### 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 Office Assistant (Multi Purpose) conducted by IBPS, Mumbai in August and September 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.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: 01.08.2023

PROVISIONAL SELECTION LIST (RESERVE LIST PHASE-2) FOR THE POST OF OFFICE ASSISTANT 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		2563004701	CHATRAGADDA VENKATA SIVA SAI
2		2543005421	RODDA KRUSHNA
3		2543006485	RAGHAVA REDDY NUSUM
4		2543002879	CHILKA ANAND
5		2563003300	TAMIRI SUNITA
6		2543005861	JENA PRASANT KUMAR
7		2543021538	V PRANEETH
8		2543007423	KRANTHI KUMAR LANKADA
9		2543004039	SHAIK MAHAMMAD SHAHRUKH
10	10 <sup>th</sup> August,	2543000948	SUSHMITHA GORLE
11	2023 (Thursday)	2543005756	MANNEPURI YUGMA
12	10:00 A.M.	2543007168	KUMMARAGUNTA HEPSIBAH
13		2563003272	VEERANKI NAGA VENKATESWARA RAO
14		2543013960	KAPULURI VENUGOPAL
15		2553001364	PYDISETTI SAI KRISHNA
16		2563000385	TAMMINENI JAGAN MOHAN
17		2543026699	MEESALA SHAINY PRIYA
18		2553002079	RAKESH ARSHANAPELLI
19		2543009767	KUMMARIKUNTLA NAVEEN KUMAR
20		2543022188	KOTHA RAVINDER REDDY
21		2543028025	SAKA SAI PRAPULLA

Date: 01.08.2023

Sd/-**GENERAL MANAGER-I** 



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

Lr.No.Gr-I/2023-24/ 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 **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 10<sup>th</sup> 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 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)

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	d during the <i>preceding five years</i> from the date of fi	illing 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	
). <b>D</b> amman ar	nt House address	Sta	ite & PIN Code	
) Termaner	in Trouse address		ouse No. ne Name	
			eet & Road	
			llage/ Mandal Dist	
<ul> <li>National</li> </ul>			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 arred 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 are		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 m	nonths	
5.	Whether to the best of your knowledge and information			
	<ul><li>a. The candidate has at any time taken active part in politics</li><li>b. He was ever arrested / prosecute kept under retention or convicted by court of law.</li></ul>			
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	family ever been arrested /	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	:		
Lo	certify that the above information is co	orrect to the best of my kn	owledge and belief and t	hat Sri / Smt.
Ms		_	R/o	bears
аç	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	: : :	
4.	Date of Birth	: D	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 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

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).	ABDOMEN : GirthCms Tenderness Present/Absent
	Hernia
a)	Palpable : Liver Spleen
	Kidney Tumors
b)	Hemorrhoids : Fistula
9.	NERVOUS SYSTEM: Indication of nervous or mental : Yes/No disabilities
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 / PRESNET
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 : 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	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).

PLACE: DATE:		SIGNATURE OF THE NAME : DESIGNATION :	HE MEDIC	AL EXAMINER.		
*Such candidate months of confine		to contact the	Bank fo	r fresh medica	l examination	after three
REPORT BY THE O	PHTHALMOLOGI:	ST: (To be obtain	ed from ı	not below the ra	ank of Assistant	<u>Civil</u>
Surgeon in Govt. H	ospital)					
i) Name of the par	tient :					
ii) Category of the	post:					
Acuity of Vision	Naked Glasses	With Glasses		Strength of G	lasses	
-			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 colou	r vision	:				
4) Field vision		:				
5) Visual acuity		:				
6) Fundus examina	ation	:				
PLACE :				NATURE OF THE		
DATE :				TH SEAL.	1	

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

1	Son/daugnter 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 Governmen	t of India for the purpose of reservation in services as per
orders contained in Department of P	ersonnel and Training Office Memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is als	so declared that as on 09.11.2020, I do not belong to persons
/ sections (Creamy Layer) mentione	ed 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.:

	Date :	
The General Manager-I, Telangana Grameena Bank Head Office, Nallakunta HYDERABAD.		
Sir/Madam,		
	UNDERTAKING	
	S/o / D /o W/oagree to abide by the bank's Inform	•
<ul> <li>i) Keep all relevant data of the bank a</li> <li>ii) Access only the relevant data that i</li> <li>iii) Follow the acceptable usage policy</li> <li>iv) Perform the responsibilities and corthe Bank policies.</li> </ul>	s required for the job of the bank	in
I understand the importance of information assets of the bank. I als disciplinary action.	· ·	•

Place: HYDERABAD

Signature :

Name

## TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Declaration to be bound by the Staff Service Regulations:

	Place : Hyderabad	
	Date:	
	ad and understood the Deccan (now Telangana) Grade regulations, and I hereby subscribe and agree to be	
Name in full	:	
<ul> <li>Nature of appointment</li> </ul>	:	
<ul> <li>Date of appointment</li> </ul>	:	
<ul> <li>Signature</li> </ul>	:	
<ul><li>Witness</li></ul>	:	
• 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)	That I am married and have only o	one spouse living.
(iii)	That I have entered into or contra	acted a marriage with a person having a spouse living. I may be
	granted exemption on the basis enclosed.	of ground given below. Application for grant of exemption is
Grour	nd:	
2. I.	solemnly affirm that the above dec	laration is true and I understand that in the event of the
•	•	fter my appointment, I shall be liable to be dismissed from
servic	_	
		Signature:
Date:	1	
		SCHEDULE - II (See regulation 19)
	<u>DECLAR</u>	ATION OF FIDELITY & SECRECY
I,		, do hereby declare that I will faithfully truly
		xecute and perform the duties required of me as an Officer or
•	oyee of the TELANGANA GRAMEENA the said Bank.	BANK and which properly relate the office or position held by
2. I fu	urther declare that I will not divu	ge or allow to be divulged to any person not legally entitled
theret	to any information relating to the a	ffairs of the said Bank or to the affairs of any person having any
dealin	ng 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 belong	ing to, or in possession of the said Bank and relating to the
busine	ess of said bank or the business of a	ny 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 :	
declare			elangana Grameena Bank hereby
place of domicile.			
1. * The above is my pla	ace of birth		
or			
			(place)
(/	Mandal) 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 follow	s:				
1.	That I am competent to give Regulations of the Bank.	ive this affidavit. That	I undertake to abide	by the Rules and		
2.	That I am residing at the above mentioned address for lastyears. I declare that there were no civil or criminal cases pending against me in any police station within the jurisdiction of any State or Central Court/Courts of Law.					
3.	That I passed the	qualifying examin	ation (graduation) in th	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 see 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 to 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	pefore 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
	Prob. Officer/	Office Assistant (Multipurpose) hereby
declare that		
1. I have not resorted to	any unfair practices in the writte	n test conducted by IBPS for the above
post.		
2. The Certificates of my	Educational Qualifications subn	nitted to the Bank are genuine.
3. The Caste Certificate	produced 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 emp	loyed in	organization
as	(cadre) from	and relieved from the said
organization on	I am herewith enc	losing the original relieving letter and
experience certificate	ı.	
	I am not employed anywhere I do not have any self employ	as on date. ment / I have wound up my Self
and if any information furr	nished above is false, I am liable	o the best of my knowledge and belie e for disciplinary action /any appropriate forfeit my selection/appointment to the
Place: Date:	Signature of the 0 Name: Address:	Candidate

## **SURETY BOND**

This Surety Bond is executed by Sri/S	Smt./Kum
S/o.W/o.D/o	, aged years, R/o
hereinafte	r 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
	with its Head Office at Hyderabad, Telangana State fter called the Employer Bank in the following terms.
Assistant (Multi Purpose) vide letter	1 herein above was Selected and appointed as Office r No dated issued by the aditions and the Surety No. 1 having received the same has appointment mentioned herein;
Assistant (Multi Purpose)I has accep	in fulfillment of the conditions of his appointment as Office of the condition that he shall not leave the service of the f probation of one year or such other extended period of ployer bank at its discretion.
the bank on probation for the term s	n pursuance of such agreement to continue in the service of stipulated, has further agreed to execute a surety bond by her independent surety being Surety No. 2 for a sum of Rs, a favour of the employer bank;
WHEREAS, the above named following terms:	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)

: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.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.

_	: HYDERABAD
<b>-</b>	

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	<u>:</u>
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	9:
Name	<u>:</u>
Post	<u>:</u>
Roll No.	• .