



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

Form A1

(for Individuals, Sports Persons and Members of Rifle Associations/Clubs)

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

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 Licensee / ਲਾਇਸੈਂਸੀ ਦਾ ਵਿਅਕਤੀਗਤ ਵੇਰਵਾ				Self-Attested Photo of Beneficiary  (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"/>
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 <b>Note:</b> The application will be processed by the District Magistrate corresponding to Present/Correspondence Address of Applicant and the applicant must be residing at this address for more than 6 months / ਅਰਜ਼ੀ 'ਤੇ ਬਿਨੈਕਾਰ ਦੇ ਵਰਤਮਾਨ / ਪੱਤਰ-ਵਿਚਾਰ ਪਤੇ ਨਾਲ ਸੰਬੰਧਿਤ ਜ਼ਿਲ੍ਹੇ ਦੇ ਮੈਜਿਸਟਰੇਟ ਦੁਆਰਾ ਕਾਰਵਾਈ ਕੀਤੀ ਜਾਵੇਗੀ ਅਤੇ ਬਿਨੈਕਾਰ 6 ਮਹੀਨਿਆਂ ਤੋਂ ਵੱਧ ਸਮੇਂ ਲਈ ਇਸ ਪਤੇ 'ਤੇ ਰਹਿੰਦਾ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ।					
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

23. Category of Licensee*	<input type="checkbox"/> Individual <input type="checkbox"/> Sports Person <input type="checkbox"/> Member of Rifle Club / Association
24. Sub Category for Sports Person* (Only in case of Sports Person)	<input type="checkbox"/> Arjuna Awardee <input type="checkbox"/> International Medalist / Renowned Shooter Renowned in (Tick one) <input type="radio"/> One event <input type="radio"/> More than one event <input type="checkbox"/> Junior Target Shooter <input type="checkbox"/> Aspiring Shooter <input type="checkbox"/> National Rifle Association of India
25. Application is applied in form*	<input type="checkbox"/> <b>Form II</b> (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"/> <b>Form III</b> (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"/> <b>Form IV</b> (Composite licence for acquisition/ possession/ carrying and use of arms or ammunition for destruction of wild animals which do injury to human beings or cattle and damage to crops)
26. Place of Birth Country*	<input type="checkbox"/> <b>India</b> <input type="checkbox"/> <b>Others</b> _____
27. Place of Birth State*	
28. Place of Birth District*	
29. Permanent Account No. (PAN No.) *	
30. Aadhar Card No. *	
31. Since when Residing at Present Address*	DD/MM/YYYY _____
32. Nearest Police Station * (For Present/Correspondence Address)	
<b>Note: Nearest Police Station means the police station under whose jurisdiction the place given in the address comes.</b>	
33. Nearest Police Station* (For Permanent Address)	
34. Applicant's Occupation / ਪੇਸ਼ਾ *	<input type="checkbox"/> Agriculture (Farmer/Laborer) <input type="checkbox"/> Government/PSU Employee <input type="checkbox"/> Private Sector Employee <input type="checkbox"/> Business Owner <input type="checkbox"/> Others _____
<b>Note:</b> For member of armed/defense forces select Government/PSU Employee and write the details at Sr. 50 below	
35. Office/business address * (Not required in case of Agriculture)	
36. State*	
37. District*	
<b>Other particulars of the Applicant (Individual / Sports Person / Member of Rifle club / Association)</b>	
38. Whether the applicant has been convicted? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Offence Details*: _____ Sentence Details*: _____ Date of Sentence*: (dd/mm/yyyy) _____
39. 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? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Date*: _____ Period For Which Bound*: _____



40. Whether the applicant has 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*: _____
41. 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"/>
42. 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*: _____
43. Whether any other member of the applicant's family is in possession of any arm's license , if so , particular there of? *	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. _____
44. 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- _____ _____
45. 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- _____ _____
<b>Particulars of License / ਲਾਇਸੰਸ ਦਾ ਵੇਰਵਾ</b>	
46. Need for License *	
47 Description of arms for which license is being sought. *	Please refer notes below for more details:



<p><b>Notes:</b></p> <p>a. <b>Allowed Weapon Category</b> – Permissible or Restricted.</p> <p>b. <b>Allowed Weapon Type</b> – Rifle (Includes Carbine), Gun, Revolver and Pistol.</p> <p>c. The number of weapons allowed depends upon the category of licensee selected at Sr No. 23 above. The details are as follows:</p> <p>i. <b>Individual</b> – Maximum 2 weapons of any type are allowed.</p> <p>ii. <b>Company/Bank</b> - No limit for Banks/ institutions weapons of any type are allowed.</p> <p>d. <b>Sports Person</b> – A Maximum count of 14 weapons is allowed, depending on the subcategory selected. Please refer to Notification No. S.O. 665(E) dated 12/02/2020 for category-wise allowed weapons to sports persons.</p> <p>Member of Rifle Club/Association –Other shooters who are Members of Rifle Club/Association 2 Weapons of any type as Normal Individual are allowed and one .22 Bore Rifle</p>	SN	Weapon Category	Weapon Type	Weapon Bore
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
10				

48. Description of ammunition or ingredients of ammunition for which license is being sought *	
49. Area within which applicant wishes to carry arms *	<p>District <input type="checkbox"/> State (Only Punjab) <input type="checkbox"/> All India <input type="checkbox"/></p> <p><b>Notes:</b></p> <p>1. For Application in Form II and Form IV at Sr. No. 25, only District is allowed.</p> <p>2. For Application in Form III only District and State is allowed for all applicants except for following Categories:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Union Ministers or Members of Parliament;</li> <li><input type="checkbox"/> Personnel of Defense Forces and Central Armed Police Forces;</li> <li><input type="checkbox"/> Officers of All-India Services;</li> <li><input type="checkbox"/> Officers in the Government or Government Sector Undertakings or Public Sector Undertakings with liability to serve anywhere in India;</li> <li><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</li> </ul> <p>(If applied for All India validity, select relevant category from above)</p>
50. Claims for special consideration for obtaining the license, if any *	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, details thereof- _____</p> <p>_____</p>

**Additional Information required only for application in Form IV at Sr No. 25**

51. Location* (Write the village name in your district where the land is located)	
52. Area of land under cultivation* (Write the unit of Area along with)	
53. Detailed address*	
54. Landmark*	
55. Place or area for which the license is sought*	
56. 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*	



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

SN	Name of Documents (Tick the relevant documents attached)	Whether Mandatory / Optional								
1.	Proof of Date of Birth (Birth Certificate/Passport/Pan Card/10 <sup>th</sup> Class Certificate/Driving License) (Any one)	Mandatory (For all Categories)								
2.	Identification proof:	Mandatory  (All documents are mandatory for the categories specified along with)								
	<table border="1"> <thead> <tr> <th>Category of Licensee</th> <th>Documents Accepted</th> </tr> </thead> <tbody> <tr> <td>Individual, Sports Person and Member of Rifle Club or Association <input type="checkbox"/></td> <td><b>Aadhar Card</b> <input type="checkbox"/> - in case the applicant does not have Aadhar Card, a written declaration in the form of an <b>Affidavit</b> <input type="checkbox"/> to be submitted in this regard <b>along with</b> an alternative identification proof which may include <b>Passport</b> <input type="checkbox"/> or <b>Voter's Identification Card</b> <input type="checkbox"/> or <b>Permanent Account Number (PAN) card</b> <input type="checkbox"/> or Identity Card issued to the employees <input type="checkbox"/> (Any one)</td> </tr> <tr> <td>Sports Person <input type="checkbox"/></td> <td>Shooters identification card issued by the National Rifle Association of India</td> </tr> <tr> <td>Member of Rifle Club or Association <input type="checkbox"/></td> <td>Membership card issued by Club or Association</td> </tr> </tbody> </table>		Category of Licensee	Documents Accepted	Individual, Sports Person and Member of Rifle Club or Association <input type="checkbox"/>	<b>Aadhar Card</b> <input type="checkbox"/> - in case the applicant does not have Aadhar Card, a written declaration in the form of an <b>Affidavit</b> <input type="checkbox"/> to be submitted in this regard <b>along with</b> an alternative identification proof which may include <b>Passport</b> <input type="checkbox"/> or <b>Voter's Identification Card</b> <input type="checkbox"/> or <b>Permanent Account Number (PAN) card</b> <input type="checkbox"/> or Identity Card issued to the employees <input type="checkbox"/> (Any one)	Sports Person <input type="checkbox"/>	Shooters identification card issued by the National Rifle Association of India	Member of Rifle Club or Association <input type="checkbox"/>	Membership card issued by Club or Association
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Sports Person <input type="checkbox"/>	Shooters identification card issued by the National Rifle Association of India									
Member of Rifle Club or Association <input type="checkbox"/>	Membership card issued by Club or Association									
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.	Safe use and storage undertaking in Form S2 <input type="checkbox"/> (Also enclose proof of safe storage like picture of Almirah or place where the weapons will be stored)	Mandatory (For all Categories)								
5.	Undertaking and whichever applicable from below mentioned documents: Self-Attested copies: a. Educational Certificates 5 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Uneducated <input type="checkbox"/> b. Professional qualification certificates (only degrees/ certificates to be provided, detailed marks sheets not required): Course Names _____ c. Any other document for special consideration. _____	Undertaking <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>  (Tick whichever attached)  Mandatory (to attach Undertaking in all cases and in case none form a, b and c is attached the same has to be mentioned in undertaking)								
	Note: 1. An application by a member of the armed forces of the Union shall be made through his Commanding Officer to the licensing authority having jurisdiction in respect of the place to which he is for the time being Posted and same has to be attached here at point c above. 2. In case applicant is applying for All India Validity License then relevant ID Proof to be provided in point c above as per the Sub Category ticked at Sr. No. 49									
6.	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)								
7.	In case of an application for a license in Form IV, the particulars specified in sub-rule (2) of rule 35 (details of the land and cultivation requiring protection and area in which the arms and ammunition are required to be carried) along with a permit from the authority empowered under the Wild Life (Protection) Act, 1972 (53 of 1972) <input type="checkbox"/> Details of Documents attached _____	Mandatory (For all Categories only in case of application in Form IV at Sr. No. 25)								

**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 ਭੁੱਲੀ ਸਾਬਤ ਹੋਦੀ ਹੈ ਤਾਂ ਮੈਂ ਕਾਨੂੰਨ ਅਨੁਸਾਰ ਸਜ਼ਾ ਦਾ / ਦੀ ਭਾਗੀਦਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ ਅਤੇ ਅਜਿਹੀ ਭੁੱਲੀ ਸੂਚਨਾ ਦੇ ਆਧਾਰ ਤੇ ਮੈਨੂੰ ਮਿਲੇ ਲਾਭ ਸਰਕਾਰੀ ਤੌਰ ਤੇ ਖਤਮ ਹੋ ਜਾਣਗੇ। ਮੈਂ ਆਧਾਰ ਨੰਬਰ ਦਾ ਧਾਰਕ ਹਾਂ ਅਤੇ ਸਵੈ ਇੱਛਤ ਆਧਾਰ 'ਤੇ ਯੂਨੀਕ ਆਈਡੈਂਟੀਫਿਕੇਸ਼ਨ ਅਥਾਰਟੀ ਆਫ ਇੰਡੀਆ (UIDAI) ਰਾਹੀਂ ਈ-ਕੇ ਵਾਈ ਸੀ ਦੇ ਉਦੇਸ਼ ਲਈ ਮੇਰੀ ਪਛਾਣ ਪ੍ਰਾਪਤ ਕਰਨ / ਸਥਾਪਿਤ ਕਰਨ ਲਈ, ਪ੍ਰਸ਼ਾਸਨਿਕ ਸੁਧਾਰ ਅਤੇ ਲੋਕ ਸਿਕਾਇਤਾਂ ਵਿਭਾਗ, ਪੰਜਾਬ ਸਰਕਾਰ ਨੂੰ, ਉਪਰੋਕਤ ਸੇਵਾ ਦਾ ਲਾਭ ਉਠਾਉਣ ਲਈ ਯੂਨੀਕ ਆਈਡੈਂਟੀਫਿਕੇਸ਼ਨ ਅਥਾਰਟੀ ਆਫ ਇੰਡੀਆ (UIDAI) ਨਾਲ ਆਧਾਰ ਓਟੀਪੀ (OTP) ਜਾਂ ਬਾਇਓਮੈਟ੍ਰਿਕ ਪ੍ਰਮਾਣਿਕਤਾ ਦੀ ਵਰਤੋਂ ਕਰਨ ਦੀ ਮੇਰੀ ਸਹਿਮਤੀ ਦਿੰਦਾ ਹਾਂ। ਮੈਨੂੰ ਆਧਾਰ ਪੁਸ਼ਟੀਕਰਨ ਦੀ ਸਹਿਮਤੀ ਲੈਣ ਦਾ ਉਦੇਸ਼, ਮੈਨੂੰ ਸਥਾਨਕ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮਝਾਇਆ ਗਿਆ ਹੈ। ਦਫ਼ਤਰ ਪ੍ਰਸ਼ਾਸਨਿਕ ਸੁਧਾਰ ਅਤੇ ਲੋਕ ਸਿਕਾਇਤਾਂ ਵਿਭਾਗ, ਪੰਜਾਬ ਸਰਕਾਰ ਨੇ ਮੈਨੂੰ ਸੂਚਿਤ ਕੀਤਾ ਹੈ ਕਿ ਮੇਰੇ ਆਧਾਰ ਦੀ ਵਰਤੋਂ ਉੱਪਰ ਦੱਸੇ ਤੋਂ ਇਲਾਵਾ ਕਿਸੇ ਹੋਰ ਉਦੇਸ਼ ਲਈ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ। ਮੈਂ ਸਮਝਦਾ/ਸਮਝਦੀ ਹਾਂ ਕਿ ਮੇਰੇ ਵੱਲੋਂ ਬਾਇਓਮੈਟ੍ਰਿਕਸ ਅਤੇ/ਜਾਂ ਓ ਟੀ ਪੀ ਜੋ ਕਿ ਮੇਰੀ ਪ੍ਰਮਾਣਿਕਤਾ ਲਈ ਦਿੱਤੇ ਗਏ ਹਨ, ਸਿਰਫ਼ ਉਸ ਖਾਸ ਉਦੇਸ਼ ਲਈ ਆਧਾਰ ਪ੍ਰਮਾਣਿਕਰਨ ਪ੍ਰਣਾਲੀ ਰਾਹੀਂ ਮੇਰੀ ਪਛਾਣ ਨੂੰ ਪ੍ਰਮਾਣਿਤ ਕਰਨ ਲਈ ਵਰਤਿਆ ਜਾਵੇਗਾ। ਮੈਨੂੰ ਸਰਕਾਰੀ ਤੌਰ 'ਤੇ ਵੈਧ ਦਸਤਾਵੇਜ਼ ਜਮ੍ਹਾਂ ਕਰਕੇ ਭੇਤਿਕ ਕੇ ਵਾਈ. ਸੀ ਉਦੇਸ਼ਾਂ ਦੀ ਪੂਰਤੀ ਲਈ ਪ੍ਰਸ਼ਾਸਨਿਕ ਸੁਧਾਰ ਅਤੇ ਲੋਕ ਸਿਕਾਇਤਾਂ ਵਿਭਾਗ, ਪੰਜਾਬ ਸਰਕਾਰ ਦੁਆਰਾ ਹੋਰ ਵਿਕਲਪਿਕ ਸਾਧਨ ਦਿੱਤੇ ਗਏ ਹਨ ਅਤੇ ਮੈਂ ਸਵੈ-ਇੱਛਾ ਨਾਲ ਆਧਾਰ ਆਧਾਰਿਤ ਕੇ ਵਾਈ. ਸੀ ਦੀ ਚੋਣ ਕੀਤੀ ਹੈ। ਮੈਨੂੰ ਆਧਾਰ ਅਧਾਰਤ ਪ੍ਰਮਾਣਿਕਤਾ ਪ੍ਰਣਾਲੀ ਨਾਲ ਆਪਣੇ ਆਪ ਨੂੰ ਪ੍ਰਮਾਣਿਤ ਕਰਨ ਵਿੱਚ ਕੋਈ ਇਤਰਾਜ਼ ਨਹੀਂ ਹੈ ਅਤੇ ਮੈਂ ਆਧਾਰ ਐਕਟ 2016 ਦੇ ਨਿਯਮਾਂ ਦੇ ਤਹਿਤ ਆਪਣੀ ਸਵੈ ਇੱਛਾ ਨਾਲ ਨੇਡਲ ਵਿਭਾਗ ਜਾਂ ਸੰਬੰਧਿਤ ਏਜੰਸੀ ਨੂੰ ਮੇਰੇ ਆਧਾਰ ਸੰਬੰਧੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਕੀਮ ਦੇ ਦਿਸ਼ਾ-ਨਿਰਦੇਸ਼ਾਂ ਅਨੁਸਾਰ ਮੇਰੀ ਯੋਗਤਾ ਦੀ ਜਾਂਚ ਕਰਨ ਦੀ ਸਹਿਮਤੀ ਦਿੰਦਾ ਹਾਂ ਤਾਂ ਜੋ ਸਕੀਮ ਦੇ ਫਾਇਦੇ ਮੇਰੇ ਤੱਕ ਪਹੁੰਚ ਸਕਣ।

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 am holder of Aadhaar, giving my consent to Department of Governance Reforms and Public Grievances, Government of Punjab, for fetching/ establishing my identity for purpose of e-KYC through UIDAI, using the Aadhaar OTP or Biometric authentication with Unique Identification Authority of India (UIDAI) while availing above mentioned service, on a voluntary basis.

The consent and purpose of collecting Aadhaar has been explained to me in the local language. The Department of Governance Reforms and Public Grievances, Government of Punjab has informed me that my Aadhaar shall not be used for any purpose other than mentioned above.

I understand that the biometrics and/or OTP that I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication System for that specific purpose only.

I have been given other alternative means by the Department of Governance Reforms and Public Grievances, Government of Punjab for KYC purposes including physical KYC by submitting officially valid documents and I have voluntarily chosen Aadhaar based KYC.

I have no objection to authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for use of my Aadhaar and related information by the nodal department(s)/agency(ies) to verify my eligibility and delivery of benefits under the scheme(s) as per the guidelines of the scheme(s).

ਮਿਤੀ:/Dated:

ਬਿਆਨਕਰਤਾ/Declarant

Citizen's Signature / Thumb Impression

**Note:** In case of Junior Target Shooter less than 18 years of age, one of adult Family member (Father/Mother/Brother/Sister /Grandfather /Grandmother) needs to declare



**Standard format of undertaking for safe storage of firearms**

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

(As per Sr. No. 4 of List of Required Documents at Part 3 of Application form)

To

The Licensing Authority,

\_\_\_\_\_

**Undertaking**

This is to solely affirm and declare that –

1. I have applied for grant of a new arms license / renewal of arms license (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



Self-Attested  
photograph of  
Deponent

**Self-Undertaking / 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 :-

- That I am citizen of India and permanently residing at the given address as per application. ਇਹ ਕਿ ਮੈਂ ਭਾਰਤ ਦੇਸ਼ ਦਾ ਨਾਗਰਿਕ ਹਾਂ ਅਤੇ ਦਰਖਾਸਤ ਵਿੱਚ ਦਿੱਤੇ ਪਤੇ ਦਾ / ਦੀ ਪੱਕਾ / ਪੱਕੀ ਵਸਨੀਕ ਹਾਂ |
- That I have completed my 21 years of age and I am applying for the first time for New Arm License as per Arm Act. ਇਹ ਕਿ ਮੈਂ 21 ਸਾਲ ਦੀ ਉਮਰ ਪੂਰੀ ਕਰ ਚੁੱਕਾ ਹਾਂ ਅਤੇ ਆਰਮਜ਼ ਐਕਟ ਤਹਿਤ ਨਵਾਂ ਲਾਇਸੈਂਸ ਜਾਰੀ ਕਰਵਾਉਣ ਲਈ ਪਹਿਲੀ ਵਾਰ ਅਪਲਾਈ ਕੀਤਾ ਹੈ |
- That I have no Arm License issued from any state of India by any issuing Authority. ਇਹ ਕਿ ਇਸ ਤੋਂ ਪਹਿਲਾਂ ਮੇਰੇ ਨਾਂ ਪੂਰੇ ਭਾਰਤ ਵਰਸ਼ ਵਿੱਚ ਕਿਸੇ ਵੀ ਅਥਾਰਿਟੀ ਵੱਲੋਂ ਅਸਲਾ ਲਾਇਸੈਂਸ ਜਾਰੀ ਨਹੀਂ ਹੋਇਆ ਹੈ |
- That I shall purchase new arm for my self-protection after issuance of Arm License. / ਇਹ ਕਿ ਮੈਂ ਆਪਣੀ ਸਵੈ ਰਖਿਆ ਲਈ ਲਾਇਸੈਂਸ ਪ੍ਰਾਪਤ ਕਰਕੇ ਅਸਲਾ ਖਰੀਦ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ |
- That I am / was not involved in any criminal case in any court across the state of India and no police inquiry pending against me. ਇਹ ਕਿ ਮੇਰੇ ਖਿਲਾਫ਼ ਭਾਰਤ ਵਰਸ਼ ਵਿੱਚ ਕਿਸੇ ਵੀ ਅਦਾਲਤ ਵਿੱਚ ਕੋਈ ਕੇਸ ਨਹੀਂ ਚਲਦਾ ਅਤੇ ਨਾ ਜੀ ਕੋਈ ਪੁਲਿਸ ਇੰਨਕੁਆਰੀ ਪੌਂਡਿੰਗ ਹੈ |
- That there is an Arms License No.) \_\_\_\_\_ which is issued on my (Father / Husband / Mother / Brother / Sister) bearing name \_\_\_\_\_ issued by District Magistrate \_\_\_\_\_ Weapon endorsed on this Arm License is / are \_\_\_\_\_ (Name of the Weapon). / ਇਹ ਕਿ ਮੇਰੇ (ਪਿਤਾ/ ਮਾਤਾ/ਭਰਾ/ਭੈਣ) \_\_\_\_\_ ਜਿੰਨਾ ਦੇ ਨਾਂ ਤੇ ਅਸਲਾ ਲਾਇਸੈਂਸ ਨੰ. \_\_\_\_\_ ਦਰਜ ਹੈ, ਜੋ ਕਿ ਜਿਲ੍ਹਾ ਮੈਜਿਸਟਰੇਟ \_\_\_\_\_ ਜੀ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਗਿਆ ਹੈ | ਇਸ ਅਸਲਾ ਲਾਇਸੈਂਸ ਉੱਤੇ \_\_\_\_\_ (ਹਥਿਆਰ ਦਾ ਨਾਂ) ਹਥਿਆਰ ਦਰਜ ਹੈ |
- That I assure, I will neither carry/take nor use the weapons issued to me in any marriage palace/ marriage function or any type of celebration / ceremony / ਇਹ ਕਿ ਮੈਂ, ਇਹ ਵਿਸ਼ਵਾਸ ਦਿਵਾਉਂਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣੇ ਪਾਸ ਮੌਜੂਦ ਹਥਿਆਰ ਕਿਸੇ ਵੀ ਮੈਰਿਜ ਪੈਲੇਸ / ਵਿਆਹ / ਸ਼ਾਦੀ ਸਮਾਰੋਹ / ਕਿਸੇ ਕਿਸਮ ਦੇ ਜਸਨ / ਪ੍ਰੋਗਰਾਮ ਆਦਿ ਵਿਚ ਨਾਂ ਹੀ ਲੈ ਕੇ ਜਾਵਾਂਗਾ / ਜਾਵਾਂਗੀ ਅਤੇ ਨਾ ਹੀ ਇਸਦੀ ਵਰਤੋਂ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ .
- That I shall obey all the instructions issued by government from time to time regarding Arms Licesning and if I fail to obey the law or instructiions issued by government than I shall be responsible for this. Also, if the license is issued to me and the same is cancelled or suspended by the licensing authority for any reason, I shall have no objection or say in that. / ਇਹ ਕਿ ਮੈਂ ਅਸਲਾ ਲਾਇਸੈਂਸਿੰਗ ਬਾਰੇ ਸਮੇਂ ਸਮੇਂ ਤੇ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਹੋਏ ਸਾਰੇ ਹਦਾਇਤਾਂ ਦੀ ਪਾਲਣਾ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ ਅਤੇ ਜੇਕਰ ਮੈਂ ਕਾਨੂੰਨ / ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਨਿਰਦੇਸ਼ਾਂ ਦੀ ਪਾਲਣਾ ਕਰਨ ਵਿੱਚ ਅਸਫਲ ਹੋ ਜਾਂ, ਮੈਂ ਇਸ ਲਈ ਜ਼ਿੰਮੇਵਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ | ਨਾਲ ਹੀ, ਜੇ ਲਾਇਸੈਂਸ ਮੈਨੂੰ ਜਾਰੀ ਹੋ ਜਾਂਦਾ ਹੈ ਅਤੇ ਕਿਸੇ ਵੀ ਕਾਰਨ ਕਰਕੇ ਲਾਇਸੈਂਸਿੰਗ ਅਥਾਰਟੀ ਦੁਆਰਾ ਰੱਦ ਕਰ ਦਿੱਤਾ ਗਿਆ ਹੈ ਜਾਂ ਮੁਅੱਤਲ ਕੀਤਾ ਗਿਆ ਹੈ, ਤਾਂ ਮੈਨੂੰ ਕੋਈ ਇਤਰਾਜ਼ ਨਹੀਂ ਹੋਵੇਗਾ|
- Check this in case a, b and c is not attached as per point no. 5 of Part 3 of application form (List of required documents)
  - I am uneducated person and no educational, professional qualifications/certifications are available with me.

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 |

Deponent / ਬਿਆਨ ਕਰਤਾ

Place / ਸਥਾਨ :-  
Date/ਮਿਤੀ:



**Standard format of medical certificate**

**[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  
Licensee

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 \_\_\_\_\_