

## पोलीस आयुक्त, पुणे शहर यांचे कार्यालय

फॉर्म ए सहपत्र

नवीन शस्त्र परवाना/अतिरिक्त शस्त्र परवाना मिळणेचे (वैयक्तिक) अर्जासोबत जोडावयाची आवश्यक कागदपत्रे

१. नवीन शस्त्र परवाना मिळणेचा विहित नमुन्यातील अर्ज.
२. शस्त्र/दारुगोळा सुरक्षित ठेवण्यासाठी योग्य ती जागा असलेबाबत सचित्र पुरावा व विहित हमीपत्र नमुना एस-२ मध्ये.
३. अर्जदार शारीरिक व मानसिकदृष्ट्या सक्षम असल्याबाबत विहित नमुन्यातील वैद्यकीय प्रमाणपत्र एस-३ मध्ये.
४. अर्जदार यांना कोणत्याही गुन्ह्यात अटक, शिक्षा झाली नसलेबाबत तसेच कोर्टात त्यांचेविरुद्ध खटला प्रस्तावित/प्रलंबित नसलेबाबत नोदरी/दंडाधिकारी यांचे समोर केलेले विहित ए-१ मधील नोटलाईज्ड प्रतिज्ञापत्र
५. अर्जदाराचे वयाचे पृष्ठ्यर्थ पुरावा :- जन्म तारखेचा दाखला/शाळा सोडलेचा दाखला/इयत्ता १० वी-१२ वी पासचे बोर्ड सर्टिफिकेट/पासपोर्ट/पॅन कार्ड/आधार कार्ड/मतदान ओळखपत्र (यापैकी तीन कागदपत्रे आवश्यक)
६. पुणे शहर येथील वास्तव्याचा पुरावा - सध्याचे वीज देयक/मनपा मिळकतकर देयक/इंडेक्स-२/भाडेतत्वावर वास्तव्यास असल्यास नोंदणीकृत भाडेकरार व संबंधित पोलीस स्टेशन येथे नोंदणी केलेचा पुरावा.
७. व्यवसाय असल्यास, कोणता व्यवसाय व त्यासंदर्भातील आवश्यक कागदपत्रे - व्यवसाय रजिस्ट्रेशन सर्टिफिकेट/शॉप अॅक्ट लायसन्स/व्यवसायाचे स्वरूप दर्शविणारे इत्यादी.
८. पोलीस दल/सैन्यदलातील अधिकारी/कर्मचारी असल्यास,
  - १) परवाना देण्याबाबत विभाग प्रमुखाचे स्वयंस्पष्ट अभिप्रायासह असलेले ना-हरकत/शिफारस पत्र
  - २) नॉन-सर्व्हीस पॅटर्न (एनएसपी) करीता वेपन इशु झाले असल्यास, डीजीओ, डीएचक्यू, नवी दिल्ली कडील पत्राची प्रत.
  - ३) सर्व्हीस सर्टीफिकेट-धारण करीत असलेले पद, खाते, मासिक वेतन, अर्जदार केव्हापासून नोकरीस आहेत व केव्हा सेवानिवृत्त होणार आहेत वगैरे बाबी दर्शविणारे संबंधीत युनिट प्रमुख यांचे विहित नमुना ए/२ मधील प्रमाणपत्र.
९. ज्या कारणासाठी शस्त्र परवाना हवा आहे त्या संबंधीचा पुरावा. (खालील १, २, ३ पैकी एक)
  - १) स्वसंरक्षणार्थ :- अर्जदार यांना खंडणीसाठी किंवा इतर कारणांसाठी जीवे मारण्याची धमकी देण्यात आली आहे किंवा त्यांच्यावर प्रत्यक्ष हल्ला किंवा हल्ल्याचा प्रयत्न झाला असल्यास, त्याबाबत पोलीस ठाणेस नोंदविलेल्या प्रथम खबरी अहवालाची (FIR) प्रत.
  - २) शेतीचे संरक्षण :- चालू वर्षाचा ७/१२ उतारा / ८ अ चा अद्ययावत उतारा.
  - ३) नेमबाज खेळासाठी :- राष्ट्रीय/रिनाऊंड/अॅस्पायरींग इ. शूटर असल्यास मागील दोन वर्षांमध्ये नेमबाज स्पर्धेत भाग घेतलेबाबत प्रमाणपत्र. सदर प्रमाणपत्र Certifying body यांनी सर्टीफाय केलेली असावीत. तसेच ज्या ठिकाणी सराव करतात त्या अधिकृत क्लबचे ओळखपत्र मेंबरशिप कार्ड
१०. अर्जदाराची वार्षिक उलाढाल दर्शविणारे पुरावे. (१, २, ३ पैकी एक)
  - १) अर्जदार आयकर भरत असल्यास मागील ३ वर्षांची विवरणपत्र व सदर आयकर भरला असलेबाबत चलन पावती.
  - २) शेती असल्यास शेतीच्या उत्पन्नातून मिळालेल्या रकमेबाबत पुरावे देणारे शेती माल विक्रीची वीले.
  - ३) नोकरी करीत असल्यास उत्पन्न दर्शविणेसाठी १६ नंबरचा फॉर्म, मागील ३ महिन्यांच्या पे-स्लिप.
११. हयात असलेले शस्त्र परवानाधारकाचे शस्त्र वारसाहक्काने ट्रान्सफर करून हवे असल्यास, विहित ए/३ मधील विहित नोटलाईज्ड प्रतिज्ञापत्र
१२. वारसाहक्काने मयत परवानाधारकाचे शस्त्र ट्रान्सफर करून हवे असल्यास,
  - १) मयत परवानाधारक यांचे शस्त्र सेफ कस्टडीकामी संबंधित पो. ठाणे/अधिकृत आर्म डिलरकडे शस्त्र जमा केलेचा पुरावा.
  - २) मयत शस्त्र परवानाधारक यांचे मृत्यू प्रमाणपत्र
  - ३) मयत परवानाधारक यांचे शस्त्र परवान्याची प्रत
  - ४) मयत परवानाधारक यांचे शस्त्र अर्जदार यांचे नावे वर्ग करण्यास हरकत नसलेबाबत इतर कायदेशीर वारसदार यांचे विहित ए/४ मधील प्रतिज्ञापत्र.
१३. अर्जदार यांचेकडे यापूर्वीचा शस्त्र परवाना असल्यास, नुतनीकरण केलेल्या शस्त्र परवान्याची साक्षांकित प्रत.

टीप :- १) अर्जासोबत जोडलेल्या छायांकित प्रती साक्षांकित केलेल्या असाव्यात.

२) या व्यतिरिक्त आवश्यकतेनुसार सक्षम प्राधिकारी सुचवतील ती कागदपत्रे जोडणे आवश्यक आहे.

३) सदर अर्ज सादर केलेनंतर अर्जदार यांनी चौकशी दरम्यान पोलीस मुख्यालय, शिवाजीनगर पुणे येथुन शस्त्र व दारुगोळा

सुरक्षित हाताळणी प्रशिक्षण पूर्ण केलेबाबतचे विहित फॉर्म एस-१ मधील प्रमाणपत्र चौकशी अधिकारी यांना सादर करणे बंधनकारक राहिल. (सैन्यदल/पोलीस दल/अतिरिक्त शस्त्र परवानाधारक/स्पोर्टसाठी लागू नाही.)



**Form A-1**  
**(for individuals)**  
**Form of application for an New Arms Liscence in**  
**Form II, III and IV**

Passport size  
photograph of the  
applicant

<b>IDENTITY OF THE APPLICANT</b>			
1	Name		
2	Parents/Spouse Name		
3	Sex	Male	Female
4	Place of birth (Nativity)	State	District
5	Date of birth in Christian era	<i>must be 21 years of age on the date of application</i>	
	in figures	<i>DD/MM/YY</i>	
	in words		
6	Permanent Account No. (PAN)		
7	Aadhar Card Number		
8	Present address		
		<i>District</i>	<i>State</i>
(a)	Since when residing at the present address	<i>DD/MM/YY</i>	
(b)	Telephone Number	<i>O-</i>	<i>R-</i>
(c)	Mobile Number		
(d)	*Nearest Police Station		
9	Permanent Address		
		<i>District</i>	<i>State</i>
(a)	*Nearest Police Station		
10	Occupation		
<i>*Note - Nearest Police Station means the police station under whose jurisdiction the place given in the address comes</i>			
11	Office/businss address		
12	Additional particulars if the liscence is	<i>Location (village)</i>	
	required for crop protection under rule 35	<i>Area of land under cultivation</i>	

**OTHER PARTICULARS OF THE APPLICANT**

13	Whether the applicant has been			
(a)	convicted	Y	N	<i>If yes, details thereof - Offence Sentence Date of sentence DD/MM/YYYY</i>
(b)	ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour	Y	N	<i>If yes, details thereof - Date DD/MM/YYYY Period for which bound</i>
(c)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<i>If yes, details thereof - Date DD/MM/YYYY Period for which prohibited</i>
14	Whether -			
(a)	the applicant applied for a licence before - if so, when, to whom and with what result	Y	N	<i>If yes, details thereof - Date applied for DD/MM/YYYY Name of the licensing authority  Result (plz. specify) Approval/Rejected/Pending</i>
(b)	the applicants's licence was ever suspended or cancelled/revoked	Y	N	<i>If Yes, details thereof - Name of the licensing authority Reasons</i>
(c)	any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof	Y	N	<i>If yes, details thereof - Name Licence No. Weapons endorsed 1. 2. 3.</i>
(d)	the applicant has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof -</i>
(e)	the applicant has undergone training as specified under rule 10 (whenever made applicable by the Central Government)	Y	N	<i>If yes, details thereof -</i>
<b>Particulars of licence being applied for</b>				
15	Need for licence (see note 1 below)			
16	(a)	Description of arms for which licence is being sought (Tick any one of the options)		
		Category - restricted/permissible		
		Rifle		
		Shot Gun (BL/ML)		
		Hand Gun (Revolver/Pistol)		
		Others		
(b)	Description of ammunition or ingredients of ammunition for which licence is being sought			

17	Area within which applicant wishes to carry arms (Tick any one of the options)	District	
		State	
		Throughout India	
18	Claims for special consideration for obtaining the licence, if any (attach documentary evidence)		
<b>Additional Information</b>			
19	Details for an application for licence in Form IV		
(a)	Place or area which the licence is sought		
(b)	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		

**Declaration :**

I hereby declare that the particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law the time being in force.

Pune :

Date :

\_\_\_\_\_  
Signature / Thumb impression of applicant

**Enclosed document as per Form A-1**

**Warning :**

Suppression of any factual information or furnishing of any false or wrong information in the application from in violation or arms rules will render the applicant company and the responsible person liable for punishment under Section 30 of the Arms Act, 1959.

**FORM S-3**  
**Standard format of Medical Certificate (Family Doctor MD / MBBS Doctor)**  
**Refer clause (g) of sub-rule (4) of rule 11**  
**(on the letterhead of the medical practitioner)**

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

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.	

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 physical deformity ;
2. has been found to be stable mental condition and is not inclined to violence ;
3. has been found 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 .....

Registration Number .....



**FORM S-2**

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

*[see rule 10(4)]*

Rs 10/-  
court fee  
stamp

To

The Commissioner of Police,  
Licensing Authority,  
Pune City.

**Undertaking**

This is to solely affirm and declare that -

1. I have applied for grant of a new arms licence/extension of ammunition quota for the purpose sport/renewal of arms licence (bearing Licence 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 sage or steel almari 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 that is at any subsequent date, if any of the said declaration 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.

Pune :

(Singnature of the Applicant/Licensee)

Date :

## AFFIDAVIT

(Specimen of Affidavit to be submitted by applicants on non-judicial stamp paper worth Rs. 100/- duly attested by a Notary Public Please fill up all details with due care because your case will be processed on the basis of the information provided by you vide this affidavit.)

- I, ..... son / Daughter / Wife of ..... since ..... do solemnly presently Residing at ..... affirm and declare as follows :
1. That my date of birth is ..... (Copy of proof-attached) and place of birth is .....
  2. That my education qualification is .....
  3. That I am married/unmarried to ..... and that I have ..... children namely ..... age about .....
  4. That I am permanent resident of .....
  5. That I am running a private business (copy of registration certificate or sales/services tax deposit slip or MCF/HUDA Trade license which are attached) whose details is as under :-
    - a) Name & Address of business :- ..... (Proprietorship, Private Limited or Limited Company)
    - b) Number of Employees (Skilled/Technical :- ....., Literate :- ..... Semi Literate (below 10th class) :- ..... Illiterate :- .....
    - c) No. of shops/branches with address :- .....
  6. That I am profession (Doctor, Lawyers, Architect, Engineers and Chartered Accountant etc. Copy of registration certificate is attached)
    - a) Name & Address of Firm :- .....
    - b) Number of Employees (Skilled/Technical :- ....., Literate :- ..... Semi Literate (below 10th class) :- ..... Illiterate :- .....
  7. That I am working serving as ..... in the department of ..... I have attached the NOC issued by my department regarding obtaining an arms licence. (In case of Army Personnel with attach Photocopy of I/Card and serving cum residential certificate issued by the department) of (In case of Security Guard submit an undertaking from his employer.)
  8. That my annual income is Rs. .... (attach proof of salary/income Tax Return and daily cash Transaction is Rs. .... (attach documentary proof.)
  9. That I am not a short tempered man in family, neighbours, employees and friends.
  10. That I am medically fit to handle the weapon (A medical certificate issued by a Doctor) (Registered Medical Practitioner) is attached.
  11. That my nominee shall be Shri./Smt. .... who is my ..... (Relationship) and residing at .....

**That I am/was not involved in any Criminal case, That I do not have any departmental enquiry, vigilance proceedings against me or have a faced a Court of enquiry, Board of enquiry under the Army, Navy & Air Force Acts.**

12. That I have never been extended from my place of stay by any judicial authority and neither am I a proclaimed offender of any state Govt. or of Maharashtra Police, and to the best of my knowledge there is no Red Corner Notice or any other Look out notice pending against me.
13. That I have also no proceedings/cases instituted against me in the CBI, NCB, Enforcement Directorate, Directorate of Revenue Intelligence, Income Tax and Forest Department pending against me.
14. That I have also not been arrested, deported or involved in any illegal Act in any other country where I have visited or resided.
15. That I will no arms licence issued from any state in India. I have applied for an arms licence previously ..... times.
16. That I will make requisite arrangements to keeping the fire arms in sage custody and to avoid across of children and other unauthorized persons to the fire arms.
17. That my father has given consent to transfer his weapon in my name on inheritance basis (FA-58) (Copy attached).
18. That my father who was holding an arm licence no. .... for NPB ..... expired on ..... and I intend to get the transfer of weapon in my name. The other legal heirs have given NOCs that they have no objection if the weapon if the weapon is transferred in my name which is/are attached.
19. That I require an arms licence because (Give full detail) .....

The particulars furnished by me above are true & correct to the belief of my knowledge and I have not concealed or misrepresented any facts.

DEPONENT

Witness (Name, Address & Signature)  
public

ATTESTED  
Signature and official seal of notary