FORM 'H'

[See sub-rule (4) of rule 6]

Modification or nomination

Give here name or description of the establishment with full address]		
I, Shri/Shrimati/Kumari		
[Here give details of the modifications intended]		
Statement		
 Name of the employee in full Sex. Religion. Whether unmarried/married Department/Branch/Section Post held with Ticket No. or Date of Appointment. Address in full. 	d/widow/widower. n where employed.	
Place Date		Signature/Thumb impression of the employee
	Declaration by witnesses	
Certified that the above modification have been recorded.		
Employer's reference No., if an	y.	Signature of the employer/ Officer authorised Designation Name and address of the Establishment or rubber Stamp thereof.
Acknowledgement by the employee		
Received the duplicate copy Duly certified by the employer.	of the notice for modification in F	orm 'H' filed by me on
Date		Signature of the employee
Note: Strike out the worlds not a	applicable.	