

REGISTRATION FORM

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

www.irctc.co.in / Web services Portal

[Soft Copy]

* Mandatory

Company Name *	
Person Representing Company	
First Name *	
Middle Name	
Last Name *	
Date Of Birth *	
Office Address * as verified by Deptt of POST	
City *	
State *	
Pin code * (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	iSeva e-Commerce Solutions Pvt Ltd
He is not registered with any other Principal Agent	Yes

SIGNATURE

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