

**APPLICATION FOR PRIVILEGE TICKET ORDER**

I HEREBY apply for single return journey ticket /tickets as below subject on the railway's regulations and conditions relating to privilege tickets and declare that it is / they are for the use of person /persons mentioned below:-

S No	Description of persons for whom tickets are required	Number of tickets required	Class in which entitled	From	To	Route	Date From which Required
<b>FULL TICKETS, ALL 10 YEARS AND OVER</b>							
	1. Self 2. Wife/ wives /Husbands 3. Daughter or step-daughter or adopted daughter unmarried widowed or widowed daughter-in-law. 4. Daughter or step-daughter or adopted daughter married under 18 years. 5. Son or step-son or adopted son, under 25years. 6. Son or step-son or adopted son, over 25years attending school or college or invalid son over 25( on appropriate certificate). 7. Mother or step-mother, widowed. 8. Sister or step-sisters, unmarried / widowed 9. Brother or step-brothers under 21years. 10. Father/Mother or step mother *aged /+in valid or +in the firm. 11. Attendant						
<b>HALF TICKETS-ALL OVER 3 AND UNDER 10 YEARS.</b>							
	1. Daughter or step-daughter or adopted daughter 2. Son or step-son or adopted son. 3. Sister or step-sisters, unmarried / widowed. 4. Brother or step-brothers						

1.Certify that the relatives for whom privilege ticket/tickets are required are residing with and wholly dependent upon me (and no other brother /sisters of mines is obtaining privilege ticket orders fro this dependents relative/these dependent relatives)

Name \_\_\_\_\_  
 Signature of the applicant \_\_\_\_\_  
 Father's Name \_\_\_\_\_ B.S \_\_\_\_\_  
 Designation \_\_\_\_\_ Date \_\_\_\_\_  
 Pay \_\_\_\_\_ Station employed at \_\_\_\_\_  
 Department \_\_\_\_\_ Date of appointment \_\_\_\_\_  
 Section \_\_\_\_\_

\* Age over 60 years. +on approximate certification by D.M.O or A.M.O

We certify to our knowledge, the parties for whom privilege ticket orders are as described on reverse.

Signature \_\_\_\_\_  
 (Immediate Superior)  
 Designation \_\_\_\_\_  
 Department \_\_\_\_\_

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Department \_\_\_\_\_

Certified that the applicant has had \_\_\_ P.T.O's for dependent relatives / other than dependent relatives during the year Sanctioned.

**Issuing Officer,**

**Pass Clerks.**

P.T.O's Nos \_\_\_\_\_ Issued and noted on index card on \_\_\_\_\_

Signature of thumb Impression of Dependent if at the same station Choose it is issued.

} \_\_\_\_\_