TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept. Date: 16.05.2023

The list of provisionally selected candidates under <u>Reserve list Phase-1</u>, who appeared IBPS RRB CWE-XI examination for the post of Office Assistant (Multi Purpose) conducted by IBPS, Mumbai in August and September 2022 is displayed in our website from 16.05.2023.

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.1,00,000/-(Rupees One lakh 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: 16.05.2023

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

SL	DATE & TIME OF	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt /Ms)
NO.	REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
1		2543008885	VASAVI BARKUNTA
2		2543014036	NIHARIKA GUJJI
3		2573001177	GUNDA PRASHANTH KUMAR
4		2543013973	PALAKURTHI AVINASH
5		2543025921	GANTLANA RAJESH
6		2543024744	P PRAVEEN KUMAR
7		2543021960	POLISETTY BABYMADHAVI
8		2543025459	MUDU JHANSI BAI
9		2553002169	SRIVANI GUNDA
10		2543023603	SAMPATH KUMAR JOGU
11		2563003439	RUCHITHA DASARI
12		2543012281	MUDAVATH SHANKAR
13		2543007584	VELPULA MOUNIKA YADAV
14		2563001113	RENTAPALLA RAVI TEJA
15		2553001892	BODLA KARTHIKEYAN
16		2543014369	KANAKALA SRINIVASARAO
17		2543016490	NANDIPETA RAMESH
18		2573000324	KARUN KUMAR GANGILI
19	30 th May, 2023	2543017222	GANJI RAMESH
20	(Tuesday)	2543026174	THOTA VENKATA SRIKANTH
21	10:00 A.M.	2543013839	CHINTHAREDDY RUCHITHA SANTHOSHI
22		2563000704	MADIKI SATYA VENKATA KUMAR
23		2543008500	BANDAGORLA GANESH
24		2543006080	NAGIPOGU SAITEJA
25		2573000132	SANTHOSH KANTEM
26		2543023711	MAJJI VENKATA JAGAN MOHAN RAO
27		2563000714	ALLI PRASHANTH KUMAR
28		2543002747	KAROTHI PAVAN KUMAR
29		2543007465	THUMU DIVYA
30		2543000565	P VARAPRASAD
31		2553001190	NAGULAPALLY RAJU
32		2543010366	RATHOD UMESH
33		2543007452	VELURI TEJASWINI
34		2573001089	PRANEETH MACHERLA
35		2543002718	RAVILLA KIRAN
36		2543014531	DEEPTHI CHAND NEKURI
37		2543006213	KANCHARLA GOUTHAMI
38		2543015023	SUNKARI AJITH
39		2543004021	THORLIKONDA VINAY
40		2563005416	NAGIDI RAMA SITA
41		2563000117	ALLU SAI LAKSHMI MANASA

SL NO.	DATE & TIME OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
42		2543026762	VISWANADHAM NARESH
43		2543025178	PALARAPU MOUNIKA
44		2543004168	PATHLAVATH GANESH NAYAK
45		2543007331	SAI MANAS POTEDAR
46		2543026247	KURMANA NAVEEN KUMAR
47		2563002803	AMARNADH LATCHIREDDY
48		2543028033	KAKA ANIL KUMAR
49		2543016961	TALAMANCHI PAVAN KUMAR
50		2543005662	VENKATA KIRAN KUMARI MEDURI
51		2543014514	RESHMA ANJUM SYED
52		2543025164	MOHD SHAHBAAZ
53	30 th May, 2023	2573002159	GUGULOTHU VIJAY
54	(Tuesday)	2543007612	BOMMAGANI SRIKANTH
55	02:00 P.M.	2543014883	JAKKALA SRIKANTH
56		2543003664	GULLIPALLI RAVI TEJA
57		2573001307	MALOTH RACHANA
58		2543020677	MALA MAHESH
59		2543014658	NAIDU SRINIVAS
60		2563003343	VUTUKURU LAKSHMI SRIVANI
61		2573000879	YELIGETI SAI VINEETH
62		2563000761	JEEVAN JOSHI VULAVALAPUDI
63		2543003546	KONDAVEETI NAGASAI RAMESWARA SARMA
64		2563003333	BANOTHU RAMESH
65		2543002860	MANI DEEPIKA KANCHARLA
66		2553002693	AKENA MANOJKUMAR
67		2543010899	VENKATA DIVYA VANI VARAMANI
68		2543010499	RAVULA RUKMAKAR

Sd/Date: 16.05.2023 GENERAL MANAGER-I



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 Phone : 040-27600849
E-mail: cmper@tgbhyd.in FAX : 040-27662623

Lr.No.Gr-I/2022-23/ Date: 16.05.2023

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 **Office Assistant (Multi Purpose)** 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.5 to 9) 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 of value Rs.200/-.
 - I. Medical Fitness Certificate, as per proforma, obtained from <u>not below the rank of Assistant</u> Civil Surgeon in Govt. Hospital (All Diagnostic reports should be attached).
- 2. Please note that you are provisionally selected for appointment in the bank as an Office 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, 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)

1.	(a)	Name in full (capital letters any stage any part of your			e if you	have added / dropped at
JRNA	ME _					
AME	_					
	(b)	Designation of the candic quota / Compassionate gr				
	(i)	Designation		Cate	gory	
	(ii)	Place of working				
	(iii)	Date of Appointment		1	ID No	
	(iv)	Direct recruitment		Ex-serviceman		Compassionate
2.	Det	ails of addresses:	a) Present		h) Don	way aut
	Hana	/Amountment/Elet No	a) Present		b) Per	manent
		/Apartment/Flat No				
		of Apartment				
,	Street	& Road				
	Village	e & Mandal				
-	City /	District				
- 1	State .					
	Pin Co	ode .				
AA	ADHA	R NO		PAN CARD NO		
Co	ontact	Phone Numbers				
		Mobile I	Number	Alternate Mobile N	No.	Land line with STD code
F	Email	ID ·		1		

3.		lars of places who tion form.	ere you have resi	ded 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 at District
	1.			
	2.			
-	3.			
-	4.			
-	5.			
c) an	d official	rvice, give designa address.		
		postal address give last address)		House No.
		,		Lane Name
				Street & Road
				Village/ Mandal Dist
				State & PIN Code
e)	Permane	nt House address	1	House No.
				Lane Name
				Street & Road
				Village/ Mandal Dist
5.	Nationa	lity of		State & PIN Code
٥.	Nationa	•	_	
		(a) F	uner	
		(b) M	other	

6.	(a)	Date of birth of the applic	ant							
	(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 Scheo	duled Caste /	Scheduled T	ribe / Other	Backwa	ard Class	?		
	Schedu	led Caste	Sche	duled Tribe			OBC			
			Specify nam	ne of the cas	te					
(c) I	f vou are	handicapped, please tick app	propriate box:		OC		VI		НІ	\neg
(-)		age of Disability:	F		oc		11		111	
9.	since 1	ional Qualifications showing 5th year of age (Please enclo is regular or distances / cor Name and full address	ose certified corespondence).	opies of Stu	- T		indicate v	whet	her Police	7
		school/College (village / N District/City)	Mandal /	entering (month & year)	leaving (month & year) PG, etc)	passed (Group Inter / Diplom	i.e., Degree/	54030000	tion and District	
SSC /Matric	ulation									1
Inter/ Diplon	na									1
Graduation										1
Post-Gradua	tion									
Other Qualif	ication									1

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

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

Preventive detention la a side by the Appellate (Note: if detained, convicted communicated immediately t may be, failing which it will conviction, sentences and details.)	ws for any of Court if app debarred etc., to the concerne	Fence? Whether be aled against. subsequent to the deal Department or be suppression of	r such conviction e completion and the authority to v	submission submission	ed in the Court of on of this form, the d Attestation Form has	Appea	al or set should be sent earlier, a	
			be blood relati		whom you are kn	own o	r two	
ferences to whom you are l		ons shall not	be blood relati		•	own o	r two	
ame of the reference		ons shall not	be blood relati		•	own o	r two	
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fame of the reference fouse / Flat No fame of Apartment		ons shall not	be blood relati		•	own o	r two	
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Name of the reference House / Flat No Name of Apartment Street & Road Village & Mandal City / District		ons shall not	be blood relati		•	own o	r two	
Vame of the reference House / Flat No Vame of Apartment Street & Road Village & Mandal City / District		ons shall not	be blood relati		•	own o	r two	

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).
- 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	nt / Kum
Son / Daughter / Wife of	for the
last years months and to the be	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 / prosecuted / kept under retention or convicted by court of law.						
6.	Is the family of the candidate is known to	o you :					
7.	Has any member of the candidate's fam convicted by a court of law	ily eve :	been arreste	ed / kept / ke	pt under detent	ion or	
8.	Are you aware of any circumstances who would render the candidate unsuitable fappointment in a banking institution?						
9.	Is the candidate related to you	:					
Ιc	ertify that the above information is corre	ct to th	e best of my	knowledge a	and belief and	that Sri / S	Smt. /
Ms					R/o		bears
a ç	good moral character.						
		Sign	ature:				
Pla	ace:	Nam	e:				
Da	ite:		ipation:				
			le No. :				
		Post	al 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	: : :	
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 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 eye sight. Give details	:	Yes/No

Contd.....

:: 2 ::

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

by accident or otherwise. Give details

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

i) 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 1. General Development : Good ______ Fair_____ Poor____ a) Nutrition : Thin _____Average____ Obese____ b) Best weight _____Kg. When DD MM YYYY Height ____ Cms. : ____Kgs. Weight: ____ Kgs. c) Any recent change in weight d) Temperature : Normal/Raised e) Girth of chest i) After full inspiration : Cms : Cms ii) After full expiration f) Identification Marks : ABM/Scar ABM/Scar 2. Skin: Any obvious disease : Yes/No 3. Ears: Inspection Clear /Blocked 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 ___Pmt Pulse Rate b) Blood Pressure: Systolic :_____mm of Hg

Diastolic

8).	ABDOMEN : G	irthCn	ns Tenderness	Present/Abser	t	
	I	Hernia				
a)	Palpable :	Liver	Sple	en	_	
	J	Kidney	Tum	nors		
b)	Hemorrhoids :		Fistula			
9.	NERVOUS SYSTEM: Ir disabilities	ndication of	nervous or mo	ental	: Yes/No	
10.	. Loco-Motor System:	: Any abnor	mality		: Yes/No	
11.	. Genito Urinary Syste	em: Any ev : Yes	•	rocele varicoce	ele etc.	_
a)	Physical appearance	: CLE	AR / HAZY			
b)	Albumin	: ABS	ENT / PRESNE	T		
c)	Sugar	: ABS	SENT / PRESEN	T }Report Encl	osed	
d)	Casts	: ABS	SENT / PRESEN	Т		
e)	Cells	: WN	L / ABNORMAL	-		
12.	. Report of X-Ray Ex	amination o	f Chest	: Enclosed	- NORMAL / ABNORMAL	
13.	. Report of the Blood	d Examinati	on/HIV Test	: Enclosed -	NORMAL / ABNORMAL	
14.	. Report of Full Abdo	men Ultraso	ound Test	: Enclosed	- NORMAL / ABNORMAL	
15.	Is there anything of the candidate lind him / her unfit for discharge of his/heservices for which candidate?	ikely to rer or the e er duties in	nder fficient the	: Yes / No		
16.	. Findings :					
	The Medical Exami the findings under of 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).

CICLIATION			
SIGNATURE	()F HF		F X V VVI VI F D
DICHMA LUIN	1	/WI 171V.AI	I AMWIINI IX.

PLACE: NAME : DATE: DESIGNATION :

.....

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 Gl	asses
			Sph	Cyl	Axis
Distant Vision					
R.E.					
L.E.					
Near Vision					
R.E.					
L.E.					
Hypermetropia					
(Manifest)					
R.E.					
L.E.					

1	۱۸n۱	/ dicasca n	f tha a	VAC .	
٠,	, Ally	/ disease o	i tile e	ycs .	

2) Night blindness :

3) Defect in colour vision :

4) Field vision :

5) Visual acuity :

6) Fundus examination :

PLACE: SIGNATURE OF THE

OPHTHALMOLOGIST

DATE : WITH SEAL.

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

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

<u> </u>	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 Per	rsonnel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is also	declared that as on 09.11.2020, 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)	

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 : HYDERABAD Date :
The General Manager-I, Telangana Grameena Bank Head Office, Nallakunta HYDERABAD.
Sir/Madam,
<u>UNDERTAKING</u>
S/o / D /o W/o joined as ar(post) agree to abide by the bank's Information System Security policy.
 Keep all relevant data of the bank as confidential Access only the relevant data that is required for the job Follow the acceptable usage policy of the bank Perform the responsibilities and comply with the requirements specified in the Bank policies.
understand the importance of information and agree to take all reasonable precautions, to protect the information assets of the bank. I also understand that non-compliance with Bank policies can lead to disciplinary action.
Signature :
Name :

TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Declaration to be bound by the Staff Service Regulations:

Date: I, hereby declare that I have read and understood the Deccan (now Telangana) Grameena of Officers and employees Service regulations, and I hereby subscribe and agree to be bount the said regulations: Name in full: Nature of appointment: Date of appointment: Signature: Witness::		Place : Hyderabad	
Officers and employees Service regulations, and I hereby subscribe and agree to be bount the said regulations: Name in full: Nature of appointment: Date of appointment: Signature:		Date :	
Officers and employees Service regulations, and I hereby subscribe and agree to be bount the said regulations: Name in full: Nature of appointment: Date of appointment: Signature:			
Nature of appointment :	Officers and employees Service	•	
Date of appointment :	Name in full	:	-
• Signature :	Nature of appointment	:	-
	Date of appointment	:	-
• Witness :	Signature	:	-
	Witness	i	-
• Date :	Date	:	-

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

DECLARATION OF MARITAL STATUS

I, Sri /Smt./Kum	S/o / W/o / D/o
declare as under:	
(i) That I am unmarried/ a widower	' a widow
(ii) That I am married and have only	one spouse living.
	racted a marriage with a person having a spouse living. I may be of ground given below. Application for grant of exemption is
Ground:	
2. I, solemnly affirm that the above de	claration is true and I understand that in the event of the
declaration being found to be incorrect a services.	after my appointment, I shall be liable to be dismissed from
Date:	Signature:
bace.	SCHEDULE - II (See regulation 19)
DECLAR	ATION OF FIDELITY & SECRECY
I,	, do hereby declare that I will faithfully truly
and to the best of my skill and ability e	execute and perform the duties required of me as an Officer o
Employee of the TELANGANA GRAMEENA me in the said Bank.	A BANK and which properly relate the office or position held by
	alge or allow to be divulged to any person not legally entitled
dealing with the said Bank and nor will I	allow any such person to inspect or have access to any books o
documents or electronic records belong	ging to, or in possession of the said Bank and relating to the
business of said bank or the business of a	any person having any dealings with the said Bank.
Signed before me,	Signature : Name in Full : Designation :
Signature:	
Name in full:	Place:
Designation:	Date:

SCHEDULE- III (See Regulation 73)

DECLARATION OF DOMICILE

		Place: Date :	
_			gana Grameena Bank hereby (district) as my
place of domicile.	(i tace)	(Mandat) iii	(district) us m
1. * The above is my pla	ace of birth		
* The above is not i	my place of birth. Λ	My place of birth is	(place
(M	Nandal) in	(district) but	(place) has
Signature			
Name in full	:		
Designation	:		
Nature of appointment	:		
Date of appointment	:		
* Strike whichever is no	t 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 follows	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 abovere no civil or criminal case any State or Central Court/Co	s pending against me ir	= = = = = = = = = = = = = = = = = = =	
3.	That I passed the	qualifying examina	ation (graduation) in th	e 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 ι hed 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 circur	mstance which might im	npair my fitness for
			Depor	ent
S	olemnly affirmed and signed b	efore me on this the	_day, month,	2023 at
N	lotary			
	Signature with seal)			
(Digitature with Seal)			

DECLARATION

I Mr./Ms./Mrs	S/o./D/o./W/o.
	Prob. Officer/ Office Assistant (Multipurpose) hereby
declare that	
 I have not resorted to a post. 	iny unfair practices in the written test conducted by IBPS for the above
2. The Certificates of my I	Educational Qualifications submitted to the Bank are genuine.
3. The Caste Certificate p	roduced by me is genuine and issued by the competent authority.
4. I submit that there are i	no criminal cases against me
5. I further declare that	
A) I was previously empl	oyed in organization
as	(cadre) from and relieved from the said
organization on	I am herewith enclosing the original relieving letter and
experience certificate.	
B) I hereby declare that I	am not employed anywhere as on date.
C) I hereby declare that I employment unit.	do not have any self employment / I have wound up my Self
and if any information furn	formation is true and correct to the best of my knowledge and belief ished above is false, I am liable for disciplinary action /any appropriated 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	y Sri/Smt./Kum
S/o.W/o.D/o	, aged years, R/o
her	einafter 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
· ·	Bank, with its Head Office at Hyderabad, Telangana State ereinafter called the Employer Bank in the following terms.
Assistant (Multi Purpose) vide bank indicating certain terms a	No. 1 herein above was Selected and appointed as Office letter No dated issued by the nd conditions and the Surety No. 1 having received the same has ons of appointment mentioned herein;
Assistant (Multi Purpose)I has Employer Bank during the pe	No.1 in fulfillment of the conditions of his appointment as Office accepted the condition that he shall not leave the service of the riod of probation of one year or such other extended period of the employer bank at its discretion.
the bank on probation for the himself being Surety No. 1 and	No. 1 in pursuance of such agreement to continue in the service of term stipulated, has further agreed to execute a surety bond by another independent surety being Surety No. 2 for a sum of Rsonly) in favour of the employer bank;
WHEREAS, the above following terms:	named 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 one year 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. 1,00,000/- (Rs. One Lakh 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.1,00,000/- (Rs. One Lakh 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)

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.1,00,000/- (Rs. One Lakh 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.1,00,000/- (Rs. One Lakh 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.

PLACE: HYDERABAD).
Date :	_

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 fai	thfully,
Signature	e :
Name	:
Post	:
Roll No	

TELANGANA GRAMEENA BANK HEAD OFFICE; HYDERABAD.

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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.

Signature	e :
NI a sa a	
Name	:
Post	:
Roll No.	