

Application Form for “Renewal of Gun License” Service

Note: Fields marked with * are mandatory.

To
The District Magistrate & Collector,

Sub: Prayer for **Renewal of Gun License**

Sir / Madam,

I would like to avail the aforesaid service from your office. Required details are furnished hereunder.

Affix Your
Recent Passport
Size
Photograph
here *

1. Applicant's Personal Details

a Applicant's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name *	Middle Name	Last Name *

c Guardian's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name *	Guardian's Middle Name	Guardian's Last Name *

e Relation with Guardian * (tick the appropriate)	<input type="checkbox"/> Wife	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Mother-in-law
	<input type="checkbox"/> Brother-in-law	<input type="checkbox"/> Sister-in-law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson
	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Son-in-law

f Applicant's Date of Birth * (dd/mm/yyyy) **g** Applicant's Gender * (tick the appropriate) Male Female Transgender

h Marital Status * (tick the appropriate)	<input type="checkbox"/> Widow / Widower	i Applicant's Caste * (tick the appropriate)	<input type="checkbox"/> ST	j Applicant's Religion *(tick the appropriate)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Christian
	<input type="checkbox"/> Married		<input type="checkbox"/> SC		<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
	<input type="checkbox"/> Single		<input type="checkbox"/> OBC		<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other
	<input type="checkbox"/> Divorced		<input type="checkbox"/> Other		<input type="checkbox"/> Jainism	

k Applicant's Qualification * (tick the appropriate)	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
	<input type="checkbox"/> Literate (without educational level)	<input type="checkbox"/> Graduation or Equivalent
	<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
	<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
	<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
	<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

l Applicant's Economic Status * APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Present Address

a	Address Line 1 *						
	Address Line 2						
	Address Line 3						
	Country		State		District		PIN

b Is Permanent Address same as Present Address? * Yes No

3. Applicant's Permanent Address (* if Permanent Address is not same as Present Address)

c	Address Line 1 *						
	Address Line 2						
	Address Line 3						

Country		State		District		PIN	
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4. Applicant's Contact Details

a	Mobile Number * (10 digits only)	<input type="text"/>	b	E-Mail	<input type="text"/>
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5. Service Specific Information

a	Serial No. of License *	<input type="text"/>
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b	Brief Description of each Weapon with detailed e.g. Identification marks register number etc. (Arms & Ammunition that license is entitled to possessed) *
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c	Maximum to be processed at any one time (Arms & Description of each kind Ammunition) (Arms & Ammunition that license is entitled to possessed) *
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d	Maximum purchase able during the year (Arms & Description of each kind Ammunition) (Arms & Ammunition that license is entitled to possessed) *
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e	Do you have any retainer covered by the license? * <input type="checkbox"/> Yes <input type="checkbox"/> No
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f	Name, Father's Name and address of the retainer (if any) covered by the license
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g	Arms (Name and Ammunition that retainer of entitled of possess)
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h	Ammunition (Name and Ammunition that retainer of entitled of possess)
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i	Area within which license is valid *
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j	Old License - Date on which License is expired/ Going to Expire *
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Affix Retainer's Recent Passport Size Photograph here

k	License Category *	<input type="checkbox"/> (A) Pistols/ Revolvers and repeating Rifles	<input type="checkbox"/> (B) Rifles other than those mentioned in (A) and (C)
		<input type="checkbox"/> (C) 22 Bore Rifle (low velocity) firing rimmed cartridges/ BL gun and air rifle	<input type="checkbox"/> (D) ML gun/ Air gun/ Sword/ Bayonet/ Dagger and Spear lance

6. Eligibility

a	Do you have Previous License Certificate? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Do you want to upload any Other Supporting Document? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Please upload filled and signed (scan) copy of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" –

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				

7. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression