



Department of Home Affairs and Justice / ਗ੍ਰਹਿ ਮਾਮਲੇ ਅਤੇ ਨਿਆਂ ਵਿਭਾਗ

Form A2

(for Company/ Organization including Banks)

Issuance of New Arms License in Form II, III and V / ਫਾਰਮ II, III ਅਤੇ V ਵਿਚ ਨਵਾਂ ਆਰਮਜ਼ ਲਾਇਸੈਂਸ ਜਾਰੀ ਕਰਨ ਲਈ ਅਰਜ਼ੀ ਫਾਰਮ

For Official Use Only ਕੇਵਲ ਦਫਤਰੀ ਵਰਤੋਂ ਲਈ

Application Number / ਅਰਜ਼ੀ ਨੰਬਰ :		Date of Application / ਅਰਜ਼ੀ ਦੀ ਮਿਤੀ	
Name of Block & Tehsil /ਬਲਾਕ /ਤਹਿਸੀਲ ਦਾ ਨਾਂ			

Part – 1 Personal Details / ਵਿਅਕਤੀਗਤ ਵੇਰਵਾ Fields marked with asterisk (*) are mandatory/ ਜਿਹੜੇ ਫੀਲਡ ਤੇ ਤਾਰਾ (*) ਲਗਿਆ ਹੈ, ਉਹ ਭਰਨੇ ਜ਼ਰੂਰੀ ਹਨ

Personal Data of Responsible Person / ਕੰਪਨੀ ਦੇ ਜਿੰਮੇਵਾਰ ਵਿਅਕਤੀ ਦਾ ਵਿਅਕਤੀਗਤ ਵੇਰਵਾ				Self-Attested Photo of Responsible Person (Live Photo to be Captured while submission of application)	
1. Name*					
2. Father Name*					
3. Mother's Name *					
4. Date of Birth *		Age:			
5. Gender *	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>		
6. Marital Status *	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
7. Spouse Name * (Only in case of Married, Separated and Widowed)					
8. Contact Number *		Email ID:			
9. Region*	Rural <input type="checkbox"/>	Urban <input type="checkbox"/>			
10. Permanent Address*					
11. PIN Code*		12. Sub District/Tehsil*			
13. District *		14. State*			
15. Village (In case of Rural Region only)*					
<input type="checkbox"/> Correspondence address same as permanent address					
16. Address of Correspondence*					
17. PIN Code *		18. Sub District *			
19. District *		20. State*			
21. Village (In case of Rural Region only)*					

Part – 2 Service Details / ਸੇਵਾ ਦਾ ਵੇਰਵਾ

Application Details / ਅਰਜ਼ੀ ਦਾ ਵੇਰਵਾ	
22. Application processing Office / ਅਰਜ਼ੀ ਕਾਰਵਾਈ ਦਫਤਰ *	District Magistrate _____
Service Details / ਸੇਵਾ ਦਾ ਵੇਰਵਾ	
23. Category of Licensee*	<input type="checkbox"/> Company <input type="checkbox"/> Bank



25. Application is applied in form*	<input type="checkbox"/> Form II (Licence for acquisition, possession and use of arms or ammunition of categories III (b), III (c), III (d), III (e), V or VI of Schedule I of Arms Rules, 2016) <input type="checkbox"/> Form III (Licence for the acquisition, possession, carrying and use of arms or ammunition for sport/target practice/protection/display of categories I(b), I(c), III, V, VI of Schedule I of Arms Rules, 2016) <input type="checkbox"/> Form V (Licence for acquisition, possession and use, for the purpose of sport/target practice, of firearms or ammunition)												
26 Name of the applicant company * *													
27. Permanent Account Number (P.A.N.) *(Mandatory only in case of company)													
28. Corporate Identification Number (C.I.N.) *(Mandatory only in case of Company)													
29. Constitution of the applicant company *	<table border="0"> <tr> <td><input type="checkbox"/> Private limited company</td> <td><input type="checkbox"/> Limited company</td> </tr> <tr> <td><input type="checkbox"/> Government undertaking</td> <td><input type="checkbox"/> Society</td> </tr> <tr> <td><input type="checkbox"/> Co-operative Society</td> <td><input type="checkbox"/> Institute</td> </tr> <tr> <td><input type="checkbox"/> University</td> <td><input type="checkbox"/> Partnership firm</td> </tr> <tr> <td><input type="checkbox"/> Association of firm</td> <td><input type="checkbox"/> Any other body under any special Act</td> </tr> <tr> <td><input type="checkbox"/> Others(mention constitution of company)</td> <td></td> </tr> </table> <p>.....</p>	<input type="checkbox"/> Private limited company	<input type="checkbox"/> Limited company	<input type="checkbox"/> Government undertaking	<input type="checkbox"/> Society	<input type="checkbox"/> Co-operative Society	<input type="checkbox"/> Institute	<input type="checkbox"/> University	<input type="checkbox"/> Partnership firm	<input type="checkbox"/> Association of firm	<input type="checkbox"/> Any other body under any special Act	<input type="checkbox"/> Others(mention constitution of company)	
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<input type="checkbox"/> Association of firm	<input type="checkbox"/> Any other body under any special Act												
<input type="checkbox"/> Others(mention constitution of company)													
30 Designation of the 'responsible person' who will sign on behalf of the applicant company *													
31 Address of the branch or representative office by which the application is being filed **													
32 Telephone (office/residence) *		33 Mobile No. *											
34 Email Id *		35 State *											
36 District *		37 Tehsil *											
38 Nearest Police Station * (For branch or representative office Address)													
Note: Nearest Police Station means the police station under whose jurisdiction the place given in the address comes.													
39. Representative Office Pincode *													
If address of branch or representative office and Registered Office adress is same kindly tick in the checkbox <input type="checkbox"/>													
40 Registered Office Address of the company * *													



41 Telephone (office/residence) *		42 Mobile No. *	
43 Email Id *		44 State *	
45 District *		46 Tehsil *	
47 Nearest Police Station* (For Permanent Address)			
48 Registered Office Pin code *			
Other particulars of the Applicant(Company / Organisation)			
49 Whether the applicant or its office bearers or directors has/have ever been convicted *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Offence Details*: _____ Sentence Details*: _____ Date of Sentence*: (dd/mm/yyyy) _____		
50. Whether the applicant or its office bearers or directors has/have ever been prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Date*: _____ Period For Which prohibited*: _____		
51. Whether the applicant applied for a license before - if so, when, to whom and with what result? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Date of Application*: _____ Licensing Authority*: _____ Results*: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>		
52. Whether the applicant's license was ever suspended or cancelled or revoked? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Licensing Authority *: _____ Reasons*: _____		
53. Whether any other arms license already held by the company or where the applicant is a branch or representative office of such company, held by such branch or representative office? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Name. *: _____ License No. *: _____ Licensing Authority *: _____ Weapon Details*:(Weapon Type, Weapon Bore and Sr. No. of Weapon) 1. _____ 2. _____ 3. _____		
54. Whether the applicant has a safe place to keep the arms and ammunition*	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- _____ _____		



55. Whether the applicant has undergone training as specified in rule 10 (whenever made applicable by the Central Government)? *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details of training thereof- _____ _____		
Particulars of license being applied for (For Companies)				
56. Need for License *				
57 Description of arms for which license is being sought. *		Please refer notes below for more details:		
Notes: a. Allowed Weapon Category – Permissible or Restricted. (At Sewa Kendra, License for only permissible category allowed) b. Allowed Weapon Type – Rifle (Includes Carbine), Gun, Revolver and Pistol. c. Allowed Weapon Bore - List of weapon type wise allowed bores can be seen at: _____.	SN	Weapon Category	Weapon Type	Weapon Bore
	1			
	2			
	3			
58. Area within which applicant wishes to carry arms *		District <input type="checkbox"/> State (Only Punjab) <input type="checkbox"/> All India <input type="checkbox"/> Notes: 1. For Application in Form II at Sr. No. 25, only District is allowed. 2. For Application in Form III/V only District and State is allowed for all applicants except for following Categories: <input type="checkbox"/> Union Ministers or Members of Parliament; <input type="checkbox"/> Personnel of Defense Forces and Central Armed Police Forces; <input type="checkbox"/> Officers of All-India Services; <input type="checkbox"/> Officers in the Government or Government Sector Undertakings or Public Sector Undertakings with liability to serve anywhere in India; <input type="checkbox"/> Dedicated sports persons and the sports persons specified in serial numbers (1) to (4) of the table in sub-rule (2) of rule 40 (If applied for All India validity, select relevant category from above)		
59. Claims for special consideration for obtaining the license, if any*		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- _____ _____		



Part -3 List of Required Documents / ਜ਼ਰੂਰੀ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀ ਸੂਚੀ . Please tick (v) the document attached / ਕਿਰਪਾ ਕਰਕੇ ਨੱਥੀ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਟਿੱਕ (v) ਕਰੋ

SN	Name of Documents (Tick the relevant documents attached)	Whether Mandatory / Optional
1.	Proof of Date of Birth of Responsible person (Birth Certificate/Passport/Pan Card/10 th Class Certificate / Driving License) <input type="checkbox"/>	Mandatory (For all Categories)
2.	Identification proof: <input type="checkbox"/> Aadhar Card of Responsible person <input type="checkbox"/> In case the applicant does not have Aadhar Card a written declaration in the form of an Affidavit to be submitted in this regard along with an alternative identification proof which may include Passport <input type="checkbox"/> or Voter's Card <input type="checkbox"/> or Permanent Account Number (PAN) card <input type="checkbox"/> or Identity Card <input type="checkbox"/> issued to the employees (Any one)	Mandatory (All documents are mandatory for the categories specified along with)
3.	Residence Proof – In case Aadhar Card <input type="checkbox"/> or Passport <input type="checkbox"/> or Voter's Identification Card <input type="checkbox"/> is provided as ID Proof then same will be considered for Residence proof. Otherwise, electricity bill <input type="checkbox"/> or landline telephone bill <input type="checkbox"/> or rent deed <input type="checkbox"/> or lease deed <input type="checkbox"/> or property documents <input type="checkbox"/> or any other document to the satisfaction of the licensing authority <input type="checkbox"/> to be provided.	Mandatory (For all Categories)
4.	Written undertaking on the letter head of company dully signed by the responsible person <input type="checkbox"/>	Mandatory
5.	Original Copy of board resolution passed or an authority letter confirming the appointment of the responsible person	Mandatory
6.	Certified copies of the founding documents of the company including memorandum and article of association	Mandatory
7.	Safe use and storage undertaking in Form S2 <input type="checkbox"/> (Also enclose proof of safe storage like picture of Almira or place where the weapons will be stored along with the map of the premises)	Mandatory (For all Categories)
8.	Medical certificate about mental health and physical fitness of the applicant with specific mention that the applicant is not dependent on intoxicating or narcotic substances (in Form S-3) <input type="checkbox"/>	Mandatory (For all Categories)
9.	Any other optional document _____	Optional

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 application liable for punishment under section 30 of the Arms Act, 1959.

ਘੋਸ਼ਣਾ/Declaration:-

ਮੈਂ ਇਹ ਘੋਸ਼ਣਾ ਕਰਦਾ / ਕਰਦੀ ਹਾਂ ਕਿ ਉਪਰੋਕਤ ਅਤੇ ਨਾਲ ਨੱਥੀ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਸੂਚਨਾ ਮੇਰੀ ਜਾਣਕਾਰੀ ਅਤੇ ਵਿਸ਼ਵਾਸ ਅਨੁਸਾਰ ਦਰੁਸਤ ਹੈ ਅਤੇ ਇਸ ਵਿੱਚ ਕੁਝ ਵੀ ਛੁਪਾਇਆ ਨਹੀਂ ਗਿਆ ਹੈ | ਮੈਂ ਇਸ ਗੱਲ ਤੂੰ ਚੰਗੀ ਤਰ੍ਹਾਂ ਜਾਣੂ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰੇ ਦੁਆਰਾ ਦਿੱਤੀ ਗਈ ਸੂਚਨਾ ਝੂਠੀ ਸਾਬਤ ਹੋਦੀ ਹੈ ਤਾਂ ਮੈਂ ਕਾਨੂੰਨ ਅਨੁਸਾਰ ਸਜ਼ਾ ਦਾ / ਦੀ ਭਾਗੀਦਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ ਅਤੇ ਅਜਿਹੀ ਝੂਠੀ ਸੂਚਨਾ ਦੇ ਆਧਾਰ ਤੇ ਮੈਨੂੰ ਮਿਲੇ ਲਾਭ ਸਰਕਾਰੀ ਤੌਰ ਤੇ ਖਤਮ ਹੋ ਜਾਣਗੇ |

ਮੈਂ ਆਪਣਾ ਆਧਾਰ ਨੰਬਰ ਆਪਣੀ ਸਵੈ-ਇੱਛਾ ਨਾਲ ਜਮ੍ਹਾਂ ਕਰ ਰਿਹਾ ਹਾਂ ਅਤੇ ਯੂਆਈਡੀਏਆਈ ਤੋਂ ਮੈਨੂੰ ਪ੍ਰਮਾਣਿਤ ਕਰਨ ਲਈ ਮੇਰੇ ਆਧਾਰ ਵੇਰਵੇ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ ਮੇਰੀ ਸਹਿਮਤੀ ਦਿੰਦਾ ਹਾਂ। ਮੈਂ ਆਪਣੇ ਆਧਾਰ ਨੰਬਰ ਨੂੰ ਮੇਰੇ ਗ੍ਰਾਹਕ ਪ੍ਰੋਫਾਈਲ ਅਤੇ ਪੰਜਾਬ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਕੀਤੇ ਸਰਟੀਫਿਕੇਟ / ਦਸਤਾਵੇਜ਼ ਨਾਲ ਲਿੰਕ ਕਰਨ ਦੀ ਸਹਿਮਤੀ ਦਿੰਦਾ ਹਾਂ |



I Solemnly declare that the information provided as above and in attached documents is correct as per my belief and no information has been hidden in this. I am aware of the fact that if any of the information provided by me is proved incorrect/wrong then I can be punished in the court of law as per the provisions in the relevant Acts/rules/notifications and depending upon this wrong information, all the benefits provided by government to me shall also be stopped immediately.

I submit my aadhar number voluntarily and give my consent to use my aadhar details to authenticate me from UIDAI and link the aadhar number to my customer profile and certificates/documents issued to me by Government of Punjab.

ਮਿਤੀ:/Dated:

ਬਿਆਨਕਰਤਾ/Declarant
Citizen's Signature / Thumb Impression



Standard format of undertaking for safe storage of firearms

Form S-2 [See rule 10(4)]

(As per Sr. No. 7 of List of Required Documents at Part 3 of Application form)

To

The Licensing Authority,

Undertaking By Responsible Person

This is to solely affirm and declare that –

1. I have applied for Issuance of arms license as a responsible person of my Company/Bank
_____.
2. I undertake to practice safe storage of the firearm (in knocked down condition) when not carrying the firearm(s) with us.
3. I undertake to educate the other staff 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 license and subject to penal provisions under the Arms Act, 1959.

Place:

(Signatures of the Responsible Person)

Date:

Note: Enclose proof of safe storage as mentioned at S.No. 7 of Part 3 of Application form



Self-Undertaking by Responsible Person / ਸਵੈ-ਘੋਸ਼ਣਾ

(As per Sr. No. 5 of List of Required Documents at Part 3 of Application form)

I _____ Son / Daughter / Wife of Sh. _____ resident of _____ District _____, Punjab hereby declare as under :-

ਮੈਂ _____ ਪੁੱਤਰ / ਪੁੱਤਰੀ / ਪਤਨੀ ਸ੍ਰੀ _____ ਵਾਸੀ _____ ਜਿਲ੍ਹਾ _____ ਦਾ / ਦੀ ਹਾਂ ਅਤੇ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਬਿਆਨ ਕਰਦਾ / ਕਰਦੀ ਹਾਂ :-

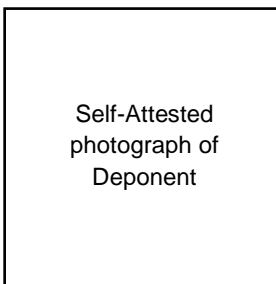
- 1) That I am citizen of India and permanently residing at the given address as per application and is appointed as _____ in the company / bank / organization _____. ਇਹ ਕਿ ਮੈਂ ਭਾਰਤ ਦੇਸ਼ ਦਾ ਨਾਗਰਿਕ ਹਾਂ ਅਤੇ ਦਰਖਾਸਤ ਵਿੱਚ ਦਿੱਤੇ ਪਤੇ ਦਾ / ਦੀ ਪੱਕਾ / ਪੱਕੀ ਵਸਨੀਕ ਹਾਂ ਅਤੇ ਇਹ ਕਿ ਮੈਂ ਕੰਪਨੀ / ਬੈਂਕ / ਸੰਸਥਾ _____ ਵਿੱਚ ਵੱਡੇ _____ ਤਾਇਨਾਤ ਹਾਂ |
- 2) That I have completed my 21 years of age and the company / organization / bank to which I represent has not any Arms License. ਇਹ ਕਿ ਮੈਂ 21 ਸਾਲ ਦੀ ਉਮਰ ਪੂਰੀ ਕਰ ਚੁੱਕਾ ਹਾਂ ਅਤੇ ਆਰਮਜ਼ ਐਕਟ ਤਹਿਤ ਨਵਾਂ ਲਾਇਸੈਂਸ ਜਾਰੀ ਕਰਵਾਉਣ ਲਈ ਮੇਰੀ ਕੰਪਨੀ / ਬੈਂਕ / ਸੰਸਥਾ ਪਹਿਲੀ ਵਾਰ ਅਪਲਾਈ ਕੀਤਾ ਹੈ |
- 3) That my company shall purchase new arm for protection of the premises of my company / bank/ organization after issuance of Arm License. / ਇਹ ਕਿ ਮੈਂ, ਮੇਰੀ ਕੰਪਨੀ / ਬੈਂਕ / ਸੰਸਥਾ ਦੀ ਰਖਿਆ ਲਈ ਲਾਇਸੈਂਸ ਪ੍ਰਾਪਤ ਕਰਕੇ ਅਸਲਾ ਖਰੀਦ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ |
- 4) That there is no case registered or no police inquiry pending against me or office bearers or directors across India. ਇਹ ਕਿ ਮੇਰੇ / ਡਾਇਰੈਕਟਰ / ਕਾਰਗੁਜ਼ਾਰੀ ਅਫਸਰ ਖਿਲਾਫ ਪੂਰੇ ਭਾਰਤ ਵਰਸ਼ ਵਿੱਚ ਕੀਤੇ ਵੀ ਕੋਈ ਕੇਸ ਨਹੀਂ ਚਲਦਾ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਪੁਲਿਸ ਇੰਨਕੁਆਰੀ ਪੈਡਿੰਗ ਹੈ |
- 5) That I assure, I or the retainers appointed or other staff will neither carry/take nor use the weapons issued to my organization in any marriage palace/ marriage function or any type of celebration / ceremony / ਇਹ ਕਿ ਮੈਂ, ਇਹ ਵਿਸ਼ਵਾਸ ਦਿਵਾਉਂਦਾ ਹਾਂ ਕਿ ਮੈਂ / ਰਿਟੇਨਰ ਅਪਪੋਇੰਟਡ / ਹੋਰ ਸਟਾਫ ਮੈਂਬਰ ਮੇਰੀ ਸੰਸਥਾ ਪਾਸ ਮੌਜੂਦ ਹਥਿਆਰ ਕਿਸੇ ਵੀ ਮੈਰਿਜ ਪੈਲੇਸ / ਵਿਆਹ / ਸ਼ਾਦੀ ਸਮਾਰੋਹ / ਕਿਸੇ ਕਿਸਮ ਦੇ ਜਸਨ / ਪ੍ਰੋਗਰਾਮ ਆਦਿ ਵਿਚ ਨਾਂ ਹੀ ਲੈ ਕੇ ਜਾਵਾਂਗਾ / ਜਾਵਾਂਗੀ ਅਤੇ ਨਾਂ ਹੀ ਇਸਦੀ ਵਰਤੋਂ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ .
- 6) That I and my organisation shall obey all the instructions issued by government from time to time regarding Arms Licesning and if I / my organisation fail to obey the law or instructiions issued by government than I shall be responsible for this. Also, if the license is issued to my organisation and the same is cancelled or suspended by the licensing authority for any reason, I / my organization shall have no objection or say in that. / ਇਹ ਕਿ ਮੈਂ / ਮੇਰੀ ਸੰਸਥਾ ਅਸਲਾ ਲਾਇਸੈਂਸਿੰਗ ਬਾਰੇ ਸਮੇਂ ਸਮੇਂ ਤੇ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਹੋਏ ਸਾਰੇ ਹਦਾਇਤਾਂ ਦੀ ਪਾਲਣਾ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ ਅਤੇ ਜੇਕਰ ਮੈਂ / ਮੇਰੀ ਸੰਸਥਾ, ਕਾਨੂੰਨ / ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਨਿਰਦੇਸ਼ਾਂ ਦੀ ਪਾਲਣਾ ਕਰਨ ਵਿੱਚ ਅਸਫਲ ਹੋ ਜਾਂਦੇ, ਮੈਂ / ਮੇਰੀ ਸੰਸਥਾ ਇਸ ਲਈ ਜ਼ਿੰਮੇਵਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ | ਨਾਲ ਹੀ, ਜੇ ਲਾਇਸੈਂਸ ਮੈਨੂੰ // ਮੇਰੀ ਸੰਸਥਾ ਨੂੰ ਜਾਰੀ ਹੋ ਜਾਂਦਾ ਹੈ ਅਤੇ ਕਿਸੇ ਵੀ ਕਾਰਨ ਕਰਕੇ ਲਾਇਸੈਂਸਿੰਗ ਅਥਾਰਟੀ ਦੁਆਰਾ ਰੱਦ ਕਰ ਦਿੱਤਾ ਗਿਆ ਹੈ ਜਾਂ ਮੁਅੱਤਲ ਕੀਤਾ ਗਿਆ ਹੈ, ਤਾਂ ਮੈਨੂੰ / ਮੇਰੀ ਸੰਸਥਾ ਕੋਈ ਇਤਰਾਜ਼ ਨਹੀਂ ਹੋਵੇਗਾ |

Deponent / ਬਿਆਨ ਕਰਤਾ

It is certified that the above declaration is true and nothing has been conceited therein / ਤਸਦੀਕ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਉਕਤ ਬਿਆਨ ਸਹੀ ਵ ਦਰੁਸਤ ਹੈ ਤੇ ਮੈਂ ਇਸ ਵਿੱਚ ਕੋਈ ਵੀ ਗੱਲ ਛੁਪਾ ਕੇ ਨਹੀਂ ਰੱਖੀ |

Place / ਸਥਾਨ :-

ਮਿਤੀ / Date:-.....



Deponent / ਬਿਆਨ ਕਰਤਾ



Standard format of medical certificate of Responsible Person

[See clause (g) of sub-rule (4) of rule 11]

Form S-3 (As per Sr. No. 6 of List of Required Documents at Part 3 of Application form)

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

SN	Contents	Particulars
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	

Self-Attested
photograph of
Responsible person

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 _____

(With Seal or Medical should be on Letter Head)

Registration Number _____