

..... 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/Travel Authority No.	Choice if any
1.					Lower/Upper berth
2.					
3.					Veg./Non-veg. Meal for Rajdhani/Shatabdi Express Only
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 Requisition \_\_\_\_\_ 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