

LICENSEE/LICENSE DETAILS FOR NDAL
DISTRICT RAJOURI

(To be filled in Capital Letters)

(Outstation License)

Name _____ DOB _____

Father Name _____ Occupation _____

State _____ District _____

Address at the time License Issued: _____

Permanent Address : _____

Nearest Police Station : _____ Mobile No : _____

Arms License No _____ Date _____

Issuing Authority _____

Last Renewal Upto _____ Last Renewing Authority _____

License Area Validity _____ Date of Area Validity _____

Weapons Endorsed

i) Type of Weapon : _____ Weapon No : _____

Make : _____ No of Cartridges allowed : _____

In case of second weapon -

ii) Type of Weapon : _____ Weapon No : _____

Make : _____ No of Cartridges allowed : _____

Date :

Signature of Licensee/Rep

For Office Use :

AID _____ UCF _____

(Please attach photocopy of Arms license)