

Form-2 (Individual Licensee - Issued By Outside Authority But Entered in O.D. Register of the District)

Part - I (Licensee Details)

Name		Date of Birth (dd/mm/yyyy)	
Gender (M/F)		Occupation /Profession	
Parent/Spouse Name		Country	
Birth State		Birth District	
Phone Number (O)		Mobile No.	
Phone Number (R)		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 Number of Local Authority (if issued)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Original Licence Number		Date of Issue (Original Licence) (dd/mm/yyyy)	
Period of Validity	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Area Validity \$		Date of Area Validity (dd/mm/yyyy)	
Address at the time of issuance of original licence		State	
		District	
Original Issuing Authority (DM / CoP)		PIN Code	
Last Renewing Authority other than Original Issuing Authority (Prior to Local Registration) Last Renewing Authority - 1			
If more than one renewal done by authority other than original licensing authority		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Last Renewing Authority - 2			

Part - III (Weapon Details)

Total No. of Weapon		Licence Number	
Weapon - 1		Type #	
Category (NPB / PB)		Bore of Weapon	
Weapon Number		Make	
Maximum Number of cartridge allowed		Area of Validity \$	
Weapon - 2		Type #	
Category (NPB / PB)		Bore of Weapon	
Weapon Number		Make	
Maximum Number of cartridge allowed		Area of Validity \$	
Weapon - 3		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 the license attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Date:

Place:

Signature of Licensee

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

\$ - District / State / All India / 3 State / Other

ACKNOWLEDGEMENT

Name			
License Number		Police Station Name	
Address			

Name & Signature of Receipt Clerk