

ONLINE APPLICATION FORMAT FOR RE-ENGAGEMENT OF RETIRED STAFF

In response to GM(P)/NFR's Centralized Notification No.NFR/RE-RS/CN-01/2025 dated 06-05-2025

Filled up Application to be submitted **ONLINE only in PDF**

format through the following links provided -

To,

Website of NFR www.nfr.indianrailways.gov.in, ,Direct website link <https://retiredstaff-reengage.nfreis.org/>Affix recent colour
passport size
photograph(To be addressed to **SPO/HQ& Rectt** - if applied for HQ Unit, **Sr. DPO/DPO(IC)** if applied for **Division**,
Sr.DPO/DBWS & APO/NBQS - if applied for Workshop)Signature of
candidate

HQ/Division/Workshop applied for :

Department applied for :

Post applied for (as notified) :

I hereby apply for re-engagement on monthly remuneration basis on terms and conditions mentioned in the said notification. My service particulars furnished below :

1. Name (in BLOCK LETTER) : _____
2. Father's/Husband Name : _____
3. Educational Qualification : _____
4. Designation at the time of Retirement : _____
5. Office from which Retired : _____
 Unit : _____
 Department : _____
 Place : _____
6. Date of Birth : _____
7. Date of Appointment : _____
8. Date of Retirement : _____
9. Last Pay Drawn at the time of retirement : _____
 Pay Level & Basic Pay : _____
10. PPO No. & Date : _____
11. PAN No. : _____
12. AADHAR No. : _____
13. Bank Account No. at which Monthly Remuneration will be deposited : _____
14. Address for Correspondence : _____
15. MOBILE No. : _____

ENCLOSURE (Copy of documents) :

(a) Pension Payment Order (b) Pensioner's Identity card (c) Bank Pass Book (1st page) Indicating Account No. & IFSC Code. (d) Pan Card (e) Aadhar Card (f) Passport size color photograph (3 copies to be submitted at the time of physical DV).

I hereby declare that the information furnished above is true to the best of my knowledge and I am liable for punitive action if found false/incorrect I also declare that I have gone through the terms and conditions stipulated in the Notification and I shall abide by them, I have not retired under SRRS.

Place :

Signature of Applicant -

Date :

Name of the applicant -

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