

..... RAILWAY C.M.257
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/Seats.....
 Station From.....To.....
 Boarding at.....Reservation upto.....

S. No	Name in Block letters (not more than 15 letters)	Sex M/F	Age	Concession/Travel Authority No.	Choice if any
1.					LB/UB Berths
2.					
3.					Veg./ Non-Veg. Meal for Rajdhani/ Shatabdi Express only
4.					
5.					
6.					

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 OFFICIAL 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 & balance amount before leaving the window.
 4. Forms not properly filled in or illegible shall not be entertained.
 5. Choice is subject to availability.

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