

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