## FORM H

## [See sub-rule (4) of rule 6] MODIFICATION OF NOMINATION

To		N OF NOMINATI	
(Give here n I, shri/sh particulars are giv by me on	name or description of the estanrimati/Kumariven in the statement belo	(Nan w, hereby give no recorded	ne in full here) whose tice that the nomination filed under your reference
(Here give d	letails of the modifications int	ended)	
2. 3. 4. 5. 6. 7.	STA Name of employee in for Sex. Religion. Whether unmarried/man Department/Branch/Sec Post held with Ticket on Date of appointment. Address in full.	ried/widow/widov tion where employ	yed.
PlaceDate			Signature/Thumb-impression of the employee.
Modificati	ion of nomination signed	-	
1 2			1 2
Place			
	CERTIFICATE I	BY THE EMPLOY	YER
Certificate	that the above modifica	tions have been re	corded.
Employer <sup>3</sup>	's Reference No., if any.		

Signature of the employer/officer authorised.

Designation.

Name and address of the establishment Or rubber stamp thereof

## ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in certified by the employer.	Form H filed by me and duly
Date	Signature of the employer.
Note,- strike out the words and paragraphs not applicable.	