

ANDAMAN AND NICOBAR ADMINISTRATION DIRECTORATE OF SHIPPING SERVICES

REQUISITION FOR CANCELLATION OF SHIP PASSAGE ON ~~MASS~~ LAND-ISLAND SHIP

Name of the Vessel.....

Date of Sailing.....

Date of Cancellation.....

Voyage No.....

Time of Submission :

From.....

To.....

Sl. No.	Name in Block Letters	Ticket No.	Class of Accommodation	Amount (Rs.)

Encl: Passage Ticket/(s)

Signature of the Applicant

Signature of the Ticketing-incharge

Percentage of deduction.....%

Amount deducted Rs.....

Signature of the Counter Clerk

RECEIPT

Received a sum of Rs..... (Rupees.....
.....only) against the cancellation of the above said ticket/(s)

Date:

Signature of the Recipient