

Month: \_\_\_\_\_ Name: \_\_\_\_\_

Joining date in this office: -----/-----/-----

Joining date in the organization: -----/-----/-----

Confirmation/Increment date: -----/-----/-----

Present address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Date of birth: -----/-----/----- Age: \_\_\_\_\_ (year)

Personnel file no. in Principal Office: \_\_\_\_\_

Blood group: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Name of *Jamindar*: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

Leave status	Last year carry	Previous month	Reporting month	This year cumm
Annual leave				
Medical leave				
Station leave				
Late attendance				
Unauthorized leave				
Others				

Date	Day	Day start		Day close		Supervisor's comments and signature
		Time	Signature	Time	Signature	
1						
2						
3						
4						
5						
6						
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28						
29						
30						
31						

Signature, date and seal of AM:

After three months it will be preserved in the duplicate personnel file in field level.

