APPLICATION FOR ISSUE OF RAILWAY IDENTITY CARD FOR PHYSICALLY CHALLENGED PERSONS FOR TICKETING

NAME OF THE APPLICANT				
DATE OF BIRTH				
GENDER				
ADDRESS				
NAME OF THE GOVT. HOSPITA	AL/CLINIC/			
INSTITUTION	AL/CLINIC/			
ADDRESS OF THE GOVT. HOS CLINIC / INSTITUTION	PITAL /			
NAME OF DOCTOR ISSUING CERTIFICATE				
REGISTERATION No. OF THE ODOCTOR/PERSON ISSUING CERTIFICATE	GOVT.			
NATURE OF HANDICAP				
PHON NO.:	LAND:		CELL:	
Date :				

Signature of the applicant

LIST OF MANDATORY ENCLOSURES:

Place:

- Concession Certificate copy self attested
 Photo identity proof copy self attested
 Date of Birth proof copy self attested
 Address proof copy self attested
 Passport size photos TWO