

..... RAILWAY CM257
RESERVATION/CANCELLATION REQUISITION FORM

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

Dr.

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.					
4.					Veg./Non-veg. Meal for Rajdhani/Shatabdi
5.					
6.					
					Express Only

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