

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 then Original Issuing Authority (Prior to Local Registration) Last Renewing Authority - 1 | | | |
| If more than one renewal done by authority other then 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"/> |
|----------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

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