

Form-4 (Licensee Particulars –Institution)

Institution Details				
Name of the Institution				
Type of Institution		Phone No.		
Address			Pan Number	
			State	
			District	
Police Station Name			PIN Code	
Licence Details:				
Licence Number			Date of Issued	
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			Aadhaar Number	
Father's Name			Pan Number	
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:			Signature of Licensee	
Place:				

- Gun, Pistol, Revolver, Rifle, Carbine, Short Pistol

§ - District/State/All India/3 State/Other

ACKNOWLEDGEMENT

Name			
License Number		Police Station Name	
Address			

Name & Designation of Receipt Clerk