

# "FORM BB"

[See Rule 10 (1) A]

## S E R V I C E R E C O R D

- 1) Name of the Establishment :
- 2) Name of Employee :
- 3) Name of the Father / Husband :
- 4) Age :
- 5) Full residential address :
- 6) Sex :
- 7) Date of entry into service :
- 8) Category/Designation :

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| 9) Pay | D.A. | Other emoluments |
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- 10) Date of Retrenchment / Discharge / Dismissal / Retirement / Resignation
- 11) Signature of the employee
- 12) Signature of the employer
- 13) Countersignature of the Inspector

Note : Whenever there is change in designation and wages, the changes shall be noted in columns 8 and 9 respectively with the date of such changes.