

# ALIS (ARMS LICENSE ISSUANCE SYSTEM) FORM A-3

 $For individuals \ form \ of \ application \ for \ Renewal \ of \ Arms \ License \ granted \ in \ Form \ II, III, IV$ 

## **RENEWAL OF 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**

ТН	API	PLIC	CAN	T:																						
GENDER OF APPLICANT:								DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):																		
PLACE OF BIRTH/NATIVITY:																										
																BI	RTI	I CC	UN'	ГRY	<b>:</b>	I	N	D	I	A
SINCE WHEN RESIDING (present address):																										
AADHAR CARD NUMBER:																										
OUN	T N	IUM	BEF	ł																						
CAT	ION	NU	JMB	ER																						
											OC N:	CCUI	PATI	О												
Paste your passport size photograph here														Sign	nafi	ıre	of	anr	olic	ant						
	DUN	DUNT N	DUNT NUM CATION NU	DING (present DUNT NUMBER CATION NUMB	DUNT NUMBER  CATION NUMBER	DING (present address  DUNT NUMBER  CATION NUMBER	DING (present address):  DUNT NUMBER  CATION NUMBER	DING (present address):  DUNT NUMBER  CATION NUMBER	DING (present address):  DUNT NUMBER  CATION NUMBER	DATE (DD/M DING (present address):  DUNT NUMBER  CATION NUMBER	DATE OF (DD/MM/Y)  DING (present address):  DUNT NUMBER  CATION NUMBER	DATE OF BIR: (DD/MM/YYY)  DING (present address):  DUNT NUMBER  CATION NUMBER  OC N:	DATE OF BIRTH I (DD/MM/YYYY):  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUI N:	DATE OF BIRTH IN CI (DD/MM/YYYY):  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATI N:	DATE OF BIRTH IN CHRIS (DD/MM/YYYY):  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIA (DD/MM/YYYY):  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN E (DD/MM/YYYY):  BI  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO  N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH CO  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH COUN  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH COUNTRY  DING (present address):  OUNT NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MMYYYY):  BIRTH COUNTRY:  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MMYYYY):  BIRTH COUNTRY: I  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH COUNTRY: I N  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH COUNTRY: I N D  DING (present address):  DUNT NUMBER  CATION NUMBER  OCCUPATIO N:	DATE OF BIRTH IN CHRISTIAN ERA (DD/MM/YYYY):  BIRTH COUNTRY: I N D I  DING (present address):  OUNT NUMBER  CATION NUMBER  OCCUPATIO N:



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#### ADDRESS DETAILS

										-10 10	 	 _										
PRESENT ADDRESS:																						
PRESENT STATE:																						
PRESENT DISTRICT																						
PRESENT POLICE STATION:																						
NEAREST POLICE STATION (present):																						
PERMANENT ADDRESS:																						
PERMANENT STATE:																						
PERMANENT DISTRICT:																						
PERMANENT POLICE STATION:																						
NEAREST POLICE STA	TIO	N (J	pern	nan	ent)	:																
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### **ADDITIONAL DETAILS**

Whether the applicant ha	Whether the applicant has been convicted:-																						
Offence:																							
Sentence:											D	ate	e oj	se	nte	псе	?:						
Whether the applicant ha Ammunition:-	s been	– prohi	bited	uno	der the	Arı	ms A	ct, 1	1959	), or	any	otl	ner l	Law	fro	om h	avii	ng tl	he A	rms	or		
Date:		od pro											•		hib	oite	$d u_{\mu}$	p to	o:				
The applicant applied for	a Lice	nse befo	re –	if so	, when	, to	who	m a	nd y	with	wha	at r	esul	t:-									
Date applied for:	ied St	ate	:																				
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 Licensii	ng Au	thority	):																		ı		
Reasons:																							
The applicant has a safe p		_	e Ar	ms	and Ar	nmı	ınitio	n a	nd l	has t	und	erge	one	pres	cril	bed	trai	ning	gas	spec	ified	l	
under Rule 10, if yes, deta	ails ther	eof:																					
											Sig	na	tur	e of	ap	pli	can	t					



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### LICENSE SPECIFIC DETAILS

License Number:																								
License Number L	ocal:																							
License issue date:									License valid from date:															
License valid from date:									Are	a vali	dity:					1							1	
Lia State:																								
Lia District:																								
Name of the Licen	sing a	autho	ority:																					
Please mention the d	Please mention the details of weapon already endorsed on above License																							
Weapon Number:								Wea	apon	categ	gory:													
Weapon type:								Wea	apon	make	e:													
Weapon bore:																								
Application acceptance remarks (official):																								
														Sian	otus	10 of	onr	liaa	nt					