

Form-4 (Licensee Particulars - Institution)

Institution Details			
Name of the Institution			
Type of Institution [@]		Phone No.	
Address			State
			District
Police Station Name			PIN Code

Licence Details:			
Licence Number			Date of Issue (dd/mm/yyyy)
Period of Validity	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Area Validity [§]			Date of Area Validity (dd/mm/yyyy)

Retainer Details:			
Name of the Retainer			
Father's Name			
Permanent Address			State
			District
Police Station Name			PIN Code

Weapon Details:			
Total No. of Weapon	One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>

Details of Weapon - 1	Category (NPB / PB)	Type	Bore of Weapon	Weapon No.
	Make			Maximum Cartridges Allowed

Details of Weapon - 2	Category (NPB / PB)	Type	Bore of Weapon	Weapon No.
	Make			Maximum Cartridges Allowed

Details of Weapon - 3	Category (NPB / PB)	Type	Bore of Weapon	Weapon No.
	Make			Maximum Cartridges Allowed

Part - IV (Enclosures)				
Photo Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Self attested photocopy of the license attached	YES <input type="checkbox"/> NO <input type="checkbox"/>

Date:
 Place:
 Signature of Licensee

@ College, School, Govt. Sector, Insurance Company, Nationalized Bank, Public Ltd Co., Religious Trust, Security Organization, University, Others
 # - Gun, Pistol, Revolver, Rifle, Carbine, Short Pistol

ACKNOWLEDGEMENT

Name			
License Number		Police Station Name	
Address			

Name & Designation of Receipt Clerk