

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		Two		Three
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	No	Self attested photocopy of the license attached	Yes	No
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

Computer Code					
Name					
License Number			Police Station Name		
Address					

Name & Signature of Receipt Clerk