### TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Personnel Dept. Date: 10.02.2023

The list of provisionally selected candidates 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 10.02.2023.

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.

(For any queries, please contact 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: 10.02.2023

PROVISIONAL SELECTION LIST 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		2541010187	VYSHNAVI YALAMANCHILI
2		2541006094	K HAREESH
3		2541006164	PRAVEEN KUMAR BOLLA
4		2571001500	MANOJKUMAR KANDAGATLA
5		2541005143	GORLA VENKATA RATHNAM
6		2541003896	SAPPIDI PUSHPAVATHI
7		2541011860	SWAPNA KUMARY
8		2541011978	SATYADEEPA TALLAPANENI
9		2571000019	SRUJANA KANDAGATLA
10		2541005274	PEERUNAYAKAM SHARATH CHANDRA
11		2541002161	SABHAVAT SWARNA
12		2541007925	TENKA SIVAJI
13		2561001406	GAMPALA PREMCHANDU
14		2561002152	GAMPALA MANASA
15		2541002045	BUKYA HARIPRASAD NAIK
16		2541003916	NELLORE CHENCHU KUMAR
17		2541005567	P PAVAN RAO
18	04 <sup>th</sup> March,	2551000939	ANANDAPU DEEPAK
19	2023 (Saturday)	2541005286	PALAPARTHY SURYA SAI PRASANTH
20	10:00 A.M.	2541012488	SYED FASIUDDIN
21		2541011668	GATTU SAIPAVAN
22		2541004018	EEDULA BHARGAV REDDY
23		2571001454	DODDA SONY
24		2541008748	KOTAGIRI MOUNIKA SAI LAKSHMI
25		2541005711	KOLLIBOINA KRISHNA VAMSI
26		2541003359	SABHAVAT SRINIVAS
27		2551000391	PALTHI MADHURI
28		2551000494	YERROJU VINAY KUMAR
29		2551001388	UPPALA RAMYA
30		2541003657	VARALA LIKHITH SAI KUMAR
31		2561000132	DEVADASU PRASHANTHI
32		2561000746	YALAMARTHI RAVI VARMA
33		2541008153	RAVIVARMA GUNDA
34		2571001158	SANTHOSH KANTEM
35		2541013013	BONGI SURIBABU
36		2541007607	GAJULA TEJASWI
37		2541013916	SAI HYMA KAVYA MUKTHINUTALAPATI

SL	DATE & TIME	DOLL NO	NAME OF THE CAMPIDATE (Orl/Out/ Max)
NO.	OF REPORTING	ROLL NO.	NAME OF THE CANDIDATE (Sri/Smt./Ms.)
38		2541008895	BOBBILI VIJAY KUMAR
39		2541014113	КАМВНАМ GOPI
40		2541002961	MOUNIKA BAIGALLA
41		2541006486	MADHUKAR BEEMA
42		2551001082	KATKAM SANTHOSH
43		2541001785	CHILAKAMUDI ABHINANDAN
44		2551000470	TAKASI SOHITH SAI PRASAD
45		2541006782	GUGULOTHU ESHWAR SAI
46		2551001000	MUNNANGI DATTA SAI KEERTHI
47		2541004680	KATTA PRANAY
48		2541001638	IJJU SAIRAM
49		2541008059	RAGE SREEHITH
50		2541009466	DHANAVATH SURESH SURESH
51		2571001510	PUSKURI SWATHI
52		2541011798	SRIRAMULA MAHESH
53		2541004211	NAINI BHANUTEJA REDDY
54		2561001864	SAMPATHIRAO BHAGYAVEENA
55	04 <sup>th</sup> March,	2541008372	SNIGDHA HARSHITHA YADAVALLI
56	2023 (Saturday)	2561000542	KOTHAPALLI NARASIMHA RAO
57	02:00 P.M.	2551000732	BANDA SIVA SUJITH REDDY
58		2541000946	MURIKINATI SAI PRADEEP KUMAR
59		2541008743	SIRISHA ADELLI
60		2561000238	SEETHARAMAIAH PILLY
61		2561000775	PITTALA PRASANNA LAXMI
62		2541004124	LENKA SIREESHA
63		2541001828	KHAJA ZAFFAR MOHIUDDIN
64		2541000751	G RAM REDDY
65		2561001586	NARSINGU PAVANI
66		2541014615	TADIWAR CHANDRASHEKAR
67		2551001272	RAVALI THATIKONDA
68		2541013835	GUMMERLA RAMYASRI
69		2541002745	SRINIVAS THEETLA
70		2561001544	RAYUDU RAMESH BHARGAV
71		2551000354	DOMMATI SHASHIKUMAR
72		2541002215	SREELATHA A
73		2541013999	PETLA ANNE WINSLET
74		2541009825	KOTTA SAROJA

Sd/-



#### 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/2022-23/ Date: 10.02.2023

#### 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 10<sup>th</sup> class.
  - b. Proper relieving certificate, no objection certificate from your present employer (in case you are presently employed).
  - c. Character and antecedents certificates (**2 copies**) from any two respectable persons not related to you and Bio-data (**4 sets** -Page Nos.4 to 8) duly filled (not Xerox copies) and Declaration (in case of OBC candidates only).
  - d. Conversion certificate issued by the competent authority and a copy of the gazette notification for the change in your name, if any.
  - e. 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.
  - f. Latest nativity/ Residential Certificate issued by the Competent Revenue Authority.
  - g. Aadhaar Card & PAN Card.
  - h. Further, submission of certificates/letters, etc., if any, not produced at the time of interview (if applicable).
  - i. Two sets xerox copies of all the above documents duly attested by self.
  - Undertakings, Surety Bond, Affidavit & Declarations which are enclosed, to be submitted by the candidates.
  - Medical Fitness Certificate, as per proforma, obtained from <u>not below the rank of **Assistant Civil Surgeon in Govt. Hospital**</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)

	ME							
ИE	8 <u></u>						_	
	(b)	Designation of the cand quota / Compassionate		0 10	131			
	(i)	Designation			Cate	egory		
	(ii)	Place of working						
	(iii)	Date of Appointment _				ID No _		
	(iv)	Direct recruitment			Ex-serviceman			Compassionate
2.	Detai	ils of addresses:						
			a) Present			b) Pe	ermanen	t
1	House/A	partment/Flat No						
1	Name of	Apartment						
	Street &	Road						
	Village 6	& Mandal						
(	City / Di	istrict						
	State .							
1	Pin Cod	e .						
AA	DHAR	NO		I	PAN CARD NO			
0-	ntact F	Phone Numbers						
CC								

	testation		re you have lest	ded during the <i>preceding five years</i> from the date of fi	illing up or
S.N	550	Trom Ionth/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 an District
1					
2					
3					
4	•				
5	i.				
Na ) Pro ) If i	ofession	ll with aliases	-		
	-	tal address last address)		House No.	
				Street & Road	
			7	Village/ Mandal Dist	
			5	State & PIN Code	
Pern	nanent Ho	ouse address		House No.	
			100	Street & Road	
				Village/ Mandal Dist	
Nat	ionality o	of		State & PIN Code	
	,	60 m	nther		
		(c) W	ife / Husband		

4.

6.	(a)	Date of birth of the applica	unt				
	(b)	Present Age					
	(c)	Age at SSC / Matriculation					
7.	(a)	Place of birth, District and S	State				
	(b)	District and State to which _ you belong			_		
8.	(a)	Religion		-			
	(b)	Are you a member of Sched	uled Caste / Scheduled Tr	ibe / Other Backw	ard Class?		
	Schedu	led Caste	Scheduled Tribe		OBC		
			Specify name of the caste	÷			
	(c) If you are	handicapped, please tick app	ropriate box:	OC	VI	HI	
	Percenta	age of Disability:					
9.	since 1	ional Qualifications showing 5th year of age (Please encloss regular or distances / corre	se certified copies of Stud	(50)	_	ether	

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 Institution.	Resigned to the post? If so, please	Have you been at any time dismissed
	From	ТО	institution.	give details.	removed from
( <b>Note:</b> if detained, convicted, d communicated immediately to may be, failing which it will be	the concerned D	Department or the	he authority to whom the	Attestation Form has been	sent earlier, as the c
conviction, sentences and deter	ress of two res	given.	ons of your locality to		
conviction, sentences and deter	ress of two res	given.	ons of your locality to		
2. Name and complete add eferences to whom you are kn	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
2. Name and complete add eferences to whom you are kn	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
conviction, sentences and determined to the complete addreferences to whom you are known and the reference.  House / Flat No	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
conviction, sentences and determined to the reference of the reference.  Name of the reference.  House / Flat No.  Name of Apartment.	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
12. Name and complete add references to whom you are known and the reference of the reference of the reference of Apartment of Street & Road	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
conviction, sentences and deter	ress of two res	sponsible pers	ons of your locality to	o whom you are known	
Conviction, sentences and determined to the reference whom you are known and complete addreferences to whom you are known are for the reference who who was a factor of the reference who was a factor of the refe	ress of two res	sponsible pers	ons of your locality to	o whom you are known	

#### **DECLARATION SHOULD BE SIGNED BY THE CANDIDATE**

- 1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
- 2. I am married / unmarried and have only one wife living (delete which is not applicable).
- 3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
- 4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Place:		
Date:		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 / Sr	mt / 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 :	
Dute !	(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			
	<ul><li>a. The candidate has at any tim taken active part in politics</li><li>b. He was ever arrested / prose kept under retention or convictly court of law.</li></ul>	cuted /		
6.	Is the family of the candidate	s known to you :		
7.	Has any member of the candidate convicted by a court of law	e's family ever been arre	ested / kept / kept under detention	on or
8.	Are you aware of any circums would render the candidate unsui appointment in a banking institution	table for		
9.	Is the candidate related to you	ı :		
l c	ertify that the above information is	correct to the best of	my knowledge and belief and t	hat Sri / Smt.
Ms	S/c	/D/o/W/o	R/o	bears
a g	ood moral character.			
		Signature:		
Dla	ace :	NAME :		
	te:	Occupation :		
υa	ι <del>ο</del> .	Mobile No. :		
		Postal Addres	e.	
		i Usidi Muules	J.	

# 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	: - : - : <sub>-</sub>	
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.	of :	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 Category of the Post by Medical Examiner : Good \_\_\_\_\_ Fair\_\_\_\_ Poor\_\_\_ 1. General Development : Thin \_\_\_\_\_Average\_\_\_\_\_ Obese\_\_\_\_\_ a) Nutrition b) Best weight \_\_\_\_\_Kg. When DD \_\_\_\_MM \_\_\_\_YYYY leight \_\_\_\_ Cms. c) Any recent change in weight : \_\_\_\_\_Kgs. Weight: \_\_\_\_ Kgs. : Normal/Raised d) Temperature e) Girth of chest : \_\_\_\_ Cms i) After full inspiration : \_\_\_\_\_ Cms ii) After full expiration f) Identification Marks : ABM/Scar ABM/Scar 2. Skin: Any obvious disease : Yes/No : Clear /Blocked 3. Ears: Inspection 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 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 : 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).

	CIC	NATURE OF THE	MEDICAL	EVAMINED		
PLACE: DATE:	1	NATURE OF THE NAME : DESIGNATION :	MEDICAL	EAAMINER.		
*Such candidate months of confine		to contact the	Bank fo	r fresh medica	l examination a	after three
REPORT BY THE O	PHTHALMOLOGIS	T: (To be obtaine	ed from r	not below the rai	nk of Assistant C	<u>ivil</u>
Surgeon in Govt. H	lospital)					
i) Name of the pa	tient :					
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) Any disease of	the eyes	:				
2) Night blindness	1	:				
3) Defect in colou	r vision	:				
4) Field vision		:				
5) Visual acuity		:				
6) Fundus examina	ation	:				
PLACE : DATE :			OP	INATURE OF THE HTHALMOLOGIST TH SEAL.		

DATE :

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

<u> </u>			Son/c	aughte	er of
Shri			Resident	of	village/
town/city		_District			
State		here	eby declare that I	belon	g to the
		Communit	y which is reco	gnised	d as a
backward class by the Gove	rnment of India for t	he purpose of	reservation in se	rvices	as per
orders contained in Depa	rtment of Personne	el and Trainin	g Office Memo	randu	m No.
36012/22/93-Estt.(SCT) date	d 08.09.1993. It is a	lso declared tha	at as on 09.11.2	020, I	do not
belong to persons / sections (	Creamy Layer) menti	oned in column	3 of the Schedule	to the	above
referred Office Memorandum	dated 08.09.1993.				
Place: Dated (Signature of the candi	date)				

Place : HYDERABAD

Date:

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

Sir/Madam,

# <u>UNDERTAKING</u>

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,

UNDERTAKING	DERTAK	ING
-------------	--------	-----

Ι, _	S/o / D /o W/o joined as	ar
	(post) agree to abide by the bank's Information System Security police	y. I
und	dertake to,	
i) ł	Keep all relevant data of the bank as confidential	
ii) A	Access only the relevant data that is required for the job	
iii) F	Follow the acceptable usage policy of the bank	
iv) F	Perform the responsibilities and comply with the requirements specified in	
t	the Bank policies.	
l un	nderstand the importance of information and agree to take all reasonable precautions, to protect	the
info	ormation assets of the bank. I also understand that non-compliance with Bank policies can lead	d to
disc	ciplinary action.	
Sigr	nature :	
Nar	me :	

### TELANGANA GRAMEENA BANK HEAD OFFICE: HYDERABAD

Declaration to be bound by the Staff Service Regulations:

	Place : Hyderabad Date :	
Officers and employees Service	ad and understood the Deccan (now Telangana) Grar e regulations, and I hereby subscribe and agree to b	
the said regulations :		
Name in full	:	
Nature of appointment	:	
Date of appointment	:	
Signature	:	
<ul><li>Witness</li></ul>	:	
• Data		

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

# **DECLARATION OF MARITAL STATUS**

I, Sri	/Smt./Kum	S/o / W/o / D/o	
decla	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	o or contracted a marriage with a person having a spouse living. I may be	
	granted exemption on enclosed.	the basis of ground given below. Application for grant of exemption is	
Grour	nd:		
2. I,	solemnly affirm that the	above declaration is true and I understand that in the event of the	
	•	ncorrect after my appointment, I shall be liable to be dismissed from	
servic	es.		
		Signature:	
Date:			
		SCHEDULE - II (See regulation 19)	
		DECLARATION OF FIDELITY & SECRECY	
l,		, do hereby declare that I will faithfully truly	
and to	o the best of my skill and	ability execute and perform the duties required of me as an Officer or	
•	oyee of the TELANGANA G the said Bank.	RAMEENA BANK and which properly relate the office or position held by	
2. I f	urther declare that I will	not divulge or allow to be divulged to any person not legally entitled	
there	to any information relatin	g to the affairs 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 recor	ds belonging to, or in possession of the said Bank and relating to the	
busine	ess of said bank or the bus	iness 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 :	
_		the service of the Telangana Gra (Mandal) in	-
1. * The above is my pla	ce of birth		
or * The above is not r	ny place of birth My	place of birth is	(nlace)
		(district) but	
	ce of domicile for the rea		
Signature			
Name in full	:		
Designation	:		
Nature of appointment	:		
Date of appointment	:		

<sup>\*</sup> Strike whichever is not applicable

# (NOTARISED AFFIDAVIT TO BE EXECUTED ON A NON-JUDICIAL STAMP PAPER OR FRANKING OF VALUE RS.200/-)

# **FORM OF AFFIDAVIT**

	S/o		, aged about
0			do hereby
That I am competent to gregulations of the Bank.	give this affidavit. That	t I undertake to abide	by the Rules and
were no civil or criminal cas	es pending against me i	<del></del>	
That I passed the	qualifying examir	nation (graduation) in t	he month and year
Prohibition Act, 1961 or any of Offenders Act, 1958. In c	criminal offence under ase the particulars furnis	any other law/released shed by me are found to	under the Probation be false or not true
knowledge and belief. I am	not aware of any circu	ımstance which might i	mpair my fitness foi
		Depo	nent
olemnly affirmed and signed	before me on this the	day, month	, 2023 at
otary			
Signature with seal)			
	years, belonging to	years, belonging tocategory,	That I am competent to give this affidavit. That I undertake to abide Regulations of the Bank.  That I am residing at the above mentioned address for last

# **DECLARATION**

I M	Mr./Ms./Mrs	S/o./D/o./W/o.
	Prob. O	fficer/ Office Assistant (Multipurpose) hereby
decl	declare that	
	<ol> <li>I have not resorted to any unfair practices in th post.</li> </ol>	e written test conducted by IBPS for the above
2.	2. The Certificates of my Educational Qualification	is submitted to the Bank are genuine.
3.	3. The Caste Certificate produced by me is genuin	ne and issued by the competent authority.
4.	4. I submit that there are no criminal cases agains	st me
5.	5. I further declare that	
A)	A) I was previously employed in	organization as
	(cadre) from	and relieved from the said organization or
	I am herewith enclosing the orig	ginal relieving letter and experience certificate.
B)	B) I hereby declare that I am not employed anywh	ere as on date.
-	C) I hereby declare that I do not have any self empemployment unit.	oloyment / I have wound up my Self
and act	I submit that the above information is true and countries and if any information furnished above is false, I a action that will be initiated by the bank and Ban above post in the Bank.	m liable for disciplinary action /any appropriate
	Place: Name: Address:	of the Candidate

# (NOTARISED SURETY BOND TO BE EXECUTED ON A NON-JUDICIAL STAMP PAPER OR FRANKING OF VALUE RS.200/-)

#### **SURETY BOND**

This Surety Bond is executed	by Sri/Smt./Kum	
S/o.W/o.D/o	years, R/o	
he	ereinafter called surety No	o.1; and
Sri/Smt./Kum		, S/o.W/o.D/o
agedyears, R/o	,hereinaf	ter called Surety No.2.
	IN FAVOUR OF	
•		Office at Hyderabad, Telangana State oyer Bank in the following terms.
Scale-I/II/III vide letter No	dated and the Surety No. 1 hav	was Selected and appointed as Office issued by the bank indicating ing received the same has accepted the
Scale-I/II/III has accepted the	condition that he shall not of two years or such othe	conditions of his appointment as Officer teave the service of the Employer Bank rextended period of probation as may be
the bank on probation for th	e term stipulated, has furt nd another independent su	ch agreement to continue in the service of her agreed to execute a surety bond by rety being Surety No. 2 for a sum of Rs, bloyer bank;
WHEREAS, the above following terms:	named Surety No. 1 and	2 hereby execute the surety bond on the
SURETY NO.1 (Name & Signature)		RETY NO.2 Ime & Signature)

- 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)

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.

PLACE	E : 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 fait	hfully,
Signature	):
Name	:
Post	:
Pall Na	

# 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 dependant on me and their Annual income is mentioned against their names;

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

Signature :			
Name			
Name	·		
Post	:		
Roll No	•		