

HRMS
(PRCP)RETIRED EMPLOYEES

PPO NO (NEW)

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EMPLOYEE NAME:
(AS PER PPO BOOK) _____

Gender: MALE//FEMALE

PENSION HOLDER NAME: _____

PAY LEVEL (RETIRE EMPLOYEE): _____

RETIRED EMPLOYEE TYPE ("√") : Gazetted Non-Gazetted

RETIRED EMPLOYEE SERVICE YEAR: ("√"):

More than 20years , Less than 20years

MOBILE NO:

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Document Given:

- 1) Photo Of Self And All Dependents & Family Members For Pass.
- 2) Rly. ID Card.
- 3) Pension slip.
- 4) Last Issued Pass /Or/ Manual Pass Declaration.

Employee /Or/ Pension Holder Signature

FOR OFFICE USE ONLY:

Pass Type	PASS YEAR	AVAILED PASS		Passes deducted (DAR/Quarter Retention)	
		FULL SET	HALF SET	FULL SET	HALF SET
POST RETIREMENT COMPLEMENTARY PASS/WIDOW PASS	2020				

(All Retired Staff are hereby requested filling above form and forward to Pass Clerk.)

HRMS
(PRCP)RETIRED EMPLOYEES

MANUAL PASS DECLARATION DECLARATION FORM FOR RETIRED EMPLOYEE (PENSIONER)

1. Name :
2. Office from which Retired :
3. Designation on Retirement :
4. Date of Appointment :
5. Date of Retirement :
6. Whether Service Confirmed :
7. Period of Service from : To
8. Last pay draw :
9. Class of Staff :
10. Class of Pass entitled :
11. Whether confirmed, if not period of Officiating, indication the date :
12. Reason for leaving Service :
13. No. of privilege Passes taken prior to Retirement:
14. Date of vacation of Railway Quarter (True copy of vacation memo):

15. Pass AC/No _____ Index No _____

16. Present Address :

17. Family Member :

Sl. No	Name	Relationship	Date of Birth
1.			
2.			
3.			
4.			
5.			

(In case of daughter, whether Married should be stated)

I certify that above entries are correct

Date:

Signature of:

1. _____ 2. _____ 3. _____

Signature in full

Signature and designation of Attesting officer.

(Enclosed one attested copy of the original Service Certificate)

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MANUAL PASS DECLARATION FOR WIDOWS (FAMILY PENSIONER) OF RAILWAY EMPLOYEES

1. Name of the Applicant (In BLOCK letters) :
2. Date of Birth of the Applicant :
3. Name of the employee (deceased) :
4. Designation of the employee (deceased) :
5. Name of the Office :
(where the employee was working prior to demise)
6. Date of demise of the employee :
7. Details of dependent children :

Srl. No	Name	Age as on	relationship

8. Class of pass admissible (Demise/Retirement):
9. Present address :

10. Contact Number/Mobile Number :

Signature/Left Thumb Impression
of the widow

CERTIFICATE

(To be given by serving Railway employee)

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

Signature of the Rly.Employee

Signature of the Rly. Employee

Name : _____

Name : _____

Designation : _____

Designation : _____

Office: _____

Office : _____

Emp. No _____

Emp. No _____

Signature and designation of Attesting officer.

With Office stamp.

Signature of issuing Authority

With Office stamp.

Note :- 1. Attested photocopy of PPO Book. 2. Death Certificate photocopy.

(All Retired Staff are hereby requested filling above form and forward to Pass Clerk.)