OFFICE OF DISTRICT MAGISTRATE, INDORE MADHYA PRADESH

POLICE STATION NAME…….

Licensee Name…… License type New/Renewed/Duplicate…….

Father/Spouse Name …… Place of Birth ……

Date of Birth …… Birth State ……

Present Address …… Permanent Address ……..

Pin Code ……. Pin Code ……

Present Police Station …….

Tele. Number (o) ……. Permanent Police Station ……

Tele. Number (R) …….

Mobile …….. E-Mail Address ……

Occupation (Govt. Service/ Pvt. Service/Business/

Agriculturist/ Sport Person/ Professional/ Self

Employed/ House Wife/ Other…… Applicant Id (for office use) ……

License Category Individual/Institutional/Sports……..

License Details

S.No.	License Number	Issued	Area Validity	Issue Date	Valid From	Valid Up To	Purpose

Weapon Details

S.No.	Endorsement Date	NPB/PB	Weapon No.	Type of Weapon	Make of Weapon	Bore	No. of Cartridges	License No.	Weapon No.