



You Choose, We Do It

St. JOSEPH'S COLLEGE OF ENGINEERING
(An Autonomous Institution)

St. Joseph's Group of Institutions

OMR, Chennai - 119

EMPLOYEE SERVICE REGISTER

Name of the Staff : _____

Department : _____



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Section - I

Bio – Data of the Employee

Passport Size
Photograph

1	Name (In Block Letters)	
2	Community (OBC/ BC/SC/ST/Others)	
3	Date of Birth (In Christian Era)-	
4	Name of the Father / Husband	
5	Permanent Address with Mobile/ Telephone No.	
	Present Address with Mobile/ Telephone No.	
6	Email ID :	
7	Place of Birth	
8	Mother - tongue	
9	Languages known	Speak : Read : Write :

10	Passport Details	
11	Aadhar Card No	
12	PAN card No	
13	Employer Id No	
14	Blood Group	
15	Educational Qualification at the time of appointment	
16	Identification Marks	
17	Name of the post to which initially appointed and name of the department	

I do hereby declare that the above particulars are correct to the best of my knowledge

Place :

Signature of the Employee

Date :

Signature

Head of the Institution

Section – IV

Part A

Abstract of details of post held

Name of the post	Dept.	Date of assumption of charge	Date of Promotion	Length of Service	Approval by Principal

Section – IV

Part B

Details of post held at other organizations

(Details of post held at other organizations)

Name of the post	Dept.	Name of the organization with address	Length of Service	Approval by Principal

Section - V

Details of Faculty Improvement Program

(Workshop/ Conference/ Seminar/ STTP / FDP/ Summer or Winter Schools)

S.No.	Program (Type & Title)	Name and Address of the Institution	Period / Duration of Training	Signature of the staff	Attestation by HOD

S.No.	Program (Type & Title)	Name and Address of the Institution	Period / Duration of Training	Signature of the staff	Attestation by HOD

Section - VI

Details of Fund Received

(Details of fund received from various funding agencies)

S.No.	Date of project received	Name of the funding Agency	Title of the Program	Duration of the program	Amount Sanctioned	Attestation by HOD

Section VII

Details of Intellectual Property Rights

(Details of Patent, copyright, design patent, etc. Published/ Granted)

S.No	Patent Application/ Publication No	Inventor/ Applicant Name	Title of the Patent	Date of Patent Published/ Granted	Assignee/s Name (Institute Affiliation/s)

Section – VIII Part C

Details of Publications – Books/ Book Chapters

(Details of books and book chapters publications)

S N	Title of the Book	Date of Publication	Name of the Publisher/ Journal	Contribution in the book

Section – IX Part A

Details of Professional Activities

(Details of various position held in professional activities)

S N	Position held	Name of the Organization	Duration

Section – IX Part B

Awards, Prizes and recognitions received

(Details of awards, prizes and recognitions received by faculty)

S N	Details of the award/ prize / recognition	Date received	Awarding agency

Section – IX Part C

Details of Invited Lectures/ Resource Person

(Details of invited lectures in conferences/workshops/seminars)

S N	Details of the Organizing Institution	Date of lecture	Details of Refresher courses/Orientation courses/Seminars/Workshops/Conferences

Section – IX Part D

Details of Reviewers, Editorial board members (Details of Editorial board members and reviewers in journals)

S N	Name of the Journal	Publisher	Details

Section – X

Details of Online / Refresher courses (Details of online /refresher courses like NPTEL, Coursera, Udemy, etc)

S N	Title of the course	Awarding agency	Date of completion

Section - XIII

Details of Promotions

Name of the Post held	Experience in our college	Total years of experience	Date of appointment	Date of Promotion	Details of promotion	Basic Pay	Scale of Pay	Attestation principal

Section - XIV

Service Verification

Period upto which service verified	Attestation by Head of office	Signature of Employee (Signature to be obtained whenever the employee leaves the organization)

Section - XV

DETAILS OF FAMILY

Name of Employee :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of the family as on _____

Sl. No	Name of the family member	Date of Birth	Relationship with the employee	Initials of head of office	Remarks
1.					
2.					
3.					
4.					
5.					
6.					

I hereby undertake to keep the above particulars up to date by notifying to the head of office any addition or alteration.

Signature of the Employee

Place:

Dated the _____

* Family for this purpose means:

(a) Wife, in the case of a male employee

(b) husband, in the case of a female employee

(c) sons below eighteen years of age and unmarried daughters below 21 years of age, including such son or daughter adopted legally before retirement; and

(d) parents, in the case of unmarried employee



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