						Arms Licenc DIVIDUAL	e	
Unique Case File:								
(Official Use Only)								Affix Recent
ЦС	EN CEE PAR	FICULA	R – II	NDIV	IDU.	AL		Photo of
Name* :						Dt. Birth* :	DD/MM/YYYY	Licencee
Gender* : Male/Female Occupa	tion/ Professi	on* :						
[Select Occupation/Profession from: 1 7. Self Employed 8. House Wife 9. Retired			. Privat	e Serv	vices 3	Business 4. Agricu	ulturist 5. Sports Pe	erson 6. Professional
Parent/ Spouse Name* :	1					Country* :	INDIA Birth Sta	ite* :
Birth District* :	Taluk* :					Village* :		
Phone No. (O):	(R):					M obile:		
Email:								
Present Address						[
Address* :						Village* :		
						Taluk* :		
	_					District*:		
	PIN					State: Kerala	Country: INDIA	
Present Police Station Address								
Police Station* :								
Permanent Address								
Tick whether the permanent addres	s is same as p	present	addre	ess el	se fill		ng.	
Address* :						Village* :		
						Taluk* :		
	PIN					District* : State* :		Country: INDIA
Permanent Police Station Address								
Police Station Local* :		Polic	ce Sta	tion	Perm	anent Address:	(Specify If not under I	ocal jurisdiction)
LICEN CE ISSUE	D/ RENEW ED	BY LO	CAL	AUTI	HOR	I TY (Only last up	dated record)	
Licence No*:							Date of Issue*	DD/ MM/ YYYY
VALIDITY PERIOD FROM *: DD/MM/Y	/YY TO* : :DD/ N	1 M / YYY	Y	AREA	OFV	AUDITY* :		
Dt. Area Validity if any: DD/MM/YYYY		AREA V		TY: 0	1-DIST	RICT 02-STATE 03-THR	EE ADJOINING STATE	S04-ALL INDIA 05-OTHERS
Description: (Purposeetc):								
LICENCE ISSUED/ RENEWED BY OUTSIDE AUTHORITY								
Licence Number of local authority (if	i ssued): Yes/I	No						
Original Licence No* :						Dt. Issue O	riginal Licence *	: DD/ MM/ YYYY
VALIDITY PERIOD FROM*: DD/MM/Y						AUDITY* :		
Dt. Area Validity if any: DD/MM/YYYY		AREA V	AUDI	TY::0)1-DIS	IRICT 02-STATE 03-TH	REE ADJOINING STAT	ES 04-ALL INDIA 05-OTHERS
Description: (Purposeetc):								

ADDITION	NAL INFORM ATION IN CASE OF LICENCE	ISSUED	BYOUIS	DEAU	THORITY:							
Address	at the time of issuance of Original Licen	ce:				Dis	trict:					
						State:						
								PIN:				
									I			I
Origina	l issuing Authority (DM/CoP)* :											
Last Rei	newing Authority other than Origina	Ilssuing	g Author	ity (P	rior to Local	Regi	stration)					
	newing Authority1:											
	than one renewal done by authority	other t	hen Orig	ginal I	Licensing Au	thor	ity: Yes/No					
IT YES, G	If Yes, Give Last Renewing Authority 2:											
		INDI	/IDUAL	WEA	PON DETA	IL						
Total N	o. of Weapons Endorsed* (Max.:3):	One/ T	wo/ Thre	e								
1.	Weapon Category*: PB/NPB		Weapo	on Typ	be*: Carbin	e/Gu	ın/Revolver-Pi	stol/F	Rifle/Sh	ıort Pi	stol	
Bore*:			M ake*	:			Weapon No)* :				
Maxim	um No Cartridges Allowed* :				No. of Car	tridg	es allowed to	keep	at a ti	me:		
	Restrictions, if any	YES	NO Life Time Res			striction (Tick) Da			Date of Restriction up to		up to	
NSP We	apon:											
	y Ordnance Factory :							DD/MM/YYYY				
To Sell by State Fire Arms Bureau:									MM/YY			
Importe	d Weapons:							DD/1	MM/YY	ΥΥ		
2.	Weapon Category*: PB/NPB		Weapo	on Typ	e*: Carbin	e/Gu	n/Revolver-Pi	stol/F	Nifle/Sh	iort Pi	stol	
Bore* :			M ake*	:	_		Weapon No	o* :				
Maxim	um No Cartridges Allowed* :				No. of Car	tridg	esallowed to	keep	at a ti	me:		
	Restrictions, if any	YE	S/ NO	O Life Time Restr			striction (Tick) Date of			e of Restriction up to		
NSP We												
	y Ordnance Factory :)/ M M / `			
-	by State Fire Arms Bureau: d Weapons:			_)/ M M / `)/ M M / `			
			1									
3.	Weapon Category*: PB/NPB		Weap	on Ty	pe*: Carbir	1e/Gu	un/Revolver-P	istol/I	Rifle/S	nort P	istol	
Bore* :			M ake*	:			Weapon No	o* :				
Maxim	um No Cartridges Allowed* :				No. of Car	tridg	esallowed to	keep	at a ti	me:		
	Restrictions, if any	YE	S/ NO		Life Time R	Restri	ction (Tick)	Da	ate of	Restri	ctior	n up to
NSP We												
	by Ordnance Factory :)/ M M / `			
	by State Fire Arms Bureau: d Weapons:			_)/MM/`)/MM/`			
mporte									/ IVI IVI /	IIII		

It is declared that the information furnished above is true to the best of my knowledge and belief.

Place:

Date:

Signature with Name:

INSTRUCTIONS: Please do not leave Fields marked with *, which are mandatory. In case of License Issued by Local Authority, please strike off the block containing input fields for 'License Issued by Outside Authority' and vice-versa. If only one weapon is endorsed to the license holder, please skip the subsequent input columns meant for capturing multiple weapons details issued to the licensee.

NOTE: If multiple licences are issued to a single person, then furnish such licence details in separate sheet. Documentary Proofs may be required for Date of Birth, Address & any other specified details decided by District Administration

NDAL-National Database of Arms Licence									
	DATA INPUT SHEET: INSTITUTIONAL								
Unique Case File:									
LICENCEE PARTICULAR – INSTITUTIONAL									
Name of Institution* :									
Type of Institution*: COLLEGE-SCHOOL/ GOVT. SECTOR PSU/ INSURANCE COM PANY/ NATIONALISED BANK/ PUBLIC LIM ITED COM PANY/ RELIGIOUS TRUST-BODY/ SECURITY ORGANISATION/ UNIVERSITY/ OTHERS(Specify)									
Phone No. :	Email:								
Address Details:									
Address* :		Taluk* :							
		District*:							
	PIN	State: Kerala Country: INDIA							

Present Police Station Address

Police Station*:

LICENCE DETAILS-INSTITUTIONAL (Only last updated record)							
Licence No*:			Date of Issue*: DD/MM/YYYY				
VALIDITY PERIOD FROM *: DD/MM/YYYY TO*::DD	/ M M / YYYY	AREA OF VALIDITY* :					
Dt. Area Validity if any: DD/MM/YYYY	AREA VALIDITY: 01-DISTRICT 02-STATE 03-THREE ADJOINING STATES 04-ALL INDIA 05-OTHERS						
Description: (Purposeetc):							

	WEAPON DETAIL INSTITUTIONAL									
Tota	Total No. of Weapons Endorsed* : One/ Two/ Three									
SI No.	PB/ NPB*	W EAPON TYPE* #	Bore*	M ake*	Weapon No.*	No of Cartridges Allowed*				
1										
2										
3										

Select Weapon Type: 1.Carbine 2.Gun 3.Revolver-Pistol 4.Rifle 5.Short Pistol

W EAPON RETAINER- INSTITUTIONAL								
Name of Retainer 1* :					Father Name* :			
Address* :					Village* :			
					Taluk* :			
					District*:			
	PIN				State* :	Country: INDIA		
Permanent Police Station Address					•			
Police Station Local* :		Police	Stat	ion Pern	nanent Address: (Speci	fy If not under local jurisdiction)		

Name of Retainer 2* :			Father Name* :			
Address* :			Village* :			
			Taluk* :			
			District* :			
	PIN		State* :	Country: INDIA		
Permanent Police Station Addre	ess					
Police Station Local* :		Police Station Permanent Address: (Specify If not under local jurisdiction)				

It is declared that the information furnished above is true to the best of my knowledge and belief.

Place: Date:

Signature of Head of Institution with Name & Office Seal

INSTRUCTIONS: Please do not leave Fields marked with *, which are mandatory. If more no of retainers are more, then submit it in separate sheet.

NOTE: Documentary Proofs may be required for any specified details decided by District Administration

NDAL-National Database of Arms Licence DATA INPUT SHEET: SPORTS PERSON												
Unique Case File:				Affin Decent								
(Official Use Only)				Affix Recent Photo of								
UC	ENCEE PARTICULAR	- SPORTS PE	RSON	Licencee								
Name* :			Gender* : Male/Female									
			Dt. Birth*: DD/MM/YYYY									
Parent/ Spouse Name* : Country*: INDIA Birth State* :												
Birth District* :	Taluk* :		Village* :									
Category*: Arjuna Awardees / International Medalist / International Target Shooters / Junior Target Shooters / Other Shooters / Renowned Shooters / Sports												
Phone No. (O):	(R):		Mobile:									
Email:	•		·									
Exception Certificate* : MoS/ NRAI	No of Events fo	r Which Exem	ption Soucht*:One/Two/Mo	re Than Two								
Present Address												
Address* :			Village* :									
			Taluk* :									
			District*:									
	PIN		State: Kerala Country: INDIA									
Present Police Station Address												
Police Station* :												
Permanent Address												
Tick whether the permanent addres	ss is same as present ac	ldress else fills	up the following.									
Address* :			Village* :									
			Taluk* :									
			District*:									
	PIN		State* :	Country: INDIA								
L				Permanent Police Station Address								
Permanent Police Station Address												
Permanent Police Station Address Police Station Local* :	Police	Station Perma	nent Address: (Specify If not under	local jurisdiction)								
Police Station Local* :				local jurisdiction)								
Police Station Local* : LICENC	Police E DETAILS-SPORTS P		last updated record)									
Police Station Local* :			last updated record)	local jurisdiction) * : DD/ M M / YYYY								
Police Station Local* : LICENC			last updated record)									
Police Station Local* : LICENC Licence No* :	E DETAILS-SPORTS P		last updated record) Date of Issue									
Police Station Local* : LICENC Licence No* : Shooter Type* : NORM AL/ JUM BO	E DETAILS-SPORTS P	ERSON (Only AREA OF V	last updated record) Date of Issue	* : DD/ M M / YYYY								

W EAPON DETAIL SPORTS PERSON							
Total No. of Weapons Endorsed* (Max.:10): One/ Two/ Three/ Four/ Five/ Six/ Seven/ Eight/ Nine/ Ten							
Category*: Arjuna Awardees / International Medalist / International Target Shooters / Junior Target Shooters / Other Shooters / Renowned Shooters / SPORTS							
General Weapons Category* : None/ One/ Two/ Three	Total Category of Weapons						
Exempted Weapons as per 667(E) 12-09-1985: None/ One/ Two/ Three/ Four/ Five/ Six/ Seven/ Eight/ Nine/ Ten	GEN: EXE.: TOTAL:						

.

SI	PB/	W EAPON	Bore*	M ake*	Weapon	No of	Weapon	Restrictions, if any #
No.	NPB	TYPE* #			No.*	Cartridges	Category#	
						Allowed*		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Select Weapon Type: 1.Carbine 2.Gun 3.Revolver-Pistol 4.Rifle 5.Short Pistol **# Weapon Category: 1.General 2 Sports # Restrictions, if any: 1** NSP Weapon: YES/NO 2. To Sell by Ordnance Factory: YES/NO, Date of Restriction up to: DD/MM/YYYY

3. To Sell by State Fire Arms Bureau: YES/NO, Life Time Restriction: YES/NO, Date of Restriction up to: DD/MM/YYYY

4. Imported Weapons: YES/NO, Life Time Restriction: YES/NO, Date of Restriction up to: DD/MM/YYYY

It is declared that the information furnished above is true to the best of my knowledge and belief.

Place: Date:

Signature with Name:

INSTRUCTIONS: Please do not leave Fields marked with *, which are mandatory.

NOTE: If multiple licences are issued to a single person, then furnish such licence details in separate sheet. Documentary Proofs may be required for Date of Birth, Address & any other specified details decided by District Administration