

ADDITIONAL INFORMATION IN CASE OF LICENCE ISSUED BY OUTSIDE AUTHORITY:

Address at the time of issuance of Original Licence:	District:
	State:
	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Original issuing Authority (DM/CoP)*:	
Last Renewing Authority other than Original Issuing Authority (Prior to Local Registration) Last Renewing Authority1: _____ If more than one renewal done by authority other then Original Licensing Authority: Yes/No If Yes, Give Last Renewing Authority 2: _____	

INDIVIDUAL WEAPON DETAIL

Total No. of Weapons Endorsed* (Max.:3): One/Two/Three			
1.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:			-----
To Sell by Ordnance Factory :			DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			DD/MM/YYYY
2.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:			-----
To Sell by Ordnance Factory :			DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			DD/MM/YYYY
3.	Weapon Category*: PB/NPB	Weapon Type*: Carbine/Gun/Revolver-Pistol/Rifle/Short Pistol	
Bore*:		Make*:	Weapon No*:
Maximum No Cartridges Allowed*:		No. of Cartridges allowed to keep at a time:	
Restrictions, if any	YES/NO	Life Time Restriction (Tick)	Date of Restriction up to
NSP Weapon:			-----
To Sell by Ordnance Factory :			DD/MM/YYYY
To Sell by State Fire Arms Bureau:			DD/MM/YYYY
Imported Weapons:			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. 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*



KOLKATA POLICE

NDAL-National Database of Arms Licence DATA INPUT SHEET: INSTITUTIONAL

Unique Case File:

(Official Use Only)

LICENCEE PARTICULAR – INSTITUTIONAL

Name of Institution*:	
Type of Institution*: COLLEGE-SCHOOL/GOVT. SECTOR PSU/INSURANCE COMPANY/NATIONALISED BANK/PUBLIC LIMITED COMPANY/RELIGIOUS TRUST-BODY/SECURITY ORGANISATION/UNIVERSITY/OTHERS(Specify) _____	
Phone No. :	Email:

Address Details:

Address*:	District*:
	PS*:
State*:	Pin: <input type="text"/>
	Country: INDIA

LICENCE DETAILS-INSTITUTIONAL (Only last updated record)

Licence No*:	Date of Issue*: DD/MM/YYYY
VALIDITY PERIOD FROM*: DD/MM/YYYY TO*: DD/MM/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: (Purpose..etc):	

WEAPON DETAIL INSTITUTIONAL

Total No. of Weapons Endorsed* : One/Two/Three

SI No.	PB/ NPB*	WEAPON TYPE* #	Bore*	Make*	Weapon No.*	No of Cartridges Allowed*
1						
2						
3						

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

WEAPON RETAINER- INSTITUTIONAL

Name of Retainer 1*:		Father's Name*:	
Address*:		District*:	
State*:		PS*:	
Pin:			Country: INDIA

Name of Retainer 2*:		Father's Name*:	
Address*:		District*:	
State*:		PS*:	
Pin:			Country: INDIA

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



KOLKATA POLICE

NDAL-National Database of Arms Licence DATA INPUT SHEET: SPORTS PERSON

Unique Case File:
(Official Use Only)

Affix Recent
Photo of
Licencee

LICENCEE PARTICULAR – SPORTS PERSON

Name*:		Gender*: Male/Female	
		Dt. Birth*: DD/MM/YYYY	
Parent/Spouse Name*:		Country*: INDIA Birth State*:	
Birth District*:	PS*:	Address*:	
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 for Which Exemption Sought*: One/Two/More Than Two	

Present Address

Address*:		District*:	
		PS*:	
State*:	Pin:	Country: INDIA	

Permanent Address

Tick whether the permanent address is same as present address else fills up the following.

Address*:		District*:	
		PS*:	
State*:	Pin:	Country: INDIA	

LICENCE DETAILS-SPORTS PERSON (Only last updated record)

Licence No*:	Date of Issue*: DD/MM/YYYY
Shooter Type*: NORMAL/JUMBO	
VALIDITY PERIOD FROM*: DD/MM/YYYY TO*::DD/MM/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: (Purpose..etc):	

WEAPON 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 No.	PB/NPB	WEAPON TYPE*#	Bore*	Make*	Weapon No.*	No of Cartridges Allowed*	Weapon Category#	Restrictions, if any #
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