

## Retail Service Provider (RSP) Registration Form for IRCTC Service

Kiosk Name : \_\_\_\_\_ Date : \_\_\_\_\_

### Kiosk Owner Details:

First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Gender : Male  Female  Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Unique Details : (Not used in other IRCTC Ids)

Mobile Number : \_\_\_\_\_ PAN Card Number : \_\_\_\_\_

Email Id : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

Post Office Name : \_\_\_\_\_ City / Town / Village : \_\_\_\_\_

Tehsil : \_\_\_\_\_ District Name : \_\_\_\_\_

State : \_\_\_\_\_ PIN: \_\_\_\_\_

Residential Phone Number : \_\_\_\_\_

Kiosk's Location Address : \_\_\_\_\_

\_\_\_\_\_

Post Office Name : \_\_\_\_\_ City / Town / Village : \_\_\_\_\_

Tehsil : \_\_\_\_\_ District Name : \_\_\_\_\_

State : \_\_\_\_\_ PIN: \_\_\_\_\_

Office Phone Number : \_\_\_\_\_ FAX Number : \_\_\_\_\_

Signature Kiosk Owner