



**ADDITIONAL INFORMATION IN CASE OF LICENCE ISSUED BY OUTSIDE AUTHORITY:**

Address at the time of issuance of Original Licence:	District:
	State:
	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Original issuing Authority (DM/CoP)*:	
Last Renewing Authority other than Original Issuing Authority (Prior to Local Registration) Last Renewing Authority1: _____ If more than one renewal done by authority other then Original Licensing Authority: Yes/No If Yes, Give Last Renewing Authority 2: _____	

**INDIVIDUAL WEAPON DETAIL**

Total No. of Weapons Endorsed* (Max.:3): One/Two/Three			
1.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:		-----	-----
To Sell by Ordnance Factory :		-----	DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			DD/MM/YYYY
2.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:		-----	-----
To Sell by Ordnance Factory :		-----	DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			DD/MM/YYYY
3.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:		-----	-----
To Sell by Ordnance Factory :		-----	DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			DD/MM/YYYY

It is declared that the information furnished above is true to the best of my knowledge and belief.

Place:

Date:

Signature with Name:

**INSTRUCTIONS:** Please do not leave Fields marked with \*, which are mandatory. In case of License Issued by Local Authority, please strike off the block containing input fields for 'License Issued by Outside Authority' and vice-versa. If only one weapon is endorsed to the license holder, please skip the subsequent input columns meant for capturing multiple weapons details issued to the licensee.

**NOTE:** *If multiple licences are issued to a single person, then furnish such licence details in separate sheet. Documentary Proofs may be required for Date of Birth, Address & any other specified details decided by District Administration*



**WEAPON RETAINER- INSTITUTIONAL**

<b>Name of Retainer 1*:</b>	<b>Father Name*:</b>
<b>Address*:</b>	<b>Village*:</b>
	<b>Taluk*:</b>
	<b>District*:</b>
	<b>State*:</b> <b>Country:</b> INDIA
<b>PIN</b> <input type="text"/>	

**Permanent Police Station Address**

<b>Police Station Local*:</b>	<b>Police Station Permanent Address:</b> (Specify If not under local jurisdiction)
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<b>Name of Retainer 2*:</b>	<b>Father Name*:</b>
<b>Address*:</b>	<b>Village*:</b>
	<b>Taluk*:</b>
	<b>District*:</b>
	<b>State*:</b> <b>Country:</b> INDIA
<b>PIN</b> <input type="text"/>	

**Permanent Police Station Address**

<b>Police Station Local*:</b>	<b>Police Station Permanent Address:</b> (Specify If not under local jurisdiction)
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It is declared that the information furnished above is true to the best of my knowledge and belief.

**Place:**  
**Date:** **Signature of Head of Institution with Name & Office Seal**

**INSTRUCTIONS:** Please do not leave Fields marked with \*, which are mandatory. If more no of retainers are more, then submit it in separate sheet.

**NOTE:** Documentary Proofs may be required for any specified details decided by District Administration



**WEAPON DETAIL SPORTS PERSON**

<b>Total No. of Weapons Endorsed* (Max.:10):</b> One/Two/Three/Four/Five/Six/Seven/Eight/Nine/Ten	
<b>Category*:</b> Arjuna Awardees / International Medalist / International Target Shooters / Junior Target Shooters / Other Shooters / Renowned Shooters / SPORTS	
<b>General Weapons Category*:</b> None/One/Two/Three	<b>Total Category of Weapons</b>
<b>Exempted Weapons as per 667(E) 12-09-1985:</b> None/One/Two/Three/Four/Five/Six/Seven/Eight/Nine/Ten	GEN: ____ EXE.: ____ TOTAL: ____

SI No.	PB/NPB	WEAPON TYPE*#	Bore*	Make*	Weapon No.*	No of Cartridges Allowed*	Weapon Category#	Restrictions, if any #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**# Select Weapon Type:** 1.Carbine 2.Gun 3.Revolver-Pistol 4.Rifle 5.Short Pistol **# Weapon Category:** 1.General 2 Sports  
**# Restrictions, if any:** 1 NSP Weapon: YES/NO 2. To Sell by Ordnance Factory: YES/NO, Date of Restriction up to: DD/MM/YYYY  
 3. To Sell by State Fire Arms Bureau: YES/NO, Life Time Restriction: YES/NO, Date of Restriction up to: DD/MM/YYYY  
 4. Imported Weapons: YES/NO, Life Time Restriction: YES/NO, Date of Restriction up to: DD/MM/YYYY

It is declared that the information furnished above is true to the best of my knowledge and belief.

**Place:**  
**Date:**

**Signature with Name:**

**INSTRUCTIONS:** Please do not leave Fields marked with \*, which are mandatory.

**NOTE:** *If multiple licences are issued to a single person, then furnish such licence details in separate sheet. Documentary Proofs may be required for Date of Birth, Address & any other specified details decided by District Administration*