |
| Nature of appointment | : | - |
| Date of appointment | : | - |
| Signature | : | - |
| Witness | : | - |
| • Date | : | - |
| | | |

SCHEDULE-I (See regulation 5(4) (ii))

DECLARATION OF MARITAL STATUS

| I, Sri | /Smt./Kum | S/o / W/o / D/o | | |
|---------|---------------------------------------------------------|---------------------------------------------------------------------|--|--|
| declar | re as under: | | | |
| (i) | That I am unmarried/ a widower | / a widow | | |
| (ii) | (ii) That I am married and have only one spouse living. | | | |
| (iii) | That I have entered into or cont | racted a marriage with a person having a spouse living. I may be | | |
| | granted exemption on the basis enclosed. | s of ground given below. Application for grant of exemption is | | |
| Grour | nd: | | | |
| 2. I. | solemnly affirm that the above de | eclaration is true and I understand that in the event of the | | |
| • | · | after my appointment, I shall be liable to be dismissed from | | |
| servic | - | arter my appointment, i shak be table to be alsimissed from | | |
| | | Signature: | | |
| Date: | | Signature | | |
| | | SCHEDULE - II (See regulation 19) | | |
| | DECLA | RATION OF FIDELITY & SECRECY | | |
| I, | | , do hereby declare that I will faithfully truly | | |
| | | execute and perform the duties required of me as an Officer or | | |
| • | yee of the TELANGANA GRAMEEN the said Bank. | A BANK and which properly relate the office or position held by | | |
| 2. I fu | urther declare that I will not div | ulge or allow to be divulged to any person not legally entitled | | |
| theret | to any information relating to the | affairs of the said Bank or to the affairs of any person having any | | |
| dealin | g with the said Bank and nor will | I allow any such person to inspect or have access to any books or | | |
| docun | nents or electronic records belon | ging to, or in possession of the said Bank and relating to the | | |
| busine | ess of said bank or the business of | any person having any dealings with the said Bank. | | |
| Signed | d before me, | Signature : Name in Full : Designation : | | |
| Signat | cure: | | | |
| Name | in full: | Place: | | |
| Design | nation : | Date : | | |

SCHEDULE- III (See Regulation 73)

DECLARATION OF DOMICILE

| | | Place: Date : | |
|--------------------------|------------------------------|---------------------------------|-------------|
| | | ne service of the Telangana Gra | |
| 1. * The above is my pla | ce of birth | | |
| or | | | |
| * The above is not n | ny place of birth. My p | lace of birth is | (place) |
| (M | andal) in | (district) but | (place) has |
| | ace of domicile for the reas | sons given below. | |
| | | | |
| | | | |
| Signature | | | |
| Name in full | : | | |
| Designation | : | | |
| Nature of appointment | : | | |
| Date of appointment | : | | |
| | | | |
| | | | |

* Strike whichever is not applicable

FORM OF AFFIDAVIT

| Ι, _ | S/o | | , aged about | |
|------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|------------------------------------------|
| | years, belonging to | category, | religion, | country, |
| R/ | 0 | | | do hereby |
| so | lemnly state on oath as follow | s: | | |
| 1. | That I am competent to gi Regulations of the Bank. | ve this affidavit. That | I undertake to abide | by the Rules and |
| 2. | That I am residing at the abwere no civil or criminal case any State or Central Court/Co | es pending against me i | | |
| 3. | That I passed the | qualifying examin | ation (graduation) in tl | ne month and year |
| 4. | Further, I declare that I have Prohibition Act, 1961 or any of Offenders Act, 1958. In call and/or suppression of mater terminated. | criminal offence under a se the particulars furnis | any other law/released shed by me are found to | under the Probation be false or not true |
| 5. | I certify that the particulars f knowledge and belief. I am employment in the Bank. I a from time to time. | not aware of any circu | mstance which might in | mpair my fitness for |
| | | | Depo | nent |
| S | olemnly affirmed and signed b | efore me on this the | day, month | , 2023 at |
| N | otary | | | |
| (5 | Signature with seal) | | | |

DECLARATION

| I Mr./Ms./Mrs | S/o./D/o./W/o. |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - <u></u> | Prob. Officer/ Office Assistant (Multipurpose) hereby |
| declare that | |
| I have not resorted to an post. | y unfair practices in the written test conducted by IBPS for the above |
| 2. The Certificates of my Ed | ducational Qualifications submitted to the Bank are genuine. |
| 3. The Caste Certificate pro | duced by me is genuine and issued by the competent authority. |
| 4. I submit that there are no | criminal cases against me |
| 5. I further declare that | |
| A) I was previously emplor | yed in organization |
| as | _ (cadre) from and relieved from the said |
| organization on | I am herewith enclosing the original relieving letter and |
| experience certificate. | |
| , | Im not employed anywhere as on date. Io not have any self employment / I have wound up my Self |
| and if any information furnis | rmation is true and correct to the best of my knowledge and belief hed above is false, I am liable for disciplinary action /any appropriate by the bank and Bank may forfeit my selection/appointment to the |
| Place: Date: | Signature of the Candidate Name: Address: |

SURETY BOND

| This Surety Bond is executed by \$ | Sri/Smt./Kum |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S/o.W/o.D/o | , aged years, R/o |
| herein | after called surety No.1; and |
| Sri/Smt./Kum | , S/o.W/o.D/o |
| agedyears, R/o | ,hereinafter called Surety No.2. |
| | IN FAVOUR OF |
| Telangana Grameena Ba | ank, with its Head Office at Hyderabad, Telangana State |
| represented by its Chairman, here | einafter called the Employer Bank in the following terms. |
| I/II/III vide letter No | . 1 herein above was Selected and appointed as Office Scale dated issued by the bank indicating certain ety No. 1 having received the same has accepted the terms and ned herein; |
| Scale-I/II/III has accepted the cor | o.1 in fulfillment of the conditions of his appointment as Officer addition that he shall not leave the service of the Employer Bank wo years or such other extended period of probation as may be discretion. |
| the bank on probation for the ten | 1 in pursuance of such agreement to continue in the service of m stipulated, has further agreed to execute a surety bond by nother independent surety being Surety No. 2 for a sum of Rs, aly) in favour of the employer bank; |
| WHEREAS, the above nar following terms: | ned Surety No. 1 and 2 hereby execute the surety bond on the |
| SURETY NO.1 (Name & Signature) | SURETY NO.2 (Name & Signature) |

:2:

1. That Surety No. 1 undertakes to bind himself in terms of the above mentioned

appointment letter to continue in the service of the employer bank during the said period of

probation of two years which may be extended by such other period as decided by the

employer bank.

2. That, the Surety No. 1 undertakes that, in the event of his deciding to leave the

service of the employer bank voluntarily by resigning from the service on any ground

whatsoever, including joining the service of any other organization during the period of such

probation period, undertakes to pay a sum of Rs. 2,00,000/- (Rs. Two Lakhs only) towards

liquidated damages to the employer bank.

3. That, the Surety No. 1 further undertakes that the said amount of liquidated

damages as agreed to be paid, shall be payable to the employer bank after obtaining due

permission from the Chairman of the Bank for leaving the services by showing appropriate

reasons and by making the payment of the above said amount of liquidated damages.

4. That, the Surety No. 1 hereby agrees and binds himself to the extent that during

the period of probation in the service of the employer bank, he shall not apply for any job in any

other organization without obtaining prior permission from the employer bank.

5. That, the Surety No. 1 hereby undertakes to be abide by the Telangana

Grameena Bank (Officers & Employees) Service Regulations, 2010 and such other rules and

regulations of the Employer Bank as are applicable to all the employees of the bank and as

amended from time to time.

6. That, the employer bank in the event of receiving any such request in writing

from the Surety No. 1 seeking permission to leave the employment of the bank, by paying the

amount of Rs.2,00,000/- (Rs. Two Lakhs only) towards liquidated damages will issue a No

Objection Certificate along with the relieving letter upon being satisfied of fulfillment of all the

conditions stipulated here in above by Surety No.1.

SURETY NO.1

(Name & Signature)

SURETY NO.2 (Name & Signature)

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:3:

7. That, the employer bank will be at liberty to terminate the probation of the

Surety No.1 thereby removing him from the service of the bank during the period of probation

by giving one month notice or payment in lieu thereof, by invoking Regulation of 9(2)(a) of

Telangana Grameena Bank (Officers & Employees) Service Regulations 2010. In such an

event of termination of the probation, the Surety No.1 shall not be entitled to any compensation

or whatsoever except for the notice pay as stipulated above in lieu of one month notice.

8. That, the Surety No.1 hereby undertakes to fulfill all his obligations towards the

employer bank in the event of his deciding to leave the service of the bank during the period of

probation/extended period of probation as stated above before being relieved from the service

of the employer bank.

9. That, the Surety No.2 herein above binds himself to the employer bank with regard to the

payment of the amount of Rs.2,00,000/- (Rs. Two Lakhs only) towards liquidated damages in

case of failure of Surety No. 1 for making such payment in the event of his voluntarily

abandoning, discontinuing or leaving the service of the bank during the period of probation for

any reason whatsoever.

10. That, the Surety No. 1 and 2 herein above do hereby jointly and severally undertake the liability

of the payment of liquidated damages of Rs.2,00,000/- (Rs. Two Lakhs only) in the event of

Surety No. 1 leaving the services of the employer bank voluntarily or by abandoning the job

during the bond period as stipulated above.

The parties herein above sign and execute this Surety Bond on their own free will and

volition in the presence of the following witnesses, whose names are subscribed hereunder on

this the _____ day of _____2023 at Hyderabad.

SURETY NO.1

(Name & Signature)

SURETY NO.2 (Name & Signature)

WITNESS: (Name & Signature)

1)

2)

TELANGANA GRAMEENA BANK HEAD OFFICE; HYDERABAD.

| : HYDERABAD. |
|------------------|
| |

To Chairman Telangana Grameena Bank Head Office HYDERABAD.

UNDERTAKING

I undertake that I shall discharge my duties upon posting to branch/ Office situated anywhere in the jurisdiction of the Bank.

2. I declare that I will not bring outside influence for Postings/Transfer/Disciplinary matters/ Appointments and other matters. In the event of failing to do so, I may be liable for action under the Regulation No.35 of Deccan (now Telangana) Grameena Bank Staff Service Regulations, 2010.

| Yours fair | thfully, |
|------------|----------|
| | |
| Signature |): |
| | |
| Name | <u>:</u> |
| Post | <u>:</u> |
| | |
| Roll No. | :. |

TELANGANA GRAMEENA BANK HEAD OFFICE ; HYDERABAD.

| 10 | tΛ | • |
|----|----|---|
| Ja | ľ | _ |

DECLARATION

I, the undersigned hereby declare that the following are my family members who are wholly dependent on me and their Annual income is mentioned against their names;

| SI No. | Name Sri/Smt./Ms. | Age | Relation- ship | Occupatio n | Annual Income (in Rs.) | PAN No. | AADHAR No. |
|-----------|-------------------|-----|-------------------|----------------|------------------------|---------|---------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

| Signature | 9: |
|-----------|-----|
| _ | |
| Name | : |
| | |
| Post | : |
| | |
| Roll No. | : . |