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

5-4-2016

(Mukul Ratra)
Director
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To
All Ministries/Departments of Govt. of India

PART – 1

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

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

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)

PART-2

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 *vide* 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 *vide* 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 *vide* 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 *vide* 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

PART-3

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 - 4

Details of Service

Sl. No.	Ministry/ Deptt/ Org.	Period		Post Held	Pay	Additions to Pay	Details of leave salary/ pension contribution in case of Foreign service	UPLOAD (Relevant documents/ Orders, including those pertaining to previous qualifying service)
		From	To					

PART – 5

LEAVE RECORD

Earned Leave (EL)

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

Half year wise

Half Pay Leave (HPL)

Credited 1st January _____	Debited	Balance	Credited on 1st 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 2nd 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 2nd child)			

Whether any other kind of leave availed: Yes/No

If yes, details _____(upload order)

PART – 6

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 _____

PART – 7

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