

EAST COAST RAILWAY

This application should reach the Pass Issuing Office at least days before the pass is required for use.

Department : Office :

Application for Class Duty/School/Privilege/Complimentary Pass over Home/Foreign line.

1. Name of the Applicant :
(Block Letter) Ticket No.
2. Designation : 3. Department :
3. Rate of Pay : P.M.
4. (a) Date of Appointment
(b) Whether Service continuous

- | | |
|--|---|
| 6. From Station
To Station
Via | 10. From Station
To Station
Via |
| 7. Break Journey at | 11. Break Journey at |
| 8. Available from
To | 12. Available from
To |
| 9. Persons for whom pass is required
(a) Self
(b) Family Members Age
(i)
(ii)
(iii)
(iv) | 13. Persons for whom pass is required
(a) Self
(b) Family Members Age
(i)
(ii)
(iii)
(iv) |
| (c) Dependent Relatives Age
(i)
(ii)
(iii)
(iv) | (c) Dependent Relatives Age
(i)
(ii)
(iii)
(iv) |

14. I certify that the dependent relatives to be included in the pass are members of my household, entirely dependent on me for their means of subsistence and residing with me.

15. I am aware of the penalties to which I am liable for the misuse of passes.

Station :

Dated

Signature or LTI of Applicant

- State in case of mother. If widow and in the case of sister, if widow or unmarried and of brother if under 21 years. Also state whether father is alive or not.

No.

Date.

Forwarded to For compliance. The above entries have been duly checked.

The application has taken* Local
Foreign sets of Privilege / School / Complimentary pass during the current year and has been sanctioned leave fromto

Sanctioned

Office Station Signature

Signature Designation

Designation Date

No.

Date.

Class Pass No.

Dated Issued

Signature

Designation

Signature or LTI of recipient

To be filled in words and not by cross marks.