

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 & Signature of Receipt Clerk