

**Form-1 (Individual Licensee – License Originally Issued from Gaya District)**

**Part – I (Licensee Details)**

|                        |  |                            |  |
|------------------------|--|----------------------------|--|
| Name                   |  | Gender (M/F)               |  |
| Occupation /Profession |  | Date of Birth (dd/mm/yyyy) |  |
| Parents/Spouse Name    |  | Birth State                |  |
| Pan Number             |  | Birth District             |  |
| Aadhaar Number         |  | Country                    |  |
| Mobile No.             |  | e-mail Address             |  |

**Present Address and Police Station:**

|                     |  |          |  |
|---------------------|--|----------|--|
| Address             |  | State    |  |
|                     |  | District |  |
| Police Station Name |  | PIN Code |  |

**Permanent Address and Police Station:**

|                     |  |          |  |
|---------------------|--|----------|--|
| Address             |  | State    |  |
|                     |  | District |  |
| Police Station Name |  | PIN Code |  |

**Part – II (Licence Details)**

|                    |                             |                              |                               |  |
|--------------------|-----------------------------|------------------------------|-------------------------------|--|
| Licence Type       | PB <input type="checkbox"/> | NPB <input type="checkbox"/> | Licence Status *              |  |
| Licence Number     |                             |                              | Date of Issue (dd/mm/yyyy)    |  |
| Period of Validity | From (dd/mm/yyyy)           |                              | To(dd/mm/yyyy)                |  |
| Area Validity §    |                             |                              | Date of Validity (dd/mm/yyyy) |  |

**Part – III (Weapon Details)**

|                                     |  |                    |  |
|-------------------------------------|--|--------------------|--|
| Total No. of Weapon                 |  | Licence Number     |  |
| <b>Weapon - 1</b>                   |  | Type #             |  |
| Category (NPB / PB)                 |  | Bore of Weapon     |  |
| Weapon Number                       |  | Make               |  |
| Maximum Number of cartridge allowed |  | Area Validity §    |  |
| <b>Weapon - 2</b>                   |  | Type #             |  |
| Category (NPB / PB)                 |  | Bore of Weapon     |  |
| Weapon Number                       |  | Make               |  |
| Maximum Number of cartridge allowed |  | Area Validity §    |  |
| <b>Weapon - 3</b>                   |  | Type #             |  |
| Category (NPB / PB)                 |  | Bore of Weapon     |  |
| Weapon Number                       |  | Make               |  |
| Maximum Number of cartridge allowed |  | Area of Validity § |  |

**Part – IV (Enclosures)**

|                       |                              |                             |   |                              |                             |
|-----------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Photo Attached        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Self attested photocopy of license attached | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Date: .....           |                              |                             |   |                              |                             |
| Place: .....          |                              |                             |   |                              |                             |
| Signature of Licensee |                              |                             |   |                              |                             |

\* - New / Renew / Cancel / Duplicate      § - District / State / All India / 3 State / Other      # - Gun, Pistol, Revolver, Rifle, Carbine, Short Pistol

**ACKNOWLEDGEMENT**

|                |  |                     |  |
|----------------|--|---------------------|--|
| Name           |  |                     |  |
| License Number |  | Police Station Name |  |
| Address        |  |                     |  |
|                |  |                     |  |

**Name & Designation of Receipt Clerk**