

Passport size
photograph of
the applicant

SCHEDULE-III
Part II
Application Forms
Form A-1
(for individuals)

**Form of application for an arms
licence in Form II, III and IV**

(See rule 11)

| IDENTITY OF THE APPLICANT | | | |
|--|--|---|--|
| 1 | *Name | | |
| 2 | *Parent/Spouse Name | | |
| 3 | *Sex | Male | Female |
| 4 | Place of birth (Nativity) | Country <input type="text"/> | State <input type="text"/> District <input type="text"/> |
| 5 | Date of birth in Christian era | <i>must be 21 years of age on the date of application</i> | |
| | in figures | <i>DD/MM/YYYY</i> | |
| | in words | | |
| 6 | Permanent Account No. (PAN) | | |
| 7 | Aadhar Card Number | | |
| 8 | *Present address | | |
| | | <i>District</i> | <i>State</i> |
| (a) | Since when residing at the present address | <i>DD/MM/YYYY</i> | |
| (b) | Telephone Number | <i>Office</i> | <i>Residence</i> |
| (c) | *Mobile Number | | |
| (d) | *Nearest Police Station | | |
| 9 | Permanent Address | | |
| | | <i>District</i> | <i>State</i> |
| (a) | *Nearest Police Station | | |
| 10 | *Occupation | | |
| <i>*Note – Nearest Police Station means the police station under whose jurisdiction the place given in the address comes</i> | | | |
| 11 | Office/business address | | |
| 12 | Additional particulars if the licence is required for crop protection under rule 35 | <i>Location (village)</i> | |
| | | <i>Area of land under cultivation</i> | |
| OTHER PARTICULARS OF THE APPLICANT | | | |
| 13.1 | Whether applicant has applied for new arms licence previously. Give application No. & Date. Application No. Date: | | |
| 13.2 | Whether the applicant has been – | | |

| | | | | |
|-----|---|---|---|---|
| (a) | convicted | Y | N | <i>If yes, details thereof –</i> <i>Offence</i> <i>Sentence</i> <i>Date of sentence</i> <i>DD/MM/YYYY</i> |
| (b) | ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behavior | Y | N | <i>If yes, details thereof –</i> <i>Date</i> <i>DD/MM/YYYY</i> <i>Period for which bound</i> |
| (c) | prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition | Y | N | <i>If yes, details thereof –</i> <i>Date</i> |

| | | | | |
|--|--|--|--|---|
| | | | | <i>DD/MM/YYYY</i> <i>Period for which prohibited</i> |
|--|--|--|--|---|

14 Whether -

| | | | | |
|-----|--|---|---|--|
| (a) | the applicant applied for a licence before - if so, when, to whom and with what result | Y | N | <i>If yes, details thereof –</i> <i>Date applied for</i> <i>DD/MM/YYYY</i> <i>Name of the licensing authority</i> <i>Result (pl. specify)</i> <i>Approved//Rejected/Pending</i> |
| (b) | the applicant's licence was ever suspended or cancelled/ revoked - | Y | N | <i>If yes, details thereof –</i> <i>Name of the licensing authority</i> <i>Reasons</i> |
| (c) | any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof | Y | N | <i>If yes, details thereof –</i> <i>Name</i> <i>Licence No.</i> <i>Weapons endorsed</i> 1. 2. 3. |
| (d) | the applicant has a safe place to keep the arms and ammunition | Y | N | <i>If yes, details thereof –</i> |
| (e) | the applicant has undergone training as specified under rule 10(<i>whenever made applicable by the Central Government</i>) | Y | N | <i>If yes, details thereof –</i> |

| Particulars of licence being applied for | |
|---|--|
| 15 | Need for licence (<i>see note 1 below</i>) |
| 16 | Description of arms for which licence is being sought (<i>Tick any one of the options</i>) |
| (a) | Category - restricted/permissible Rifle <input type="checkbox"/> Shot Gun (BL/ML) <input type="checkbox"/> Hand Gun (Revolver/Pistol) <input type="checkbox"/> Others _____ <input type="checkbox"/> |
| (b) | Description of ammunition or ingredients of ammunition for which licence is being sought |
| 17 | Area within which applicant wishes to carry arms (<i>Tick any one of the options</i>) |
| | District <input type="checkbox"/> State <input type="checkbox"/> Throughout India <input type="checkbox"/> |
| 18 | Claims for special consideration for obtaining the licence, if any (<i>attach documentary evidence</i>) |

(*attach documentary evidence*)

| Addition Information | |
|-----------------------------|---|
| 19 | Details for an application for licence in Form IV |
| (a) | Place or area for which the licence is sought |
| (b) | Specification of the wild beasts which are permitted to be destroyed as per the permit granted under the Wild life (Protection) Act, 1972 (53 of 1972) to the Applicant |

Declaration:

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

Place _____

Date _____

Signature /Thumb - impression of applicant

Notes:

- Against column 15, the applicant should clearly mention the purpose(s) for which the licence is required – such as use, acquisition, possession, carrying, sport, display, destruction of wild animals which do injury to human beings or cattle and damage to crops etc. as per the category of licence applied (Form II, III or IV).
- The following documents under rule 11 are to be submitted along with the application –
 - four passport size copies of the latest photograph of the applicant (in white background);

- (b) proof of date of birth;
- (c) identification proof – Aadhar Card or in case the applicant does not have Aadhar Card, a written declaration to be submitted in the form of an Affidavit along with an alternative identification proof which may include – Passport; Voter Identification Card, PAN Card or Identity card issued to the employees.
- (d) residence proof in case the applicant does not possess Aadhar Card or Passport – (*Election Card or Electricity Bill or Landline Telephone Bill or Rent Deed or Lease Deed or Property documents or any other document to the satisfaction of the licensing authority*);
- (e) firearm training certificate in Form S-1 (whenever made applicable by the Central Government by passing a general or special order);
- (f) safe use and storage of firearms undertaking in Form S-2 ;
- (g) self-attested copies of the educational and professional qualification certificates from professional category applicants as specified in clause (a) of sub-rule (3) of rule 12;
- (h) medical certificates about mental health and physical fitness in Form S-3;
- (i) in case of protection for destruction of wild animals which do injury to human beings or cattle and damage to crops, permit from the authority empowered under the Wild Life (Protection) Act, 1972 (53 of 1972);

3. Strike off the entries not relevant.

Warning:

Suppression of any factual information or furnishing of any false or wrong information in the application form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

Form S-1
Standard format of training certificate

[See rule 10(1)]

To
The Licensing Authority,

Training Certificate

This is to certify the person whose particulars are furnished below has completed the training as stipulated under rule 10(1) of the Arms Rules, 2016 –

| | | |
|---|---|---|
| 1 | Name of the person | |
| 2 | Father's Name/Spouse Name | |
| 3 | Residential address | |
| 4 | Age and date of birth | |
| 5 | Training period undergone | From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> |
| 6 | Details of firearms for which training has been imparted <i>(please specify)</i> | 1. Handguns 2. Rifle 3. Shotguns 4. Air weapons |
| 7 | Purpose of training <i>(please specify)</i> | 1. Application for arms licence 2. Employ with arms dealer 3. Employ with manufacturer 4. Others |

The training curriculum included the following modules:

- a) basic arms and ammunition safety practices, including safe handling and carry procedures;
- b) firing techniques and procedures;
- c) care of arms and ammunition;

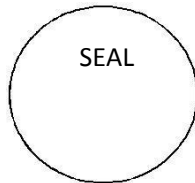
safe storage and transportation of arms and ammunition.

The person named above was also imparted reasonable working knowledge of important provisions of the Arms Act, 1959 and Arms Rules, 2016 relevant to him and made to understand responsibilities of the arms owner or user, particularly in relation to children.

Date

Signatures of the

Place



Certifying Person

Form S-2

Standard format of undertaking for safe storage of firearms

[See rule 10(4)]

To
The Licensing Authority,

Undertaking

This is to solely affirm and declare that –

1. I have applied for grant of a new arms licence/renewal of arms licence (bearing number _____ and my UIN is _____)
2. I undertake to practice safe storage of the firearm (in knocked down condition) when I am not carrying the firearm(s) with me.
3. I undertake to educate the children about the dangers of interacting with arms and ammunition.
4. I have the capacity to store the firearm safely and securely in a safe or steel almirah in order to minimize the risk that it could be stolen or accessed by someone else.

It is hereby solely affirmed that the declaration made above is true to the best of my knowledge and belief and if at any subsequent date, if any of the said declarations is found false or incorrect, I shall be liable for the same including cancellation or revocation of my licence and subject to penal provisions under the Arms Act, 1959.

Place: (Signatures of the Applicant/Licensee)

Date:

Note: Enclose proof of safe storage as mentioned at S.No. 4

Form S-3

Standard format of medical certificate

*[See clause (g) of sub-rule (4) of rule 11)] (On
the letter head of the medical practitioner)*

This is to certify that I have carefully examined the person whose particulars are furnished below –

| | | |
|---|--|--|
| 1 | Name of the person examined | |
| 2 | Father's Name/Spouse Name | |
| 3 | Residential address | |
| 4 | Age and date of birth | |
| 5 | Height | |
| 6 | Weight (in Kgs) | |
| 7 | Blood pressure (please specify) | |
| 8 | Deformity, if any (particularly in upper limbs) | |
| 9 | Any other observation | |

On the basis of examination, it is certified that the person examined as mentioned in column 1 above –

1. is in good physical health and is free from any physical deformity;
2. has been found to be of stable mental condition and is not inclined to violence;
3. has been found not dependent on any substance which has an intoxicating or narcotic effect.

Signature of the person examined *named in column (1)* _____

Signature of the medical practitioner _____

Registration Number _____

SEAL

Form S-4
Standard format of police report
(See rule 14)

DRAFT COVERING LETTER

Office of the DM/Commissioner of Police

Ref. No. _____

Date : _____

To

The Station House Officer,

Police Station _____,

_____.

Sub. : Report under section 13(2) of Arms Act, 1959 of the officer in charge of the nearest police station (of present address of the applicant) on application for grant of arms licence or renewal of an arms licence

| S.No. | Particulars | Contents |
|-------|--|-----------------|
| 1 | Name of the applicant | Mr./Mrs./Messrs |
| 2 | Nature of licence applied for (fresh applications) | |
| 3 | Licence No. (renewal application) | |
| 4 | Address of the applicant | |

Note: As per provisions of Section 13(2) of Arms Act, 1959, on receipt of an application, the licensing authority shall call for the report from the officer-in-charge of the nearest police station on the application and such officer shall send his report within the prescribed time. Accordingly the report be sent in the format attached here within 30 days.

Enclosures:

Copy of application form (original)/renewal form along with enclosures

ANTECEDENT VERIFICATION REPORT

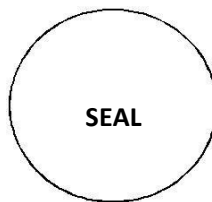
(TO BE FILLED IN BY THE POLICE DEPARTMENT)

| | | | |
|-----------|---|-----|----|
| 1. | Name of the applicant | | |
| 2. | Father/Spouse Name | | |
| 3. | Present address | | |
| | Nearest police station of the present address | | |
| 4. (a) | Whether the applicant has ever been convicted? | Yes | No |
| | If so, the offence(s) the sentence and date of sentence | | |
| (b) | Ordered to execute a bond under Chapter VII of Code of Criminal Procedure, 1973 (2 to 1974) for keeping the peace or for good behavior. | Yes | No |
| | If so, when and for what period? | | |
| (c) | Prohibited under the Arms Act, 1959, or any other law from acquiring, having in his possession or carrying any arms or ammunition | | |
| | If yes, the details thereof | | |
| 5. | Has the applicant any serious enmity or quarrel which is likely to lead to a breach of peace? If yes, Give details | Yes | No |
| | | | |
| 6. | Has the address and date of birth of the applicant been verified? Give details. | Yes | No |
| 7. | Has the profession/business of the applicant been verified? Give details. | Yes | No |
| 8. | Is any complaint registered against applicant in the Police Station? If so, give details. | Yes | No |
| | | | |
| 9. | Is the applicant involved in any criminal case? If so, give details. | Yes | No |
| | | | |

| | | | |
|-----|---|-----|----|
| 10. | Has applicant been arrested in any criminal case? If so, give details. | Yes | No |
| | | | |
| 11. | Is applicant's name enlisted in police station's bad character register? If so, give details according to the records of police station? | Yes | No |
| | | | |
| 12. | Is applicant's name appears in any case registered by other department of Government of India such as CBI, Narcotics Control Bureau, DRI, Enforcement Directorate etc. which finds mention in the Daily Diary Register of the police station (summons, warrants etc.). If so, give details. | Yes | No |
| | | | |
| 13. | Has the applicant registered a complaint in Police Station regarding threat to life? If so, give details. | Yes | No |
| | | | |
| 14. | Detail of any political or communal organisation of which the applicant is a member. | | |

Certified that, I have checked the contents of the application form for grant of arms licence submitted by the applicant.

Dated:



Signatures
SHO
Police Station

Remarks of ACP _____

Signature of ACP
(Write Full Name, Date and affix stamp)

Remarks of DCP _____

Signature of ACP
(Write Full Name, Date and affix stamp)