

Form-3 (Licensee - Sports Person)

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	
Exemption Certificate	MoS <input type="checkbox"/> NRAI <input type="checkbox"/>	No. of events for which exemption sought	

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		Date of Issue (dd/mm/yyyy)	
Shooter Type	Normal <input type="checkbox"/>	Jumbo <input type="checkbox"/>	
Period of Validity	From (dd/mm/yyyy)	To (dd/mm/yyyy)	
Area Validity [§]		Date of Area Validity (dd/mm/yyyy)	

Part – III (Weapon Details)

Total No. of Weapon Endorsed		Category	
General Category	None/One/Two/Three	Summary of Weapon	General Exe Category
Number of Exempted Weapon as per 667(E) 12-09-1985			Total -
Details of Weapon - 1	Category (NPB / PB)	Type #	Bore of Weapon
	Make		Maximum Cartridges Allowed
Area of Validity [§]		General Weapon <input type="checkbox"/>	Sports Weapon <input type="checkbox"/>
Details of Weapon - 2	Category (NPB / PB)	Type #	Bore of Weapon
	Make		Maximum Cartridges Allowed
Area of Validity [§]		General Weapon <input type="checkbox"/>	Sports Weapon <input type="checkbox"/>
Details of Weapon - 3	Category (NPB / PB)	Type #	Bore of Weapon
	Make		Maximum Cartridges Allowed
Area of Validity [§]		General Weapon <input type="checkbox"/>	Sports Weapon <input type="checkbox"/>

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 & Designation of Receipt Clerk