

OP/T 117A

**E. C. RAILWAY**

CM-257

**RESERVATION / CANCELLATION REQUISITION FORM**

- (I) If you are a Medical practitioner please tick (✓) in box (You could be of help in an emergency) DR.
- (II) If you want Sr. Citizen concession, please write Yes/No in box (If Yes, please carry a proof of age during the journey to avoid inconvenience of penal charging under extant Railway Rules.)
- (III) Do you want to be upgraded? write "Yes"/"No" in the box (If this option is not exercised, full fare paying passengers may be upgraded automatically).

Train No. &amp; Name \_\_\_\_\_ Date of Journey \_\_\_\_\_

Class \_\_\_\_\_ No. of Berths/Seats \_\_\_\_\_

Station From \_\_\_\_\_ To \_\_\_\_\_

Boarding at \_\_\_\_\_ Reservation Upto \_\_\_\_\_

Sl. No.	Name in Block letters (Not more than 15 letters)	Gender M/F	Age	Concession/Travel Authority No.	Choice, if any
1.					Lower/Uper Berth
2.					
3.					Veg./Non-Veg. (for Rajdhani/ Shatabdi Express Only)
4.					
5.					
6.					

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

Sl. No.	Name in Block Letters	Gender M/F	Age
1.			
2.			

**ONWARD/RETURN JOURNEY DETAILS**

Train No. &amp; Name \_\_\_\_\_ Date of Journey \_\_\_\_\_

Class \_\_\_\_\_ Station From \_\_\_\_\_ To \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Full Address \_\_\_\_\_  
Signature of the passenger or  
authorized representative

Telephone No., If Any \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

S. No. of Requisition \_\_\_\_\_ P. N. R. 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 & balance amount before leaving the window. 4. Forms not properly filled in or illegible shall not be entertained. 5. Choice is subject to availability. 6. Passengers booked on single ticket may or may not get compact accommodation in the upgraded class.

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