

**APPLICATION FORM FOR THE ALLOTMENT OF ICF KALYANA MANDAPAMS**

FOR OFFICE USE		Affix passport size photograph of the person/s in respect of whom the function is being held. The applicant should sign across the photograph
RECEIPT NO.	DATE:	
PRIORITY NO.	PREFERENCE NO.	
SECRETARY		

To,  
The Secretary

Sir,

Kindly arrange to allot the ICF Kalyana Mandapam in my favour for conducting the function on the date/s mentioned below:

1.	Name of the Applicant (in BLOCK letters)	
2.	Emp. No.	
3.	Designation	
4.	Unit/T. No.	
5.	Date of retirement (in case of retired employees)	
6.	If you are a serving or retired railway employee other than from ICF, specify	
7.	Residential address	
	Phone No. Cell No. (Compulsory)	
8.	The function for which Kalyana Mandapam is required for (Tick the appropriate box)	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> a. Marriage</li> <li><input type="checkbox"/> b. Bethrotal</li> <li><input type="checkbox"/> c. Upanayanam</li> <li><input type="checkbox"/> d. Ear-boring function</li> <li><input type="checkbox"/> e. Valaikappu (Seemantham)</li> <li><input type="checkbox"/> f. Naming function</li> <li><input type="checkbox"/> g. 60<sup>th</sup> or 80<sup>th</sup> birthday function</li> </ul>	
9.	Name and age of the persons in respect of whom the function is being held	
10.	Relationship of the person in respect of whom the function is being held (Tick the appropriate box)	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Self</li> <li><input type="checkbox"/> 2. Wife</li> <li><input type="checkbox"/> 3. Daughter</li> <li><input type="checkbox"/> 4. Son</li> <li><input type="checkbox"/> 5. Sister</li> <li><input type="checkbox"/> 6. Brother</li> <li><input type="checkbox"/> 7. Parent</li> </ul>	
11 a	Whether the above person is a dependent as defined in the pass rules	
	Yes/No	
	If not covered under pass rules	

b	Whether attested copy of the ration card is enclosed as proof	Yes/No
12. Kalyanamandapam is required for	One day	From 14.00 hrs on _____ ( day) To 14.00 hrs on _____ ( day)
	Two days	From 14.00 hrs on _____ ( day) To 14.00 hrs on _____ ( day)

### DECLARATION

I hereby declare that the above particulars are true to the best of my knowledge and belief. I understand that if any of the details given above are found to be false at the later date, I am liable to be taken up under D & A Rules and the allotment is liable for cancellation at any time without assigning any reason whatsoever. I will bear the cost of breakage or any other loss, caused during the conduct of the above function in the ICF Kalyanamandapam. I have read the instructions with regard to allotment of ICF Kalyanamandapam and I will abide by the said rules and regulations.

Yours faithfully,

Signature of the applicant

Place:  
Date:

a. Certified that the above applicant is /was working in Office/Shop as with Emp. No. \_\_\_\_\_

b. Certified that the name of \_\_\_\_\_ has been included as dependent in the pass declaration given by the applicant as his/her \_\_\_\_\_ (Relationship)

Signature of the Supervisory Official/  
Railway Gazetted officer with seal

Place:  
Date: