

**Form A-1**  
*(for individuals)*  
**Form of application for an arms licence in Form II, III and IV**

Recent passport size  
photograph of the  
applicant

IDENTITY OF THE APPLICANT			
1	Name		
2	Parent/Spouse Name		
3	Sex	Male <input style="width: 50px;" type="checkbox"/>	Female <input style="width: 50px;" type="checkbox"/>
4	Place of birth (Nativity)	<i>Country</i>	<i>State</i>
		<i>District</i>	
5	Date of birth in Christian era	<i>must be 21 years of age on the date of application</i>	
	in figures	<i>Date : ____ / ____ / ____ (DD/MM/YYYY)</i>	
	in words		
6	Permanent Account No. (PAN)		
7	Aadhar Card Number		
8	Present address		
		<i>District</i>	<i>State</i>
(a)	Since when residing at the present address	<i>Date : ____ / ____ / ____ (DD/MM/YYYY)</i>	
(b)	Telephone Number	<i>Office</i>	<i>Residenc</i>
(c)	Mobile Number		
(d)	*Nearest Police Station		
9	Permanent Address		
		<i>District</i>	<i>State</i>
(a)	*Nearest Police Station		
10	Occupation		
<i>*Note - Nearest Police Station means the police station under whose jurisdiction the place given in the address comes</i>			
11	Office/business address		
12	Additional particulars if the licence is required for crop protection under rule 35	<i>Location (village)</i>	
		<i>Area of land under cultivation</i>	

OTHER PARTICULARS OF THE APPLICANT				
13	Whether the applicant has been -			
(a)	convicted	Y	N	<i>If yes, details thereof -</i> Offence Sentence Date : ____ / ____ / ____ (DD/MM/YYYY)
(b)	ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour	Y	N	<i>If yes, details thereof -</i> Date : ____ / ____ / ____ (DD/MM/YYYY) Period for which bound
(c)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<i>If yes, details thereof -</i> Date : ____ / ____ / ____ (DD/MM/YYYY) Period for which prohibited
14	Whether -			
(a)	the applicant applied for a licence before - if so, when, to whom and with what result	Y	N	<i>If yes, details thereof -</i> Date applied for DD/MM/YYYY Name of the licensing authority Result (pl. specify) Approved//Rejected/Pending
(b)	the applicant's licence was ever suspended or cancelled/ revoked -	Y	N	<i>If yes, details thereof - Name of the licensing authority</i> Reasons
(c)	any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof	Y	N	<i>If yes, details thereof - Name</i> Licence No. Weapons endorsed 1. Weapons endorsed 2. Weapons endorsed 3.
(d)	the applicant has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof -</i>
(e)	the applicant has undergone training as specified under rule 10 (whenever made applicable by the Central Government)	Y	N	<i>If yes, details thereof -</i>
<b>Particulars of licence being applied for</b>				
15	Need for licence (see note 1 below)			
16	Description of arms for which licence is being sought	Category - restricted/permisible		
(a)	(Tick any one of the options)	Rifle	<input type="checkbox"/>	
		Shot Gun (BL/ML)	<input type="checkbox"/>	
		Hand Gun (Revolver/Pistol)	<input type="checkbox"/>	
		Others (-----)		
(b)	Description of ammunition or ingredients of ammunition for which licence is being sought			

17	Area within which applicant wishes to carry arms (Tick any one of the options)	District State Throughout India
18	claims for special consideration for obtaining the licence, if any. (attach documentary evidence)	
<b>Additional Information</b>		
19	Details for an application for licence in Form IV	
(a)	Place or area for which the licence is sought	
(b)	Specification of the wild beasts which are permitted to be destroyed as per the permit granted under the Wild life (Protection) Act, 1972 (53 of 1972) to the applicant	

**Declaration:**

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature /Thumb - impression of applicant

**Notes:**

1. Against column 15, the applicant should clearly mention the purpose(s) for which the licence is required - such as use, acquisition, possession, carrying, sport, display, destruction of wild animals which do injury to human beings or cattle and damage to crops etc. as per the category of licence applied (Form II, III or IV).
2. The following documents under rule 11 are to be submitted along with the application -
  - (a) four passport size copies of the latest photograph of the applicant (in white background);
  - (b) proof of date of birth;
  - (c) identification proof - Aadhar Card or in case the applicant does not have Aadhar Card, a written declaration to be submitted in the form of an Affidavit along with an alternative identification proof which may include — Passport; Voter Identification Card, PAN Card or Identity card issued to the employees.
  - (d) residence proof in case the applicant does not possess Aadhar Card or Passport — (*Election Card or Electricity Bill or Landline Telephone Bill or Rent Deed or Lease Deed or Property documents or any other document to the satisfaction of the licensing authority*);
  - (e) firearm training certificate in Form S-1 (whenever made applicable by the Central Government by passing a general or special order);
  - (f) safe use and storage of firearms undertaking in Form S-2 ;
  - (g) self-attested copies of the educational and professional qualification certificates from professional category applicants as specified in clause (a) of sub-rule (3) of rule 12;
  - (h) medical certificates about mental health and physical fitness in Form S-3;
  - (i) in case of protection for destruction of wild animals which do injury to human beings or cattle and damage to crops, permit from the authority empowered under the Wild Life (Protection) Act, 1972 (53 of 1972);
3. Strike off the entries not relevant.

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the application form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.*

**FORM A-2***(for companies)***Form of application for an arms licence in Form II, III, and IV***(see rule 11)*

<b>IDENTITY OF THE APPLICANT</b>		
1.	Name of the company	
2.	Permanent Account Number (P.A.N.)	
3.	Corporate Identification Number (C.I.N.)	
4.	Name of the applicant branch or representative office of the company  <i>(if the application is being fields by such branch or representative branch)</i>	
5.	Constitution of the company  <i>(see Note 1 below)</i>	
6.	Designation of the 'responsible person' who will sign on behalf of the applicant company  <i>(duly authorised in writing or by way of a board resolution wherein required)</i>	
	Name of the 'responsible person' signing the application	
7.	Registered Office Address of the company	
	Telephone No. (Office)	
	Mobile Number of the responsible person	
	E-mail	
	*Nearest Police Station	
8.	Address of the branch or representative office by which the application is being field	
	Telephone (office/resident)	
	Mobile No.	
	E-mail	
	*Nearest Police Station	

\*Note – Nearest Police Station means the police station under whose jurisdiction the place given in the address comes

**OTHER PARTICULARS OF THE APPLICANT**

9	Whether the applicant or its office bearers or directors has/have ever been –			
(a)	convicted  (attach details in a separate sheet, if the answer is in affirmative)	Y	N	<i>If yes, details thereof –</i>  <i>Offence</i>  <i>Sentence</i>  <i>Date of Sentence</i> <i>Date : _____ / _____ / _____ (DD/MM/YYYY)</i>
(b)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<i>If yes, details thereof –</i>  <i>Date : _____ / _____ / _____ (DD/MM/YYYY)</i>  <i>Period for which Prohibited</i>
10.	Whether –			
	the applicant applied for a licence before – if so when, to whom and with what result	Y	N	<i>If yes, details thereof –</i>  <i>Date of applied for ___/___/_____ DD/MM/YYYY</i>  <i>Name of the Licensing authority</i>  <i>Result (pl. Specify)</i>  <i>Approved/Rejected/Pending</i>
	the applicant's licence was ever suspended or cancelled or revoked –	Y	N	<i>If yes, details thereof –</i>  <i>Name of the Licensing authority</i>  <i>Reasons</i>
	any other arms licence already held by the company or where the applicant is a branch or representative office of such company, held by such branch or representative office	Y	N	<i>If yes, details thereof –</i>  <i>Name</i>  <i>Licence No.</i>  <i>Weapon endorsed</i>  1.  2.  3.
	the licensee has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof –</i>
	the retainer or retainers to be employed by the applicant have undergone training as specified in rule 10 (whenever made applicable by the Central Government)			

Particular of licence being applied for	
Need for licence <i>(see Note 2 below)</i>	
Description of arms for which licence is being sought  (Tick any one of the option)	Category – Restricted/Permissible Rifle <input type="checkbox"/> Shot Gun (BL/ML) <input type="checkbox"/> Hand Gun (Revolver/Pistol) <input type="checkbox"/> Others <input type="checkbox"/>
Description of ammunition or ingredients of ammunition for which licence is being sought	
Number of firearms which applicant wishes to apply for	
Area within which applicant wishes carry arms  (Tick any one of the option)	District <input type="checkbox"/> State <input type="checkbox"/> Throughout India <input type="checkbox"/>
Claims for special consideration for obtaining the licence, if any  <i>(attach documentary evidence)</i>	

**Declaration:**

I, \_\_\_\_\_, the responsible person \_\_\_\_\_  
(*designation as mentioned in column 3*) of \_\_\_\_\_ (name of the company), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I personally as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms ACT,1959, the Arms Rules,2016, and other central enactments or the law for the time being in force.

\_\_\_\_\_  
*Signature with stamp of the responsible person  
Signing on behalf of the company*

**Note:**

1. Constitution of the company be mentioned –

Private Limited Company; Limited Company; Government undertaking; Society: Co-operative Society; Institute; University; Partnership Firm; Association of Persons (AOPs) or any other body under any special act or otherwise etc.

2. Against column9, the applicant should clearly mention the purpose(s) for which the licence is required – such as use, acquisition, possession, carrying, protection, display, target practice or shooting, etc.

3. The applicant is required to submit the following documents along with the application –

(a) Written undertaking on the letter head of the company applicant duly signed by the responsible person appointed vide

**FORM A-3**  
(for individual)

Recent passport size photograph of the licensee
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**Form of application for renewal of Arms Licenses(s) granted in  
Form II, III & IV**  
(See rule 24)

IDENTITY OF THE LICENSEE	
1.	UIN
2.	Name
3.	Parent/Spouse Name
4.	Date of birth in Christian era
	(a) in figures _____ / _____ / _____ (DD/MM/YYYY)
	(b) in words
5.	Present Address
	(a) Telephone (Office/Residence)
	(b) Mobile No.
	(c) E-mail
	(d) Nearest Police Station
6.	Occupation
7.	Office/Business Address

Licence Particulars and Weapon Endorsements			
8.	Licence Number		
9.	Date of expiry	_____ / _____ / _____ (DD/MM/YYYY)	
10.	Area Validity		
11.	Weapons Endorsed	Weapon 1	Weapon 2
	(a) Type (Rifle/Shotgun/Handgun (Revolver / Pistol) etc.		
	(b) Bore / Caliber		
	(c) Weapon Number		
12.	Ammunition allowed	Cartridges Gun Powder/ Percussion Caps	

**OTHER PARTICULARS OF THE APPLICANT**

13. Whether the applicant since last renewal or issuance of licence has been -			
(a) convicted	Y	N	<p><i>If yes, details thereof -</i> <i>Offence</i></p> <p><i>Sentence</i></p> <p><i>Date of sentence</i> _____ / _____ / _____ <i>(DD/MM/YYYY)</i></p>
(c) ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour	Y	N	<p><i>If yes, details thereof -</i></p> <p><i>Date</i> _____ / _____ / _____ <i>(DD/MM/YYYY)</i></p> <p><i>Period for which bound</i></p>
(c) prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<p><i>If yes, details thereof -</i></p> <p><i>Date</i> _____ / _____ / _____ <i>(DD/MM/YYYY)</i></p> <p><i>Period for which prohibited</i></p>
14. <b>Whether -</b>			
(a) the applicant's licence since last renewal or issuance of licence was ever suspended or cancelled/ revoked	Y	N	<p><i>If yes, details thereof -</i></p> <p><i>Name of the licensing authority</i></p> <p><i>Reasons</i></p>
(b) any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof	Y	N	<p><i>If yes, details thereof -</i></p> <p><i>Name</i></p> <p><i>License No.</i></p> <p><i>Weapons endorsed</i></p> <p>1.</p> <p>2.</p> <p>3.</p>

	(d) the applicant has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof -</i>
	(e) the applicant has undergone prescribed training as specified under rule 10 <i>(whenever made applicable by the Central Government)</i>	Y	N	<i>If yes, details thereof -</i>

**Declaration:**

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

\_\_\_\_\_ (Signature /Thumb-impression of applicant)

Place \_\_\_\_\_

Date \_\_\_\_\_

Views of the weapon inspecting officer with amount of fees realized:.....  
 .....  
 .....  
 .....

\_\_\_\_\_ (Signature of the inspecting officer)

Order of the renewing authority : .....

\_\_\_\_\_ (Seal & Signature of the renewing officer)

**FORM A-4***(for companies)***Form of application for renewal of licence(s) granted in****Form II,III,IV***(Sec rule 24)*

<b>IDENTITY OF THE LICENSEE</b>				
1.	UIN <i>(18 digit)</i>			
2.	Name of the licensee company <i>(see Note 1)</i>			
3.	Constitution of the licensee company			
	P.A.N./C.I.N			
4.	Name of the responsible person			
5.	Address of the licensee company			
	Telephone No. (office)			
	Mobile Number of the responsible person			
	E-mail			
	*Nearest Police Station			
<b>Licence Particulars and weapon endorsements</b>				
6.	License Number			
7.	Date of expiry	____ / ____ / ____ DD/MM/YYYY		
8.	Area Validity			
9.	Total Number of Weapons Endorsed			
10.	Details of Weapons	1	2	3
(a)	Type <i>(Rifle/Shot gun/Handgun)</i>			
(b)	Bore			
(c)	Weapon Number			
		Separate list be attached for more than three weapons		
11.	Ammunition allowed	Cartridge	At a time	During the year
		Gun Powder / Percussion Cap		

<b>OTHER PARTICULARS OF THE APPLICATION</b>				
12.	Whether the application or its office bears or directors or responsible person since the issuance/last renewal have been –			
a)	convicted  (attach details in a separate sheet, if the answer is in affirmative)	Y	N	<i>If yes, details thereof –</i>  <i>Offence</i> <i>Sentence</i> <i>Date of sentence</i> ___/___/____ DD/MM/YYYY
(b)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<i>If yes, details thereof –</i>  <i>Date</i> ___/___/____ DD/MM/YYYY  <i>Period for which prohibited</i>
13.	Whether –			
(a)	the applicant's licence since the issuance or last renewal was ever suspended or cancelled or revoked	Y	N	<i>If yes, details thereof –</i> <i>Name of the licensing authority</i>  <i>Reasons</i>
(b)	the licensee has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof –</i>
(c)	the retainers appointed by the company have undergone training requirements as specified in rule 10 (whenever made applicable by the Central Government)	Y	N	<i>If yes, details thereof –</i>

**Declaration:**

I, \_\_\_\_\_ the responsible person ( named in column 4) of \_\_\_\_\_ (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I personally as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms ACT,1959, the Arms Rules,2016, and other central enactments or the law for the time being in force.

\_\_\_\_\_  
*Signature with stamp of the responsible person*  
*Signing on behalf of the company*

**Note:**

1. Constitution of the company be mentioned –

Private Limited Company; Limited Company; Government undertaking; Society: Co-operative Society; Institute; University; Partnership Firm; Association of Persons (AOPs) or any other body under any special act or otherwise etc.

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant company and the responsible liable for punishment under Section 30 of the Arms Act,1959.*

**FORM A -8**

**Part I**

Form of application for an arms licence in Form VIII for arms and ammunition dealers  
(See rule 73)

1.	Name of the applicant	
2.	Nomenclature Company / Individual	
3.	Business Address (Shop)	
	Telephone	
	Mobile No.	
	E-mail	
4.	Name of the responsible person	
5.	Category of licence applied for -	Dealer Licence <input type="checkbox"/> Deposit of Arms <input type="checkbox"/>
6.	Description of firearms to be sold or kept for sale	
7.	Description of ammunition to be sold or kept for sale	
8.	Description of arms and ammunition to be deposited under section 21 of the Act or for safe custody under rule 48	

**Declaration:**

I, \_\_\_\_\_, the Prop./Partner/Director/Responsible Person of \_\_\_\_\_ (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

Place .....

Date .....

\_\_\_\_\_  
Signature of the applicant

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.*

List of documents to be submitted at the time of application and subsequent renewal thereof -

- (1) A written declaration along with certified copies of drawings stating that the applicant has facilities available of a strong room for the safe custody of the firearms and ammunition;
- (2) A written undertaking in support of the application with specific reference to the steps which are contemplated in connection with the safe custody of the firearms and ammunition including provision for entry access control, close circuit television system, security guard, firefighting devices etc.;
- (3) Verification forms containing the names and addresses of every person authorised to trade on behalf the dealer applicant at the premises, who must possess the requisite training for safe handling of firearms as specified in rule 10.

**FORM A -8**

**Part II**

**Form of application for an arms licence in Form VIII-A for Air weapon dealers**

*(See rule 84, 85)*

1.	Name of the applicant	
2.	Nomenclature Company / Individual	
3.	Business Address (Shop)	
	Telephone	
	Mobile No.	
	E-mail	
4.	Name of the responsible person	
5.	Description of air weapons to be sold or kept for sale	
6.	Description of ammunition for air weapons to be sold or kept for sale	

Place .....

Date .....

\_\_\_\_\_  
Signature of the applicant

**Declaration:**

I, \_\_\_\_\_, the Prop./Partner/Director/Responsible Person of \_\_\_\_\_ (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.*

**FORM A -9**

Form of application for an arms licence in Form IX or IX-A for accredited gunsmiths (See rules 77 and 78)

1.	Name of the applicant	
2.	Nomenclature Company/ Individual	
3.	Business Address (Shop/Factory)	
	Telephone	
	Mobile No.	
	E-mail	
4.	Name of the responsible person	
5.	Professional qualification of the individual applying to act as a gunsmith or of the employees of the company applying for a gun smith licence (applicable for a licence in Form IX only)	
6.	Description of firearms to be converted, shortened or repaired ( <i>major repair under licence in Form IX</i> )	
7.	Description of firearms to be repaired ( <i>minor repair under licence in Form IX-A</i> )	
7.	Description of firearms or parts of firearms to be stored	
8.	Description of ammunition to be stored for testing	

**Declaration:**

I, \_\_\_\_\_, the proprietor/partner/director/responsible person of \_\_\_\_\_ (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and any other law for the time being in force.

Place : .....

Date : .....

\_\_\_\_\_  
Signature of the applicant

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.*

**List of documents to be submitted at the time of application and subsequent renewal thereof –**

- (1) A written declaration along with certified copies of drawings stating that the applicant has facilities available of a strong room for the safe custody of the firearms and ammunition;
- (2) A written undertaking in support of the application with specific reference to the steps which are contemplated in connection with the safe custody of the firearms and ammunition including provision for entry access control, close circuit television system, security guard, fire fighting devices etc.;
- (3) Verification forms containing the name and address of every person authorised to carry out conversion, shortening or repair (major) on behalf the gunsmith at the premises, who must possess the requisite qualifications as specified under rule 78.

**FORM A -11**

**Form of application for journey licence in Form XI for carrying of arms and ammunition**

Application for Journey Licence		
1.	Name	
2.	Parent/Spouse Name	
3.	UIN	
4.	Address as per licence in Form III	
	Mobile No.	
5.	Licence No.	
6.	Validity of the licence up to	<i>Date :     /     /     (DD/MM/YYYY)</i>
7.	Area validity as per licence in Form III	
8.	Mode of Journey (Road/Rail/Air)	
9.	Names of States likely to be visited during the journey	
10.	Period which the journey is likely to occupy	
11.	Description of arms endorsed on licence which the applicant wishes to carry during journey	Weapon Type -
		Weapon Number -
12.	Description of ammunition endorsed on licence which the applicant wishes to carry during journey	

**Declaration:**

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 1962, and other central enactments or the law for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date .....

**FORM A -12**  
Form of application for transport licence in Form XII  
(See rule 96)

1.	Consignor details (Manufacturer/Dealer etc.)	
	UIN	
	Address as per licence	
	Licence No.	
	Validity of the licence up to	<i>Date : ____ / ____ / ____ (DD/MM/YYYY)</i>
2.	Consignee details	
	UIN	
	Address as per licence	
	Licence No.	
	Validity of the licence up to	<i>Date : ____ / ____ / ____ (DD/MM/YYYY)</i>
3.	Place of dispatch	
4.	Place of destination	
5.	Mode of transport (Road/Rail/Air)	<i>By hand personally</i>
6.	Names of States likely to be covered during transportation	
7.	Probable period of transportation	<i>Maximum three months</i>
8.	Description of arms to be transported	Weapon Type - Weapon Number -
9.	Description of ammunition to be transported	
10.	Details of the previous sanction of the concerned authority required under Rule 98	

**Declaration:**

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date .....

**FORM A -14**

Form of application for a licence in Form XV for firearm free zone

*(See rule 46)*

1.	Name of the applicant	
2.	Nomenclature Individual/Company/Others	
3.	Date of inception of business	
4.	Nature of business or activity carried out	
4.	Address	
	Telephone	
	Mobile No.	
	E-mail	
5.	Name of the responsible person in case the applicant is a company	
6.	Description of the Area to be declared as Firearm Free Zone <i>(enclose site plan and mark in red the area to be declared as firearm free zone)</i>	
7.	Reasons for applying for the premises to be declared as fire-arm free zone	1. 2. 3.
8.	Number of surveillance staff employed at the premises to be declared as firearm free zone	

***Declaration:***

I, \_\_\_\_\_ the proprietor/partner/director/responsible person of \_\_\_\_\_ (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I personally as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

Place : .....

Date : .....

\_\_\_\_\_  
Signature of the applicant

**Form B-1**  
**Application for registration with an outside licensing authority**  
*(see rule 17)*  
**Part A**

<b>IDENTITY OF THE APPLICANT</b>		
1.	UIN	
2.	Name	
3.	Parent/Spouse Name	
4.	Place of birth (Nativity)	
5.	Date of birth in Christian era	
	In figures ( DD/MM/YYYY )	_____ / _____ / _____ (DD/MM/YYYY)
	In words	
6.	Present Address	
	Telephone (Office/Residence)	
	Mobile No.	
	E-mail	
	Nearest Police Station	
7.	Address as appearing on the licence	
	Nearest Police Station	
8.	Occupation	
9.	Period of stay in the local jurisdiction	

## Part B

Existing licence particulars and weapon endorsements				
10.	Licence Number			
11.	Issuing Authority			
12.	Last Renewing Authority			
13.	Date of expiry			
14.	Area Validity			
15.	Weapons Endorsed	Weapon 1	Weapon 2	Weapon 3
	Type [Rifle/Shot Gun/Hand Gun (Rev/Pistol)]			
	Bore			
	Weapon Number			
16.	Ammunition allowed	Cartridges Gun Powder/ Percussion Caps		
17.	Mention restriction on sale of weapon, if any			
18.	Details of additional licensees under rule 20, if any			
	<b>Additional Licensee No.1</b>			
	Name			
	Father's/Spouse Name			
	Licence No.			
	<b>Additional Licensee No. 2</b>			
	Name			
	Father's /Spouse Name			
	Licence No.			

**Part C**

<b>OTHER PARTICULARS OF THE LICENSEE</b>		
19.	Whether the licensee, since the last renewal/issuance of licence has been -	
(a)	convicted - if so, the offence (s), the sentence and date of sentence	
(b)	ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour - if so, - when and for what period	
(c)	prohibited under the Arms Act, 1959, or any other law from having the arms/ammunition	
20.	<b>Whether -</b>	
(a)	the applicant's licence since last renewal/issuance was ever suspended or cancelled / revoked - if so, when and by whom and on what account	
(b)	any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof <i>(other than additional licenses vide para 18)</i>	
(c)	the applicant has a safe place to keep the arms	

**Declaration :**

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date .....

**Warning:**

*Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.*

# Form – B2

## Application for allied services related to licences issued in Form II, III and IV

### Part A

#### IDENTITY OF THE LICENSEE

1.	Name of the licensee			
2.	Parent/Spouse Name			
3.	Present Address			
		<i>District</i>	<i>State</i>	
		<i>Office</i>	<i>Residence</i>	
		Telephone Number		
	Mobile Number			
	Nearest Police Station			
4.	UIN			
5.	Licence Number			
	Date of Expiry	_____ / _____ / _____ (DD/MM/YYYY)		
6.	Area validity of the licence			
7.	Firearms endorsed on the licence	Weapon 1	Weapon 2	Weapon 3
	Type <i>(Rifle/Shot Gun/Hand Gun)</i>			
	Bore/Caliber			
	Weapon Number			

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

**Warning:** Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.



# Form – B2

Application for allied services related to licences issued  
in Form II, III and IV

## Part B

Acquisition of a Firearm		
1.	Type of firearm to be acquired ( <i>Rifle/Shot Gun/Hand Gun/Others</i> )	
2.	Reason for acquisition of firearm	
3.	Claims for special consideration for acquisition of additional firearm	

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

**Warning:**

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

# Form – B2

**Application for allied services related to licences issued  
in Form II, III and IV**

## Part C

<b>Endorsement of fire Arms (See rule 18)</b>		
<b>A</b>	Acquisition of firearm	
(a)	Validity of permission to acquire	_____ / _____ / _____ (DD/MM/YYYY)
(b)	Date of acquisition of firearm	_____ / _____ / _____ (DD/MM/YYYY)
<b>B</b>	Acquisition from manufacturer or arms dealer	
(a)	Name of the vendor	
(b)	UIN of the vendor	
(c)	Invoice number	
(d)	Invoice date	_____ / _____ / _____ (DD/MM/YYYY)
<b>C</b>	Acquisition from another licensee	
(a)	Name of the transferor licensee	
(b)	Parent/Spouse Name	
(c)	UIN	
(d)	Licence number	
(e)	Validity period of licence	_____ / _____ / _____ (DD/MM/YYYY)
(f)	Details of permission to sell obtained by transferor	_____ / _____ / _____ (DD/MM/YYYY)
	Name of the licensing authority	
	Reference No.	
	Date	_____ / _____ / _____ (DD/MM/YYYY)
	Expiry date (if any)	_____ / _____ / _____ (DD/MM/YYYY)
<b>D</b>	Details to be furnished <i>in case acquisition of firearm is made from any place not covered under the area validity of the licence of the applicant</i>	
(a)	Reference No. of NOC issued by the licensing authority under rule 98	
(b)	Date of NOC	_____ / _____ / _____ (DD/MM/YYYY)
(c)	Validity of NOC	_____ / _____ / _____ (DD/MM/YYYY)

<b>E</b>	Transport Licence Number Issued in Form XII	
(a)	Name of the issuing authority of transport licence	
(b)	Date of transport licence	_____ / _____ / _____ (DD/MM/YYYY)
(c)	Validity period of transport licence	_____ / _____ / _____ (DD/MM/YYYY)
<b>List of documents to be enclosed</b>		
<b>1</b>	Original Invoice (refer Para B)	
<b>2</b>	Sale confirmation from the transferor licensee (refer Para C)	
<b>3</b>	No objection certificate and transport licence (refer Para D)	
<b>4</b>	Coloured photograph of the firearm acquired showing the serial number of the firearm (refer Para E)	
<i>Note: The licensing authority may require the licensee to endorsement of the same on the licence.</i>		<i>get the physical inspection of the firearm before</i>

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

**Warning:**  
Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

# Form – B2

**Application for allied services related to licences issued  
in Form II, III and IV**

## Part D

<b>Permission to sell or transfer firearm or ammunition under section 5 of the Arms Act, 1959</b>	
<b>1.</b>	Details of firearm to be sold or transferred
	Type of firearm ( <i>Rifle/Shot Gun/Hand Gun</i> )
	Bore/Calibre
	Weapon Number
<b>2.</b>	Details of ammunition to be sold or transferred
	Bore/calibre of ammunition
	Quantity of ammunition
<b>3.</b>	Reason for sale or transfer of firearm or ammunition <i>(defective condition of the firearm/ economic reason /any other reason)</i>
<b>4.</b>	Particulars of the purchaser or transferee to whom the firearm or ammunition is to be sold or transferred
	If to be sold or transferred to another licensee
(a)	Name of the prospective buyer or transferee
(b)	Address of the prospective buyer or transferee
(c)	UIN
(d)	Licence Number
(e)	Validity of licence <div style="text-align: right; margin-top: 5px;">_____ / _____ / _____ (DD/MM/YYYY)</div>
(f)	Validity of purchase period <div style="text-align: right; margin-top: 5px;">_____ / _____ / _____ (DD/MM/YYYY)</div>
<b>5</b>	If to be sold to an authorised arms and ammunition dealer
(a)	Name of the dealer
(b)	Address of the dealer
(c)	UIN
<i>This may be treated as the mandatory notice under clause (b) of sub-section (2) of section 5 of the Arms Act, 1959</i>	

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

**Warning:**

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

# Form – B2

Application for allied services related to licences issued  
in Form II, III and IV

## Part E

Deletion of Firearms or Ammunition from the licence		
1.	Detail of firearm sold or transferred	
	Type of firearm ( <i>Rifle/Shot Gun/Hand Gun</i> )	
	Bore/Caliber	
	Weapon Number	
2.	Details of ammunition sold or transferred	
	Bore/caliber of ammunition	
3.	Quantity of ammunition	
	Details of permission to sell granted	
	Reference Number	
	Date	____ / ____ / _____ (DD/MM/YYYY)
4.	Particulars of the purchase or transferee	
(a)	In case sold to an arms dealer	
	Name and address of the arms and ammunition Dealer	
	UIN	
	Serial No. of certificate of acquisition	
	Date of the certificate of acquisition	____ / ____ / _____ (DD/MM/YYYY)
(b)	In case sold to another licensee	
5.	Name of the purchaser or transferee	
	UIN	
	Licence number	
	Validity of licence	
	Validity of permission to acquire possessed by the transferee	____ / ____ / _____ (DD/MM/YYYY)

<b>List of documents to be enclosed</b>	
<b>1</b>	Acquisition certificate of the arms dealer; or
<b>2.</b>	Written confirmation from the purchaser or transferee along with the signed copy of his licence

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

---

Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

**Warning:**

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

# Form – B2

Application for allied services related to licences issued  
in Form II, III and IV

## Part F

Extension of time limit for acquisition of firearm (see rule 18)		
1	Date of grant of permission to acquire firearm	_____ / _____ / _____ (DD/MM/YYYY)
2	Date of expiry of permission to acquire firearm	_____ / _____ / _____ (DD/MM/YYYY)
3	Period of validity of the licence	_____ / _____ / _____ (DD/MM/YYYY)
4	Reasons for not been able to acquire the firearm within the stipulated period	
5	Details of the firearm to be acquired for which extension is being sought	
6.	Any other claims for special consideration	

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

\_\_\_\_\_  
Signature /Thumb - impression of applicant

Place .....

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

**Warning:**

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

# Form B-3

## Application for addition / deletion of retainer

( See rule 22 )

<b>For companies</b>		
<i>To be filled in separately for every addition or deletion</i>		
1.	Name of the licensee company	
2.	UIN	
3.	Licence number	
4.	Validity of the licence	_____ / _____ / _____ ( DD/MM/YYYY )
5.	Details of weapons endorsed on the licence	1.
		2.
		3.
6.	Retainer details	
(a)	Name of the retainer	
(b)	Parent/Spouse Name	
(c)	Date of birth	_____ / _____ / _____ ( DD/MM/YYYY )
(d)	Date since employed with the organisation	_____ / _____ / _____ ( DD/MM/YYYY )
(e)	Present address	
(f)	Nearest Police Station	
(g)	Tele/Mobile Number(s)	
(h)	Permanent address	
(i)	Nearest police station	

Dated : .....

.....  
(Signature of the licensee)

.....  
(Signature of the retainer)



**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*



# KOLKATA POLICE

## NDAL-National Database of Arms Licence DATA INPUT SHEET: INSTITUTIONAL

**Unique Case File:**

(Official Use Only)

### LICENCEE PARTICULAR – INSTITUTIONAL

<b>Name of Institution*:</b>	
<b>Type of Institution*:</b> COLLEGE-SCHOOL/GOVT. SECTOR PSU/INSURANCE COMPANY/NATIONALISED BANK/PUBLIC LIMITED COMPANY/RELIGIOUS TRUST-BODY/SECURITY ORGANISATION/UNIVERSITY/OTHERS(Specify) _____	
<b>Phone No. :</b>	<b>Email:</b>

### Address Details:

<b>Address*:</b>		<b>District*:</b>
		<b>PS*:</b>
<b>State*:</b>	<b>Pin:</b>	<b>Country: INDIA</b>

### LICENCE DETAILS-INSTITUTIONAL (Only last updated record)

<b>Licence No*:</b>	<b>Date of Issue*:</b> DD/MM/YYYY
<b>VALIDITY PERIOD FROM*:</b> DD/MM/YYYY <b>TO*:</b> DD/MM/YYYY	<b>AREA OF VALIDITY*:</b>
<b>Dt. Area Validity</b> if any: DD/MM/YYYY	<b>AREA VALIDITY:</b> 01-DISTRICT 02-STATE 03-THREE ADJOINING STATES 04-ALL INDIA 05-OTHERS
<b>Description: (Purpose..etc):</b>	

### WEAPON DETAIL INSTITUTIONAL

**Total No. of Weapons Endorsed\* : One/Two/Three**

SI No.	PB/ NPB*	WEAPON TYPE* #	Bore*	Make*	Weapon No.*	No of Cartridges Allowed*
1						
2						
3						

# Select Weapon Type: 1.Carbine 2.Gun 3.Revolver-Pistol 4.Rifle 5.Short Pistol

**WEAPON RETAINER- INSTITUTIONAL**

<b>Name of Retainer 1*:</b>		<b>Father's Name*:</b>	
<b>Address*:</b>		<b>District*:</b>	
<b>State*:</b>		<b>PS*:</b>	
<b>Pin:</b>			<b>Country: INDIA</b>

<b>Name of Retainer 2*:</b>		<b>Father's Name*:</b>	
<b>Address*:</b>		<b>District*:</b>	
<b>State*:</b>		<b>PS*:</b>	
<b>Pin:</b>			<b>Country: INDIA</b>

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



# KOLKATA POLICE

## NDAL-National Database of Arms Licence DATA INPUT SHEET: SPORTS PERSON

Unique Case File:   
(Official Use Only)

Affix Recent  
Photo of  
Licencee

### LICENCEE PARTICULAR – SPORTS PERSON

Name*:		Gender*: Male/Female	
		Dt. Birth*: DD/MM/YYYY	
Parent/Spouse Name*:		Country*: INDIA Birth State*:	
Birth District*:	PS*:	Address*:	
Category*: Arjuna Awardees / International Medalist / International Target Shooters / Junior Target Shooters / Other Shooters / Renowned Shooters / Sports			
Phone No. (O):	(R):	Mobile:	
Email:			
Exception Certificate*: MoS/NRAI		No of Events for Which Exemption Sought*: One/Two/More Than Two	

### Present Address

Address*:		District*:	
		PS*:	
State*:	Pin:	Country: INDIA	

### Permanent Address

Tick whether the permanent address is same as present address else fills up the following.

Address*:		District*:	
		PS*:	
State*:	Pin:	Country: INDIA	

### LICENCE DETAILS-SPORTS PERSON (Only last updated record)

Licence No*:	Date of Issue*: DD/MM/YYYY
Shooter Type*: NORMAL/JUMBO	
VALIDITY PERIOD FROM*: DD/MM/YYYY TO*::DD/MM/YYYY	AREA OF VALIDITY*:
Dt. Area Validity if any: DD/MM/YYYY	AREA VALIDITY: 01-DISTRICT 02-STATE 03-THREE ADJOINING STATES 04-ALL INDIA 05-OTHERS
Description: (Purpose..etc):	

**WEAPON DETAIL SPORTS PERSON**

<b>Total No. of Weapons Endorsed*</b> (Max.:10): <b>One/Two/Three/Four/Five/Six/Seven/Eight/Nine/Ten</b>	
<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	<b>GEN: ___ EXE.: ___ TOTAL: ___</b>

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

**Form S-2**  
**Standard format of undertaking for safe storage of firearms**  
*[See rule 10(4)]*

To  
The Deputy Commissioner of Police,  
Reserve Force (Arms Act Department)  
Kolkata Police, Lalbazar

**Undertaking**

This is to solely affirm and declare that -

1. I have applied for grant of a new arms licence/renewal of arms licence (bearing number \_\_\_\_\_ and my UIN is \_\_\_\_\_)
2. I undertake to practice safe storage of the firearm (in knocked down condition) when I am not carrying the firearm(s) with me.
3. I undertake to educate the children about the dangers of interacting with arms and ammunition.
4. I have the capacity to store the firearm safely and securely in a safe or steel almirah in order to minimize the risk that it could be stolen or accessed by someone else.

It is hereby solely affirmed that the declaration made above is true to the best of my knowledge and belief and if at any subsequent date, if any of the said declarations is found false or incorrect, I shall be liable for the same including cancellation or revocation of my licence and subject to penal provisions under the Arms Act, 1959.

Place .....

Date .....

:

\_\_\_\_\_  
( Signature of the Applicant/Licensee )

**Note: Enclose proof of safe storage as mentioned at S.No. 4**

**Form S-3**  
**Standard format of medical certificate**  
*[See clause (g) of sub-rule (4) of rule 11)]*  
*(On the letter head of the medical practitioner)*

**This is to certify that I have carefully examined the person whose particulars are furnished below -**

1	Name of the person examined	
2	Father's Name/Spouse Name	
3	Residential address	
4	Age and date of birth	
5	Height	
6	Weight (in Kgs)	
7	Blood pressure (please specify)	
8	Deformity, if any (particularly in upper limbs)	
9	Any other observation	

On the basis of examination, it is certified that the person examined as mentioned in column 1 above -

1. is in good physical health and is free from any physical deformity;
2. has been found to be of stable mental condition and is not inclined to violence;
3. has been found not dependent on any substance which has an intoxicating or narcotic effect.
- 4.

Signature of the person examined *named in column (1)* \_\_\_\_\_

Signature of the medical practitioner \_\_\_\_\_

Registration Number \_\_\_\_\_

