

 KDCCB <small>(Regd.No.21520)</small>	THE KARIMNAGAR DISTRICT COOPERATIVE CENTRAL BANK LTD., KARIMNAGAR OUR VISION: RURAL PROSPERITY	 International Year of Cooperatives <small>Cooperatives Build a Better World</small>
	SIKHWADI, OPP-I-TOWN POLICE STATION, KARIMNAGAR-505001 RBI LICENCE NO: RPCD. (H) COOP/8/05.08.03/2011-12, dt.28.11.2011 Fax 0878-2262192 Email: kardccb@gmail.com , Our website: https://karimnagardccb.org	

“Notification for verification of documents of the provisionally selected candidates”

The provisionally selected candidates for the post of Staff Assistant in Karimnagar DCCB are advised to appear for verification of documents on the date and time indicated in the following table at **Karimnagar DCCB Head Office**.

S. No. of Candidates in Select List	Reporting Date	Reporting Time
1 to 21	27.02.2026	10.30 AM
22 to 43		2.30 PM

The following documents are to be produced in **original** along with the **Medical report** of the Pre-recruitment Health Check-up, in prescribed format (**Form D attached**) from the Doctor **not below the rank of Assistant Civil Surgeon** at the time of verification:

1. **Online Application form;**
2. **Identity Proof** (identity cards / address proof documents *issued by State or Central Agencies, Statutory bodies, such as PAN Card, Voter ID, Aadhar Card, Driving License, etc.*);
3. **Proof of date of birth – SSC Memorandum;**
4. **Educational qualifications;**
5. **Proof for specified local area of Telangana region – School bonafide certificates.**
6. **Caste/Community/Non-Creamy layer Certificate, wherever applicable;**
7. **Income & Asset Certificate in case of EWS candidates;**
8. **Experience, if any;**
9. **Proof in support of physically challenged/handicapped, if claimed.**
In case of physically challenged candidates, they would be referred to the State Government Medical Board, Hyderabad, for medical examination of their disability, and the appointment in the post would be confirmed only upon receipt of the medical report confirming their disability at prescribed levels as indicated in the notification;
10. **Proof in support of Ex-servicemen viz., Military Service Discharge Book & Ex-serviceman Identity Card** (applicable to candidates selected for the post under EXS quota);
11. **Three Passport size Photographs.**
12. **PACS candidates shall submit their Service Register** duly certified by the DCO/ CEO of the DCCB concerned, as the proof of service.

NOTE

The Bank reserves the right to call for verification of documents/certificates or information furnished in the application with the Competent authorities to establish their genuineness.

The candidates are advised to submit self-attested Photostat copies of all the above documents at the time of verification.

It may be noted that the date of birth once furnished is final and unalterable under any circumstances. No claim of change of date of birth subsequently, would be entertained under any circumstances.

Biometric data (thumb impression and photograph) will be captured at the time of verification.

It may be noted that, failure to report for verification of documents on the date and time mentioned above entails to disqualification of the candidature for the post.

Dt.18.02.2026

**Sd/-
Chief Executive Officer**

FORM – D

MEDICAL CERTIFICATE

CERTIFICATE OF PHYSICAL FITNESS

I have carefully examined Mr./Mrs./Ms. _____ a candidate for employment in **Karimnagar** DCCB service as _____ and cannot discover that he/she has any disease communicable or other-wise constitutionally affliction or bodily infirmity except that his/her weight is in excess/below of the standard prescribed or except _____.(I do not consider this as disqualification for the employment he/she seeks).

I do further certify that in my opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties and executive service.

His/her age is according to his/her own statement _____years and by appearance about _____years. I also certify that he/she has marks of small pox vaccination.

Chest measurement in Cms.

On full inspiration:

On full expiration:

Height _____

Weight _____

His/her vision is normal _____

Hypermetropia _____.

(Enter the degree or defect and the strength of correction glasses)

Myopic _____

(Enter the degree of defect and the strength of correction glasses)

Astigmatic (Simple or mixed) _____

(Enter the degree of defect and the strength of correction glasses)

Hearing is normal/ defective (much or slight)

Urine: Chemical examination show (i) Albumin, ii) Sugar state (specific gravity).

Personal Identification marks:

1.

2.

Signature of the Medical Officer with seal