

To
The District Magistrate

Sub: Prayer for **Gun License**

Sir,
I would like to avail the aforesaid service from your office. Required details are furnished hereunder

1. Applicant's Personal Details

a Applicant's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b	Applicant's First Name *	Middle Name	Last Name *
	<input type="text"/>	<input type="text"/>	<input type="text"/>

c Guardian's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d	Guardian's First Name *	Guardian's Middle Name	Guardian's Last Name *
	<input type="text"/>	<input type="text"/>	<input type="text"/>

e Relation with Guardian * (tick the appropriate)

<input type="checkbox"/> Wife	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son
<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-Law	<input type="checkbox"/> Mother-in-Law
<input type="checkbox"/> Brother-in-Law	<input type="checkbox"/> Sister-in-Law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson
<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter-in-Law	

f Applicant's Date of Birth * (dd/mm/yyyy) **g** Applicant's Gender * (tick the appropriate) Male Female Transgender

h Marital Status * (tick the appropriate)

Widow / Widower
Married
Single
Divorced

i Applicant's Caste * (tick the appropriate)

<input type="checkbox"/> ST
<input type="checkbox"/> SC
<input type="checkbox"/> OBC
<input type="checkbox"/> Other

j Applicant's Religion *(tick the appropriate)

<input type="checkbox"/> Hinduism
<input type="checkbox"/> Sikhism
<input type="checkbox"/> Buddhism
<input type="checkbox"/> Jainism
<input type="checkbox"/> Christianity
<input type="checkbox"/> Islam
<input type="checkbox"/> Other

k Applicant's Qualification * (tick the appropriate)

<input type="checkbox"/> Illiterate
<input type="checkbox"/> Literate (without educational level).
<input type="checkbox"/> Primary Schooling (I - V)
<input type="checkbox"/> Secondary Schooling (VI - VIII)
<input type="checkbox"/> Senior Secondary Schooling (IX - X)
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)
<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Others

l Applicant's Economic Status * ((tick the appropriate)) APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Address

a	Address Line 1 *	<input type="text"/>						
	Address Line 2	<input type="text"/>						
	Address Line 3	<input type="text"/>						
	Country	<input type="text"/>	State	<input type="text"/>	District	<input type="text"/>	PIN	<input type="text"/>

b Is permanent Address same as Present Address? * Yes No

3. Applicant's Permanent Address

a	Address Line 1 *							
	Address Line 2							
	Address Line 3							
	Country		State		District		PIN	

b Is permanent Address same as Present Address? * Yes No

4. Applicant's Contact Details

a	Mobile Number * (10 digits only)	<input type="text"/>	b	E-Mail	<input type="text"/>
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5. Service Specific Information

a	Serial No. of License *	<input type="text"/>
b	Brief Description of each Weapon with detailed e.g. Identification marks register number etc.(Arms & Ammunition that license is entitled to possessed) *	
	<input type="text"/>	
c	Maximum to be processed at any one time (Arms & Description of each kind Ammunition)(Arms & Ammunition that license is entitled to possessed) *	
	<input type="text"/>	
d	Maximum purchase able during the year (Arms & Description of each kind Ammunition)(Arms & Ammunition that license is entitled to possessed) *	
	<input type="text"/>	

e Do you have any retainer covered by the license? * Yes No

f	Name, father's Name and retainer (if any) covered by the License	g	Arms(Name and Ammunition that retainer of entitled of possess)
	<input type="text"/>		<input type="text"/>

h	Ammunition(Name and Ammunition that retainer of entitled of possess)	i	Area within which license is valid *
	<input type="text"/>		<input type="text"/>
		j	Old License - Date on which License is expired/ Going to Expire *
			<input type="text"/>

6. Eligibility

a	Do you have Previous License Certificate? *		Yes	No
b	Do you want to upload any Other Supporting Document? *		Yes	No

Please provide details for the items you have selected "Yes" –

	Document Name	Reference No.	Date of Issue	Issued by
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression