

## LIST OF FORMS

1. Bio Data Form
2. I-Card Form
3. Medical Card Form
4. Club Membership Form
5. NCRWWO Membership Form
6. Quarter Allotment ----- Online  
(Link on NCR website : IR Personnel → e-office (In House)  
→ NCR Quarter Allotment System)
7. Pass Declaration Form ----- Through HRMS.

**NORTH CENTRAL RAILWAY  
CADRE PROFILE FOR GAZETTED OFFICER**

1. Name
2. Father's Name
3. Service / HRMS ID
4. Railway where Lien held
5. Qualification
6. Caste (Gen/SC/ST)
7. Religion (Hinduism/Muslim/ Sikh/ Zoroastrian/ Christian)
8. Whether belonging to Group 'A' or Group 'B'
9. Date of Birth
10. Date of First Appointment to Government Service
11. Date of Appointment in Railway
12. Date of Increment in Time Scale (DOITS) & Batch
13. Date of Promotion to Group 'B'
14. Date of Joining NCR/ALD
15. Date of Promotion to

|           | Ad hoc |    | Regular |    |
|-----------|--------|----|---------|----|
|           | From   | To | From    | To |
| Group 'B' |        |    |         |    |
| JS        |        |    |         |    |
| SS        |        |    |         |    |
| JAG       |        |    |         |    |
| SG        |        |    |         |    |
| SAG       |        |    |         |    |
| HAG       |        |    |         |    |

16. Last Pay Drawn
  - (i) Basic Pay
  - (ii) Charge Allowance (if any)
  - (iii) Date of Increment
17. PF A/C No.
18. Bank
  - (i) Account No.
  - (ii) Name of Bank & Branch
  - (iii) IFSC
19. PAN No.
20. Designation at the time of joining in NCR
21. Railway Board reference posting to NCR
22. Concerned Railway reference relieving the officer for reporting to NCR
23. Telephone No.
  - (i) Railway
  - (ii) Landline
  - (iii) Mobile
24. Address
  - (i) Permanent Address
  - (ii) Local Address
25. Details of Training
26. Aadhaar No.



Signature :  
Name :  
Designation :  
Date :

पहचान पत्र बनाने का फार्म / APPLICATION FORM FOR ID CARD  
(FILL THE FORM IN ENGLISH BLOCK LETTER ONLY)  
(हिंदी एवं अंग्रेजी के बड़े अक्षरों में भरें)

पहचान पत्र सं. :

पासपोर्ट साईज  
रंगीन फोटो  
चिपकायें

|    |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | EMP No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2. | EMP Name        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    | नाम (हिंदी में) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3. पदनाम (हिंदी में) ..... Designation (In English) .....

4. विभाग (हिंदी में) ..... Department (In English) .....

5. आधार नं./Aadhar No. 

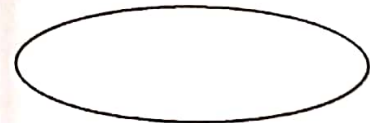
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6. निवास (हिंदी में) .....  
.....

7. रक्त समूह/Blood Group ..... 8. पैन नं./PAN No.....

9. फोन नं. (कार्यालय) ..... 10. फोन नं. (निवास) .....

11. सेवानिवृत्ति की तिथि/Date of Retirement .....



कर्मचारी के हस्ताक्षर  
कर्मचारी अपने हस्ताक्षर बॉक्स में ही करें

वरिष्ठ अधीनस्थ के हस्ताक्षर

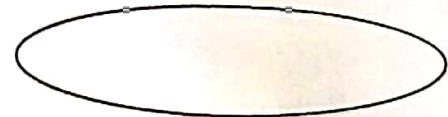
अग्रेसित अधिकारी/नियंत्रण अधिकारी  
का हस्ताक्षर एवं मोहर

- नोट : 1. क्र.सं. 01 से 10 तक का विवरण आवेदक/कर्मचारी द्वारा भरा जायेगा।  
2. बिना अग्रेसित आवेदन पत्र स्वीकार नहीं किया जायेगा।

## चिकित्सा पहचान पत्र बनाने हेतु आवेदन फार्म

1. भविष्य निधि/कर्मचारी संख्या :
2. कर्मचारी का नाम :
3. पदनाम :
4. स्टेशन :
5. अस्थायी पता :
6. स्थायी पता :
7. रक्त समूह :
8. पैन कार्ड सं. :
9. जन्म तिथि :
10. नियुक्ति तिथि :
11. मोबाइल सं. :
12. पहचान चिह्न : 1.  
2.
13. परिवार का विवरण :

| क्र. सं. | परिवार सदस्यों के नाम<br>सर्वश्री/श्रीमती/कुमारी | संबंध | जन्म तिथि | रक्त समूह | पहचान के चिह्न |
|----------|--|-------|-----------|-----------|----------------|
| 1.       |  |       |           |           |                |
| 2.       |  |       |           |           |                |
| 3.       |  |       |           |           |                |
| 4.       |  |       |           |           |                |
| 5.       |  |       |           |           |                |
| 6.       |  |       |           |           |                |



कर्मचारी के हस्ताक्षर

वरिष्ठ अधीनस्थ के हस्ताक्षर  
एवं मोहर

# SPANDAN

## Railway Officer's Club, Subedarganj, Prayagraj Application for Membership

Primary Membership No.

(To be given by Club)

|  |   |  |
|--|---|--|
| Name   | : |  |
| Designation                                    | : |  |
| PF Number                                      | : |  |
| Date of Birth                                  | : |  |
| Marital Status                                 | : |  |
| Name of Spouse (if married)                    | : |  |
| Details of family members (as per Pass Rule) : |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

**Address :**

|  |
|--|
|  |
|  |

**Contact No.**

|               |  |         |  |
|---------------|--|---------|--|
| Railway (O)   |  | P&T (O) |  |
| Railway (R)   |  | P&T (R) |  |
| Mobile No.    |  |         |  |
| email Address |  |         |  |

I agree to abide by the constitution of the 'Spandan' Railway Officer's Club, Subedarganj, Prayagraj and give consent for deduction of necessary charges towards membership from my salary.

Signature of the officer

Date :

## DECLARATION FOR MEMBERSHIP OF NCRWWO MEMBER

Member's Name (Mrs.) :

Husband's Name :

Officer Designation :

Residence Address :

Member Details :

| S<br>N | Members Name | Date of<br>Birth | Date of<br>Anniversary | Contact No.    |         |            |
|--------|--------------|------------------|------------------------|----------------|---------|------------|
|        |              |                  |                        | Railway<br>(R) | P&T (R) | Mobile No. |
|        |              |                  |                        |                |         |            |
|        |              |                  |                        |                |         |            |

I agree to abide by the constitution of the NCRWWO member.

Signature

Member's Name :

.....  
SPO/Bills

Please arrange to deduct the subscription Rs. 100/- (One Hundred only) of the NCRWWO member of my wife and dues if any arises monthly from my salary and arrange to deposit the same in the NCRWWO account in f/o NCRWWO/HQ/Prayagraj, A/c No. 4763000100012484, Punjab National Bank, Subedarganj, Prayagraj.

Signature

Officer's Name :

Designation :

PF No. :

Bill Unit No. :