

**DECCAN GRAMEENA BANK
HEAD OFFICE : HYDERABAD**

**LIST OF SELECTED CANDIDATES FOR THE POST OF OFFICER MMGS-II FOR THE VACANCIES
IDENTIFIED AS ON 01.04.2011**

S.NO.	ROLL NO.	NAME	CATEGORY OF POST
1	1104070516	S.SAMPATH REDDY	INFORMATION TECHNOLOGY
2	1107150235	K KIRAN KUMAR	HUMAN RESOURCES
3	1108070384	DILIP KUMAR SHARMA	GENERAL BANKING
4	1108070396	RAJESH PATTHIPATI	GENERAL BANKING
5	1108070364	YERRASANI BHASKAR REDDY	GENERAL BANKING
6	1108030282	RAVISANKAR NAICK BUKKE	GENERAL BANKING
7	1108050611	NAVEEN PURAM	GENERAL BANKING
8	1108050332	CHITANYA KUMAR GUTTIKONDA	GENERAL BANKING
9	1108030276	DEVARA GAYEETHRI	GENERAL BANKING
10	1108010570	SURENDRA BABU PULYAKULA	GENERAL BANKING

The above selected candidates are advised to report at the following address on 27.03.2012, at 11.00 a.m, along with the certificates, Documents etc, mentioned in the model call letter.

DECCAN GRAMEENA BANK
HEAD OFFICE : HYDERABAD
H.No.2-1-520, II FLOOR
VIJAYASRI SAI CELESTIA
STREET NO.09, NALLAKUNTA
SHANKERMUTT ROAD
HYDERABAD-500044

Call letters are dispatched to the above candidates separately along with proformae of Bio-data, antecedents and Medical Certificate.

The proformae of the following are displayed:

1. Model Call letter
2. Bio data
3. Antecedents/ Character Certificate
4. Medical certificate

For any clarifications, please contact 040-27600849/ 9491041997/ 9491041986/ 9491041909.

Sd/-
GENERAL MANAGER (ADMN & IT)



DECCAN GRAMEENA BANK

(Sponsored by State Bank of Hyderabad)
Head Office, # 2-1-520, 2nd Floor, Vijayasri Sai Celestia, St. No. 9,
Shankermuth Road, Nallakunta, Hyderabad, A.P. -500 044.

Website : www.dgbhyd.com

E-mail : mngrdgbper@yahoo.com

Phone : 040-27600849

Lr.No.Gr-I/2011-12/
Roll No.

Date:

Dear Sir / Madam,

PROVISIONAL SELECTION LETTER

We are pleased to inform that you have been provisionally selected for appointment for the post of **Officer MMGS-II** in our Bank, based on the written test and interview held by the Bank.

2. Please note that this is not an order of appointment. **Your appointment is subject to production of following at the time of your reporting on the date indicated herein:**

- a. Original educational qualifications, experience etc., certificates mentioned in your application, starting from 10th standard.
- b. Proper relieving certificate, no objection certificate from your present employer (in case you are presently employed)
- c. Character and antecedents from (2) respectable persons, not related to you and Bio-data (four sets) duly filled (proformae enclosed).
- 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 latest Caste certificate in original in the prescribed format issued by the competent authority in proof/ support of the claim for the category under which you have applied.
- f. Nativity/ Residential Certificate issued by the Competent Revenue Authority.
- g. A Non-Judicial stamp paper of Rs.100/- for executing the indemnity Bond.

3. You are advised to bring Medical Fitness Certificate obtained from not below the rank of Assistant Civil Surgeon in Govt Hospital as per proforma enclosed.

4. Please note that you are provisionally selected for appointment in the bank as **OFFICER MMGS-II** 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 terminated or if you are appointed by the Bank, you will be summarily dismissed.

You are advised to report to the undersigned **on 27.03.2012 at 11.00 a.m** along with certificates / testimonials as mentioned above.

Yours faithfully,

GENERAL MANAGER (ADMN & IT)

Encl : As above

BIO-DATA FORM

1. Name :
2. S/o/ D/o /W/o :
3. Date of Birth & age as on 16.09.11 :
4. Educational Qualification :
5. Other Qualifications, if any:
6. Permanent Address :

7. Place of domicile :
8. Name of Spouse :
9. Category of caste :
10. Whether married :
11. No. of children ____ : 1) Name _____ Age _____
2) Name _____ Age _____
12. Languages Known : Speak Read Write

13. Identification marks : 1)
2)
14. Character certificates as per the proforma, : 1)
duly furnishing Name, occupation and addresses
of two respectable persons, not related to you
on the certificates issuing them (proforma enclosed): 2)
15. Medical Report Date :
(To be furnished after medical examination)
16. Have you ever been arrested, prosecuted, kept
under detention or bound down /fined, convicted
under the of law for offenses involving moral
turpitude. If yes details:
- 17 Is any case pending against you in any court of
law or involving moral turpitude. If yes give full
details:

Passport size
Photograph
with signature
of candidate

Place:
Date :

Signature
(Name :)
H.T.No.

A N N E X U R E
(CHARACTER CERTIFICATE)

1. Name of the candidate :
2. Applied for the post of :
3. Is the candidate known to you : Yes / No
4. If so, kindly state the period : ____ Year ____ months
5. Whether to the best of your knowledge and information
 - a. The candidate has at any time taken active part in politics
 - b. He was ever arrested / prosecuted / kept under retention or convicted by court of law.
6. Is the family of the candidate is known to you.
7. Has any member of the candidate's family ever been arrested / kept / kept under retention or convicted by a court of law.
8. Are you aware of any circumstances which would render the candidate unsuitable for appointment in a banking institution ?
9. Is the candidate related to you :

I certify that the above information is correct to the best of my knowledge and belief and that Sri / Smt. / Kum. _____ S/o. _____
R/o. _____ bears a good moral character.

	Signature :
Place :	NAME :
Date :	Status :
	Postal Address :

DECCAN GRAMEENA BANK
MEDICAL EXAMINATION REPORT

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 :

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 DD

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 MM

1	9		
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 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 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 of yes. : Yes/No
 - c) Any history of feeling heart beats chest pain associated with sweating, spell of fainting, breathlessness at rest or chest discomfort discoloration of lips or nails on exercise, joint pains, swelling of legs or breathlessness disturbing your sleep. : Yes/No
 - d) Any history of passing blood or stones in the urine or burning during and after passing urine or difficulty in passing urine or any discharge after passing urine. : Yes/No
 - e) Any history of fits (convulsions) or Paralysis of any part of the body (i.e. any limb or face) or deviation of mouth. : Yes/No
 - f) Any history of allergy of skin or loss of sensation of any part of body or sense of hot and cold. Do you any time suffered with leprosy or discharge after urination. Ulcers or growths on private parts. Do you have more than one sex partners regular or occasional. : Yes/No
 - g) Have you suffered from defects in hearing or eye sight. Give details : Yes/No

Contd.....2

- h) Details of serious illness/injuries sustained by accident or otherwise. Give details : Yes/No
- i) Details of surgical operation undergone. : Yes/No
- j) Is there any other item in your medical history which you have not already mentioned? : Yes/No

7. FAMILY HISTORY:

- i) Heart disease and blood pressure. If yes relationship. : Yes/No
- ii) Chronic Cough with expectoration with weight loss (Tuberculosis). If yes relationship : Yes/No
- iii) Kidney disease. If yes relationship : Yes/No
- iv) Cancer. If yes relationship : Yes/No
- v) Any other serious ailments. If yes relationship : Yes/No
- vi) Diabetes. If yes relationship : Yes/No

8) FOR FEMALE CANDIDATES ONLY

- i) Menstrual History (Monthly Periods) : Regular / Irregular
- ii) First date of last menstrual period :
- iii) Any evidence of Pregnancy : Yes / No

I hereby declare that the above statements are correct to the best of my knowledge and that any incorrect/suppressed information will render me liable for termination of my services in the Bank.

Place :

Date :

(
SIGNATURE OF THE CANDIDATE
SIGNED IN MY PRESENCE
)

SIGNATURE OF THE MEDICAL EXAMINER

NOTE:

The candidate may please note that they would have no right to appeal against the decision of the Medical Examiner. If, however the Bank is satisfied on the basis of the evidence produced before it, of the possibility of an error of judgment in the decision of the Medical examiner, it is open to the Bank to allow an appeal to a Medical board which will be constituted by the Bank. Such evidence should however, be submitted by the candidate within one month of the date of communication in which the decision of the Medical Examiner is advised to him/her. If the setting up of the Medical Board is decided by the Bank the candidate will be called upon to deposit it 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.

DECCAN GRAMEENA BANK
MEDICAL EXAMINATION REPORT

Affix recent
passport size
photograph
duly attested
by Medical
Examiner

PART - II REPORT OF THE MEDICAL EXAMINER

Name of the Candidate :
Category of the Post :
1. General Development : Good _____ Fair _____ Poor _____
a) Nutrition : Thin _____ Average _____ Obese _____

□ □ □ □ 2 0 □ □

b) Best weight _____ Kg. when DD MM YYYY Height _____ Cms.

c) Any recent change in weight : _____ Kgs.

d) Temperature : Normal/Raised

e) Girth of chest

i) After full inspiration : _____ Cms

ii) After full expiration : _____ Cms

f) Identification Marks : ABM/Scar

: ABM/Scar

2. Skin : Any obvious disease : Yes/No

3. Ears : Inspection : Clear /Blocked

Hearing : Right Ear : Normal/Defective

Left Ear : Normal/Defective

4. Glands Normal/Enlarged : Thyroid Normal/Enlarged

5. Conditions of Teeth : All healthy & Intact missing cavity

6. Respiratory System : Normal/Abnormal

Does physical examination reveal : Yes/No
anything abnormal in the
respiratory organs ?

If yes, explain fully :

7. CIRCULATORY SYSTEM

a) Heart : Any organic lesions ? Yes/No

Pulse Rate : _____ Pmt

b) Blood Pressure : Systolic : _____ mm of Hg

Diastolic : _____

8. ABDOMEN : Girth _____ Cms Tenderness Present/Absent

Hernia _____

a) Palpable : Liver _____ Spleen _____

Kidney _____ Tumors _____

b) Hemorrhoids : _____ Fistula _____

9. NERVOUS SYSTEM : Indication of nervous or mental disabilities: Yes/No

10. Loco-Motor System: Any abnormality : Yes/No

11. Genito Urinary System: Any evidence of hydrocele varicocele etc.
: Yes/No

- a) Physical appearance : CLEAR / HAZY
- b) Albumin : ABSENT / PRESENT
- c) Sugar : ABSENT / PRESENT } Report Enclosed
- d) Casts : ABSENT / PRESENT
- e) Cells : WNL / ABNORMAL

12. Report of X-Ray Examination of Chest : Enclosed - NORMAL / ABNORMAL

13. Report of the Blood Exam/HIV Test : Enclosed - NORMAL / ABNORMAL

14. Report of Full Abdomen Ultrasound Test: Enclosed - NORMAL / ABNORMAL

15. Is there anything in the health of the : Yes / No
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:

*In the case of a female candidate, if it is found that the pregnancy is beyond 6 months, she should be declared as temporarily unfit. In case the pregnancy is less than 6 months, the female candidates should furnish a certificate from specialist gynecologist that her taking up Bank's employment at that stage is no way likely to interfere with her pregnancy or the normal development of the fetus, or is not likely to cause her miscarriage or otherwise to adversely affect her health.

*If there is any abnormal report, further investigation may be advised.

SIGNATURE OF THE MEDICAL EXAMINER.

PLACE: NAME :

DATE: DESIGNATION :

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

REPORT BY THE OPHTHALMOLOGIST:

i) Name of the patient :

ii) Category of the post :

Acuity of Vision	Naked Glasses	With Glasses	Strength of Glasses		
			Sph	Cyl	Axis
Distant Vision R.E. L.E.					
Near Vision R.E. L.E.					
Hypermetropia (Manifest) R.E. L.E.					

- 1) Any disease of the eyes :
- 2) Night blindness :
- 3) Defect in colour vision :
- 4) Field vision :
- 5) Visual acuity :
- 6) Fundus examination :

PLACE :

DATE :

SIGNATURE OF THE
OPHTHALMOLOGIST
WITH SEAL.