

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

New Delhi, 5<sup>th</sup> April, 2016.

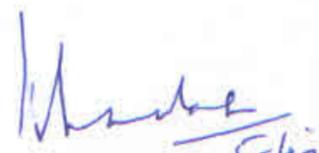
Office Memorandum

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



	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	_____ _____ <i>Pin code:</i> _____									
12.	Communication Address	_____ <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	_____ _____ <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)**

<b>SL. NO.</b>	<b>SUBJECT</b>	<b>CERTIFICATE</b>
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)**

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

Half year  
wise

**Half Pay Leave (HPL)**

Credited 1 <sup>st</sup> January _____	Debited	Balance	Credited on 1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>nd</sup> 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