

COLLECTORATE & DISTRICT MAGISTRATE OFFICE, PUNE
HOME BRANCH

Licensee Particulars- Individual



Write in English and CAPITALS Use Only Blue/ Black Ball Point Pen.

Date :-

1. Name _____
First Name Middle Name Last Name

Gender : Male / Female

(b) Nationality :-

2. Father's/Husband's Name :-

3. Date of Birth (dd mm yyyy) :- (a) Place of Birth :-

(b) Birth District :- (c) Birth State:-

4. Telephone: -Office :- Residence :- Mobile :-

Fax :- E-mail :-

5. Present Address :- (Attach Xerox Copy of Address proof) Residing Since :-

District :- Pin Code :- State :-

Nearest Police Station of Present address :-

6. Permanent Address :-

District :- Pin Code :- State :-

Nearest Police Station of Permanent address :-

7. Occupation (Professional/Business/Govt. service/Private service/Doctor etc.):-

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8. Licence Issue/Renewed by Local Authority

Weapon Licence No. :-

(a) Date of Issue :----- (dd mm yyyy)

(b) Period of Validity From :----- (dd mm yyyy) To :-----

(c). Area Validity :----- Date of Area Validity (if any) :-----

9. Individual Weapon Information

Total No. of Weapon Endorsed :

| Type PB/NPB | Bore | Weapon No. | Make | Cartridges allowed | |
|----------------|------|------------|------|--------------------|-----------------|
| | | | | One Time | Total in a Year |
| | | | | | |
| | | | | | |
| | | | | | |

10. Restriction , if any :-

| | | | | | |
|---|----------|--------------------------------|------------|---------------------------|------------|
| NSP Weapon | Yes / No | | | | |
| Restriction to sell by Ordnance Factory | Yes / No | Date of Restriction up to Date | dd/mm/yyyy | | |
| Restriction to sell by State Fire Arms Bureau | Yes / No | Life Time Restriction | Yes / No | Date of Restriction up to | dd/mm/yyyy |
| Imported Weapons | Yes / No | Life Time Restriction | Yes / No | Date of Restriction up to | dd/mm/yyyy |

11. Retainer , if any :-

(a) Name of the Retainer :-----

(b) Father's /Husband's Name :-----

COLLECTORATE & DISTRICT MAGISTRATE OFFICE, PUNE HOME BRANCH

(c) Retainer Present Address :-

Residing Since : -

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District : Pincode : State :

Nearest Police Station of Present address:

(d) Telephone: -Office :- Residence :- Mobile :-

Fax :- E-mail:

Place :

Date :

Signature / Thumb impression of the applicant

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FOR OFFICE USE ONLY

I have verified the above details personally.

Signature & Name of The Officer

Office Seal