



GANDHI INSTITUTE FOR TECHNOLOGY (GIFT)
BHUBANESWAR

SERVICE BOOK OF :

Name : _____

Designation : _____

Department : _____

Affix self
attested
Passport size
photograph

1. **Name:** _____
2. **Gender:** _____
3. **Father's/Husband's Name and Residence:** _____
4. **Address**
Permanent: _____

Present: _____

5. **Date of Birth:** _____
6. **Educational Qualifications:** _____
7. **Teaching/ Research/ Industry/ Experience:** _____
8. **Date of Appointment/ Joining:** _____
9. **Personal Mark of Identification:** _____
10. **Blood Group:** _____
11. **Marital Status:** _____ **On Date:** _____
12. **Left Hand thumb impression of Employee**

Thumb Impression



13. **Signature of the Employee** _____
14. **Signature and Designation of the competent Authority** _____

Date :

Principal
GIFT, Bhubaneswar

Designation	Scale of Pay	Whether Regular/ under Probation	Pay Allowances	Officiating Allowances	Date of Appointment
1	2	3	4	5	6

Date of Increment	Signature and designation of the Appointing Authority	Reference to any specifically recorded reward/ Appreciation/ censure/ Punishment to the employee
7	8	9

Name:.....

Date of Commencement of continuous Service.....

FORM OF LEAVE ACCOUNT

AND ON MEDICAL CERTIFICATES

LEAVE TAKEN

Leave on Private Affairs on medical certificate			Leave taken on account of maternity ground				Signature of the Leave Sanctioning Authority
From	To	No. of Days	From	To	No. of Days sanctioned	No. of Days LOP/ or adjustment with C.L.	
10	11	12	13	14	15	16	
							17