

**COMPLIMENTARY PASSES FOR WIDOWS OF RAILWAY EMPLOYEES**  
**(FIRST APPLICATION FORM)**

1. Name of the applicant :  
(In BLOCK LETTERS)
2. Name of the deceased employee :
3. Designation of the deceased employee :
4. Name of the office (Where the deceased was working prior to demise) :
5. Date of demise of employee :

6. Details of dependents (AS FOR ELIGIBILITY OF PASS RULES)

| S.No. | Name of Dependents | Date of Birth | Relationship |
|-------|--------------------|---------------|--------------|
| 1     |                    |               |              |
| 2     |                    |               |              |
| 3     |                    |               |              |
| 4     |                    |               |              |
| 5     |                    |               |              |

7. Class of Pass admissible :
8. **Are you availing any other type pass from Railways, if yes details** :
9. Permanent Postal address :

Date:

Signature/LTI of Spouse

**(CERTIFICATE)**

**(To be given by the serving Railway Staff)**

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

(1) \_\_\_\_\_  
Signature of Railway Employee

(2) \_\_\_\_\_  
Signature of Railway Employee

Name :  
Designation :  
Office :  
Station :

Name:  
Designation :  
Office :  
Station :

**Note: (i) An attested copy of the Family Pension Payment Order & Death Certificate should be furnished along with this application. (ii) Two copies of Passport size photos of the spouse and 2 copies each of eligible dependents (duly attested). (iii) An attested copy of service certificate to be enclosed. (iv) Identity Card of the late employee should be produced.**

Part-I  
No.

Part-III  
No.

**INSTRUCTIONS:**

- 1. This identity card should be carried by the spouse/dependent during journey and produce on demand.**
- 2. Travelling on complimentary pass without the Identity card will be treated as travelling without ticket and is liable for penalty under rules.**
- 3. Misuse of identity card and/or complimentary pass will cause cancellation/withdrawal of facility permanently without notice.**
- 4. In case of loss of this identity card, it should be reported to the issuing authority immediately and nearest police station.**

**SOUTH WESTERN RAILWAY FAMILY IDENTITY CARD**

(for complimentary pass)

Not Transferable

1. Name of the deceased employee:
2. Name of spouse:
3. Signature/LTI of spouse.
4. This identity card is valid up to:

Date:

Signature of issuing officer

Details of family including dependents/sons & daughters only

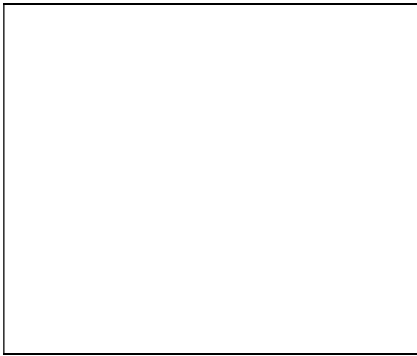
| S.No. | Name of Dependents | Date of Birth | Relationship |
|-------|--------------------|---------------|--------------|
| 1     |                    |               |              |
| 2     |                    |               |              |
| 3     |                    |               |              |

I certify that the information given above are correct.

Date:

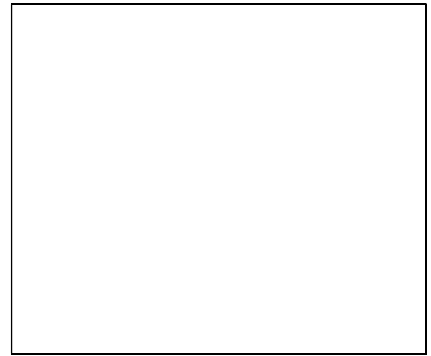
Name:

Signature /LTI of spouse



**Name:**

Issuing Officer  
Signature & Date



**Name:**

Issuing Officer  
Signature & Date



**Name:**

Issuing Officer  
Signature & Date



Issuing Officer  
Signature & Date

**SOUTH WESTERN RAILWAY**

**Annexure-XIV-A**

**PARTICULARS OF FAMILY MEMBERS FOR WIDOW COMPLEMENTARY PASSES**

| S. No. | Name | Photo | Relationship | Date of Birth |
|--------|------|-------|--------------|---------------|
| 1      |      |       |              |               |
| 2      |      |       |              |               |
| 3      |      |       |              |               |

Place:

Date:

**Signature of the Family Pensioner**

**SOUTH WESTERN RAILWAY**

**COMPLEMENTARY PASS FORM**

**APPLICATION FOR WIDOW COMPLEMENTARY PASSES**

I desire to obtain my Widow Complementary Passes from the office of

\_\_\_\_\_:

|       |  |  |
|-------|--|--|
| 1     | Name (IN BLOCK LETTERS)  |  |
| 2     | Husband's/Father's Name  |  |
| 3     | Designation on retirement (both officiating & substantive)               |  |
| 4     | Office/Station from where retired  |  |
| 5     | Scale of Pay on retirement   |  |
| 6     | Rate of Pay on retirement (both officiating & substantive)               |  |
| 7     | Date of appointment  |  |
| 8     | Date of Retirement   |  |
| 9     | Total length of service  |  |
| 10    | Date of entry in Gazetted cadre  |  |
| 11    | Total service in Gazetted cadre  |  |
| 12    | Class of Pass entitled to  |  |
| 12(a) | Whether opted out of widow pass scheme or not                            |  |
| 13    | No. of sets of widow complementary passes entitled to in a calendar year |  |
| 14    | No. of Privilege passes availed during the year of retirement            |  |
| 15    | No. of locality of Railway Quarters                                      |  |
| 16    | Duration of permission granted for retention of quarters                 |  |
| 17    | Date of vacation of quarters   |  |

|    |  |  |
|----|--|--|
| 18 | Address of Correspondence                  |  |
| 19 | Specimen signature of the retired employee |  |
|    |  |  |

Place:

Date:

**Signature of the Family Pensioner**