### RAILWAY RESERVATION/CANCELLATION REQUISITION FORM

If you are a Medical Practitioner
Please tick (✓) in Box
(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: ____________

<table>
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<tr>
<th>S. No</th>
<th>Name in Block letters (not more than 15 letters)</th>
<th>Sex</th>
<th>Age</th>
<th>Concession/Travel Authority No.</th>
<th>Choice if any</th>
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<td>LB/UB Berths</td>
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<td>Veg./Non-Veg. Meal for Rajdhani/ Shatabdi Express only</td>
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### 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.