

**Form-2 (Individual Licensee - Issued By Outside Authority But Entered in O.D. Register of Jehanabad District)****Part – I (Licensee Details)**

Name		Gender (M/F)	
Occupation/Profession		Date of Birth (dd/mm/yyyy)	
Parent/Spouse Name		Birth State	
Phone Number (O)		Birth District	
Phone Number (R)		Country	
Mobile No.		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 than Original Issuing Authority (Prior to Local Registration) Last Renewing Authority - 1			
If more than one renewal done by authority other than 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	
<b>Weapon - 1</b>		Type #	
Category (NPB / PB)		Bore of Weapon	
Weapon Number		Make	
Maximum Number of cartridge allowed		Area of Validity §	
<b>Weapon - 2</b>		Type #	
Category (NPB / PB)		Bore of Weapon	
Weapon Number		Make	
Maximum Number of cartridge allowed		Area of Validity §	
<b>Weapon - 3</b>		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"/>
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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 &amp; Designation of Receipt Clerk