

**COMPLIMENTARY PASS FOR WIDOWS OF RAILWAY EMPLOYEES.**

(First Application Form)

- 1. Name of the applicant :
- 2. Name of the deceased employee :
- 3. Desig. Of the employee :
- 4. Date of Birth of the employee :
- 5. Date of appointment of the deceased employee :
- 6. Name of the office where the Employee was working prior to his demise :
- 7. Date of demise & retirement of the Employee :
- 8. Details of dependent children :

S.No.	Name of the dependent	Age & DOB	Relationship
1.			
2.			
3.			
4.			

- 9. Class of pass admissible :
- 10. Present address :
- 11. Details of Cash receipt and Demand Draft :
- 12. Certified that I has not applied for widow complimentary pass earlier not I have taken widow complimentary pass or registered my name at any other office/unit.

Signature / LTI of the widow

**CERTIFICATE**  
(To be given by serving Rly, Employee)

Certified that the information given above is correct to the best of my knowledge and belief.

Signature :  
Designation:  
Office:

Signature:  
Designation:  
Office: