..... RAILWAY CM257

RESERVATION/CANCELLATION REQUISITION FORM

If you are a Medical Practitioner
Please tick ( ) in Box Dr. ☐
(You could be of help in an emergency)

Train No & Name _____ Date of journey_____
Class _____ No of Berth/Seat_____
Station from _____ To _____
Boarding at _____ Reservation upto _____

S.No.	Name in Block letter(not more than 15 chars)	Sex(M/F)	Age	Concession/TravelAuthority No.	Choice if any
1.					Lower/Upper berth Veg./Non-veg. Meal for Rajdhani/ Shatabdi Express Only
2.					
3.					
4.					
5.					
6.					

CHILDREN BELOW 5 YEARS (FOR WHOM TICKET IS NOT TO BE ISSUED)

S.No.	Name in Block Letters	Sex	Age

ONWARD/RETURN JOURNEY DETAILS

Train No. & Name_____ Date _____
Class _____ Station from:_____ To_____
Name of applicant _____
Full Address _____
_____
_____

Signature of the Applicant/Representative

Telephone No., if any _____ Date _____Time _____

FOR OFFICE USE ONLY

S.No. of Requistion_____ PNR No._____
Berth/Seat No._____ Amount collected _____

_____
Signature of Reservation Clerk

Note : 1.Maximum permissible passengers is 6 per requisition.
2. One person can give one requisition form at a time.
3. Please check your ticket and balance amount before leaving the window.
4. Forms not properly filled or in illegible forms shall not be entertained.
5. Choice is subject to availability