

F.No.21011/15/2010-Estt.(Allowance)
Government of India
Ministry of Personnel, Public Grievances & Pensions
Department of Personnel & Training
* * *

New Delhi, 5th April, 2016.

Office Memorandum

Subject: Modernization of Service Book

The undersigned is directed to state that there is a proposal to modernize the Service Book to make it user friendly. The proposed format of the Service Book is annexed herewith.

2. All Ministries/Departments are requested to offer the comments, if any, within 15 days of this O.M.

Encl: As above



(Mukul Ratra)

Director

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To
All Ministries/Departments of Govt. of India

PERSONAL INFORMATION

Name (Mr./Ms)	
Designation	

PHOTOGRAPH

(Attested by Head of office before pasting)

1	2	3
At the time of appointment	After completing 18 yrs of service	12 months before the date of retirement.

1.	Aadhar Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>UPLOAD</i>	
2.	Father & Mother's Name	Mr. <input type="text"/>									Ms. <input type="text"/>	
3.	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select from calendar	
		DATE	MONTH	YEAR								
4.	Date of Superannuation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select from calendar	
		DATE	MONTH	YEAR								
5.	Nationality	<input type="text" value="INDIAN"/> <input type="text" value="NEPALESE"/> <input type="text" value="BHUTANESE"/>		Upload Eligibility certificate if citizen of Nepal/Bhutan								
6.	Whether belongs to SC/ST/OBC	<input type="text" value="Yes"/> <input type="text" value="No"/>		<i>(information not available in Aadhaar)</i>								
	If yes	<input type="text" value="SC"/> <input type="text" value="ST"/> <input type="text" value="OBC"/>		<i>UPLOAD certificate</i>								
7.	Whether differently-abled	<input type="text" value="Yes"/> <input type="text" value="No"/>										
	If yes, type of disability	<input type="text"/>								<input type="text"/>		
8.	Qualifications:											
	At the time of appointment	<input type="text"/>								<input type="text"/>	<i>UPLOAD certificates</i>	
9.	Subsequently acquired	<input type="text"/>								<input type="text"/>	<i>UPLOAD</i>	

	qualification(s) including Professional & Technical qualifications.	<i>certificates</i>									
10.	Marital Status	<table border="1"> <tr><td>Single</td><td></td></tr> <tr><td>Married</td><td></td></tr> <tr><td>Divorced/ Separated</td><td></td></tr> <tr><td>Widow/widower</td><td></td></tr> </table>	Single		Married		Divorced/ Separated		Widow/widower		Upload Declaration regarding bigamy.*
Single											
Married											
Divorced/ Separated											
Widow/widower											
	If married, Name of Spouse	Mr. _____	Ms. _____								
11.	Permanent Address	<hr/> <hr/> <hr/> <i>Pin code:</i> _____									
12.	Communication Address	<hr/> <i>Pin code:</i> _____ <i>Mobile No.</i> _____ <i>Alternate mobile No.</i> _____ <i>Email</i> _____ <i>Alternate email</i> _____									
13.	Home Town at the time of entry into Govt service	<hr/> <hr/> <hr/> <i>Nearest Railway Station:</i> _____ <i>Nearest Airport</i> _____									
	Subsequent Change of Home Town, if any	<i>Upload Order</i>									

UPLOAD

(Signature along with left hand thumb impression of Govt. Servant with date)

UPLOAD

(Signature & Designation of Attesting Officer along with date and official seal affixed)

*(as per CCS (Conduct) Rules, 1964)

**CERTIFICATE ATTESTATION
(IMMUTABLE)**

SL. NO.	SUBJECT	CERTIFICATE	
1.	Medical Examination.	The employee was medically examined on _____ and found fit. The original medical certificate has been kept in safe custody <i>vide</i> Sl. No. _____ & Page No. _____ of Vol. II of the Service Book.	UPLOAD Medical certificate
2.	Character & Antecedents.	His/Her character and antecedents have been verified and the verification report has been kept in safe custody <i>vide</i> S. No. _____, page No. _____ of Vol. II of the Service Book.	UPLOAD (Police verification report)
3.	Allegiance to the Constitution.	He/She has taken the oath of allegiance/affirmation to the Constitution <i>vide</i> S. No. _____ & Page. No. _____ of Vol. II of the Service Book.	UPLOAD (Filled form duly attested by Head of Office)
4.	Oath of secrecy.	He/She has read the Official Secrets Act & Central Civil Services (Conduct) Rules and has also taken the oath of secrecy <i>vide</i> S.No. _____ Page. No. _____ of Vol. II of the Service Book.	UPLOAD (Filled form duly attested by Head of Office)
5.	Confirmation in post after successful completion of probation period	The employee has been confirmed in the post of _____ w.e.f. _____. A copy of the confirmation order has been filed at Sl. No. _____ page No. _____ of Vol.II of the Service Book.	UPLOAD

**FAMILY PARTICULARS & NOMINATIONS
(MUTABLE)**

SL. NO.	SUBJECT	CERTIFICATE
1.	Family particulars	UPLOAD Family declaration form
2.	GPF/PRAN Account No	_____
3.	Original Nominees/ alternate nominees for GPF/PRAN	Upload (Filled forms duly attested by Head of Office)
4.	Nomination for DCR Gratuity & Family Pension	UPLOAD (Filled forms duly attested by Head of Office)

PART – 5

LEAVE RECORD

Earned Leave (EL)

Half year wise

Credited on 1 st January _____	Debited	Balance	Credited on 1 st July _____	Debited	Leave encashment for LTC, if any	Balance
					Upload Order	

Half Pay Leave (HPL)

Credited 1 st January _____	Debited	Balance	Credited on 1 st July _____	Debited	Balance

Child Care Leave (CCL)

Total 730 (days)	Debited (spells, Calendar year wise)	Balance

Maternity Leave

	Leave availed		
	From	To	Total number of days
Total Leave 180 days (for the first child)			
Total Leave 180 days (for the 2 nd child)			

Paternity Leave

	Leave availed		
	From	To	Total number of days
Total Leave 15 days (for the first child)			
Total Leave 15 days (for the 2 nd child)			

Whether any other kind of leave availed: Yes/No

If yes, details _____ (upload order)

DETAILS OF LEAVE TRAVEL CONCESSION AVAILED

Two /four year LTC/Home Town for Block Year _____ (Block Year-wise) Block-year Calendar						
Sl. No.	Name	Relationship	Age(yrs)	Place of visit	Whether availed ten days leave encashment	Upload Sanction Order
1.						
2.						
3.						
4.						

LTC Journey commenced on _____ Bill No. & Date _____

HOUSE BUILDING ADVANCE (HBA)

(In chronological order)

Amount Sanctioned (Rs)		UPLOAD SANCTION ORDER
No. of installments		
Sanction Order Nos. & Date		
Subsequent HBA		
Amount Sanctioned (Rs)		UPLOAD SANCTION ORDER
No. of installments		
Sanction Order Nos. & Date		

PART-8

CENTRAL GOVERNMENT EMPLOYEES' GROUP INSURANCE SCHEME (CGEGIS)

Date of joining Govt. service	Date of admission to the CGEGI Scheme	Group to which Admitted	Rate of Monthly contribution (Rs)	Period		Remarks
				From	To	
1	2	3	4	5	6	7
						Subscription @_____ appropriate to Group of the Scheme recovered from pay and allowances for the period from Jan. _____ to Dec. _____
						Subscription @_____ appropriate to Group of the Scheme recovered from pay and allowances for the period from Jan. ____ to Dec. ____

PART – 9

COMMENTS OF INTERNAL AUDIT

Date of Verification	Comments of Internal Audit	Signature of Audit Officer	Details of compliance of Observations of Audit by Head of Office
1	2	3	4