

# LICENCEE/LICENCE DETAILS FOR NDAL

DISTRICT RAJOURI  
(To be filled in Capital Letters)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Fathers Name \_\_\_\_\_ Occupation \_\_\_\_\_

State \_\_\_\_\_ District \_\_\_\_\_

Address at the time License issued: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Nearest Police Station : \_\_\_\_\_ Mobile No \_\_\_\_\_

Arms License No \_\_\_\_\_ Date \_\_\_\_\_

Last Renewed Upto \_\_\_\_\_ License Area Validity \_\_\_\_\_

## (Weapon 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 : \_\_\_\_\_

Signature of Licensee/Rep

Date:

### **For Office Use :**

AID \_\_\_\_\_ UCF \_\_\_\_\_

(Please attach photocopy of Arms License)