

REGISTRATION FORM

To be filled by Principal Agents members requesting for Online Booking through

www.irctc.co.in / Webservices Portal

[Soft Copy]

Mandatory

Company Name *		M/S	
Person Representing Company			
First Name *			
Middle Name			
Last Name *			
Date Of Birth *			
Office Address * as verified by Deptt of POST			
City *			
State *			
Pincode *(to be verified by the Principal Agent)			
Country*			
Phone Number*/ Mobile No			
Fax Number			
Email Id *			
Verified PAN No.			
Declaration of Sub agent obtained (Soft copy available with the Principal Agent).			
Willing to be registered with :		YES	
He is not registered with any other Principal Agent		NOT REGISTERED.	



SIGNATURE

Soft copy for each sub agent to be sent by Principal Agent. To be kept in record with the Ops teams.

