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

PRASANN EMITRA