



# ALIS (ARMS LICENSE ISSUANCE SYSTEM)

## FORM A-1

For individuals form of application for an Arms License in Form II, III, IV

### FRESH ARMS LICENSE APPLYING FORMAT

**ALL THE PARTICULARS ARE TO BE FILLED UP BY CAPITAL LETTERS ONLY  
INCOMPLETE DATA MAY NOT BE RECEIVED BY THIS OFFICE**

#### IDENTITY OF APPLICANT

NAME OF APPLICANT:																													
NAME OF PARENT/SPOUSE:																													
RELATIONSHIP WITH APPLICANT:																													
GENDER OF APPLICANT:					DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):																								
PLACE OF BIRTH/NATIVITY:																													
BIRTH STATE:																													
BIRTH DISTRICT:																			BIRTH COUNTRY:	I	N	D	I	A					
SINCE WHEN RESIDING (present address):																													
AADHAR CARD NUMBER:																													
PERMANENT ACCOUNT NUMBER (PAN):																													
MOBILE NUMBER:											OCCUPATION:																		
OFFICE/BUSINESS ADDRESS:																													
E-MAIL ID:																													

Paste your passport size photograph here

Signature of applicant





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#### ADDITIONAL DETAILS

Additional particulars if the License is required for crop protection under Rule 33:-																																
Location (village):																																
Area of land under cultivation:																																
Whether the applicant has been convicted:-																																
Offence:																																
Sentence:														Date of sentence:																		
Whether the applicant has been - 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:-																																
Date:							Period bound from:														Period bound up to:											
Whether the applicant has been – prohibited under the Arms Act, 1959, or any other Law from having the Arms or Ammunition:-																																
Date:							Period prohibited from:														Period prohibited up to:											
The applicant applied for a License before – if so, when, to whom and with what result:-																																
Date applied for:														Applied State:																		
Applied District:																																
Name of the Licensing Authority:																																
Result (specify):																																
Others (specify):																																
The applicant's License was ever suspended or cancelled/revoked:-																																
State:																																
District:																																
Name of the Licensing Authority:																																
Reasons:																																
Any other member of the applicant's family is in possession of any Arms License, if so, particulars thereof:																																
Name:																																
License Number:																																
Weapons Endorsed:																																
The applicant has a safe place to keep the Arms and Ammunition and has undergone prescribed training as specified under Rule 10, if yes, details thereof:																																

Signature of applicant



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#### LICENSE SPECIFIC DETAILS

Need for License:
Weapon Category:
Weapon Type:
Area Validity:
Arms & Ammunition Details:
Claims for Special Consideration:
Application acceptance remarks (official):

<b>Signature of applicant</b>