

Bidhannagar Police Commissionerate

Required documents for issuance of New Arms License

- 1) Forwarding letter addressing to Commissioner of Police, Bidhannagar.
- 2) 6 Copies of Passport size photograph duly signed by the applicant on the front side.
- 3) Filled up Form "A-1" in Duplicate (04 Sets)
- 4) Court fee stamp of Rs.1/-
- 5) **Identification proof** : (Aadhar Card or in case the applicant does not have Aadhar Card, a written declaration to be submitted in the form of an Affidavit along with an alternative identification proof which may include Passport; Voter Identification Card, PAN Card or Identity card issued to the employees).
- 6) **Residence proof**: in case the applicant does not possess Aadhar Card or Passport (Voter ID Card or Electricity Bill or Landline Telephone Bill or Rent Deed or Lease Deed or Property documents or any other document to the satisfaction of the licensing authority).
- 7) Proof of date of Birth.
- 8) Educational /Professional/ Business proof documents.
- 9) Last 3 years Income Tax Return.
- 10) Xerox Copy of Bank Pass Book (Transaction during last 6th months)
- 11) Medical Certificates about mental health and physical fitness in Form S-3.
- 12) Affidavit for Wild life Protection.
- 13) Firearm training Certificate in Form S-1 (whenever made applicable by the Central Government by passing a general or special order).
- 14) Safe use and storage of firearms undertaking in Form S-2.

All Xerox copy must be self signed.

FORM A -2
(for companies)
Form of application for an arms licence in Form II, III and V
(See rule 11)

IDENTITY OF THE APPLICANT			
1	Name of the applicant company		
2	Permanent Account Number (P.A.N.)		
3	Corporate Identification Number (C.I.N.)		
4	Name of the applicant branch or representative office of the company <i>(if the application is being filed by such branch or representative office)</i>		
5	Constitution of the applicant company <i>(see Note 1 below)</i>		
6	Designation of the 'responsible person' who will sign on behalf of the applicant company <i>(duly authorised in writing or by way of a board resolution wherein required)</i>		
	Name of the 'responsible person' signing the application		
	Registered Office Address of the company		
7	Telephone No. (Office)		
	Mobile Number of the responsible person		
	E-mail		
	*Nearest Police Station		
	Address of the branch or representative office by which the application is being filed		
8	Telephone (office/residence)		
	Mobile No.		
	E-mail		
	*Nearest Police Station		

* Note – Nearest Police Station means the police station under whose jurisdiction the place given in the address comes.

OTHER PARTICULARS OF THE APPLICANT				
9	Whether the applicant or its office bearers or directors has/have ever been –			
(a)	Convicted <i>(attach details in a separate sheet, if the answer is in affirmative)</i>	<i>Y</i>	<i>N</i>	<i>If yes, details thereof –</i> <i>Offence</i> <i>Sentence</i> <i>Date of sentence</i> <i>DD/MM/YYYY</i>

(b)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<i>If yes, details thereof –</i> <i>Date</i> <i>DD/MM/YYYY</i> <i>Period for which Prohibited</i>
10	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 –</i> <i>Date applied for</i> <i>DD/MM/YYYY</i> <i>Name of the licensing authority</i> <i>Result (pl. specify)</i> <i>Approved//Rejected/Pending</i>
(b)	the applicant's licence was ever suspended or cancelled/ revoked -	Y	N	<i>If yes, details thereof –</i> <i>Name of the licensing authority</i> <i>Reasons</i>
(c)	any other arms licence 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	Y	N	<i>If yes, details thereof –</i> <i>Name</i> <i>Licence No.</i> <i>Weapons endorsed</i> <i>1.</i> <i>2.</i> <i>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 retainer or retainers to be employed by the applicant have undergone training as specified in rule 10 (<i>whenever made applicable by the Central Government</i>)	Y	N	
Particulars of licence being applied for				
11	Need for licence (<i>see note 2 below</i>)			
12	Description of arms for which licence is being sought	Category - restricted/permissible		
(a)	(<i>Tick any one of the options</i>)	Rifle	<input type="checkbox"/>	
		Shot Gun (BL/ML)	<input type="checkbox"/>	
		Hand Gun (Revolver/Pistol)	<input type="checkbox"/>	
		Others _____	<input type="checkbox"/>	
(b)	Description of ammunition or ingredients of ammunition for which licence is being sought			
13	Number of firearms which applicant wishes to apply for			

14	Area within which applicant wishes to carry arms (Tick any one of the options)	District <input type="checkbox"/> State <input type="checkbox"/> Throughout India <input type="checkbox"/>
15	Claims for special consideration for obtaining the licence, if any (attach documentary evidence)	

Declaration:

I, _____, the responsible person, _____
(designation as mentioned in column 6) of _____ (name of the company), hereby declare that the above 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, personally, as well as the company are 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 for the time being in force.

*Signature with stamp of the responsible person
signing on behalf of the company*

Notes:

1. Constitution of the company be mentioned –

Private Limited Company; Limited Company; Government Undertaking; Society: Co-operative Society; Institute; University; Partnership Firm; Association of Persons (AOPs) or any other body under any special act or otherwise etc.

2. Against column 11, the applicant should clearly mention the purpose(s) for which the licence is required - such as use, acquisition, possession, carrying, protection, display, target practice or shooting, etc.

3. The applicant is required to submit the following documents along with the application –

- (a) Written undertaking on the letter head of the company applicant duly signed by the responsible person appointed vide clause (44) of rule 2 for filing an application under the arms rules;
- (b) Original copy of the board resolution passed or an authority letter confirming the appointment of responsible person referred to in clause (a) above;
- (c) Certified copies of the founding documents of the Company including Memorandum and Articles of Association;
- (d) Safe use and storage of firearms undertaking in Form S-2 as specified in rule 10;

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 applicant company and the responsible person liable for punishment under Section 30 of the Arms Act, 1959.

Form S-1

Standard format of training certificate

[See rule 10(1)]

To
The Commissioner of Police
Bidhannagar
Bidhannagar Police Commissionerate

Training Certificate

This is to certify the person whose particulars are furnished below has completed the training as stipulated under rule 10(1) of the Arms Rules, 2016 –

1	Name of the person	
2	Father's Name/Spouse Name	
3	Residential address	
4	Age and date of birth	
5	Training period undergone	From _____/_____/_____ To _____/_____/_____
6	Details of firearms for which training has been imparted (please specify)	1. Handguns 2. Rifle 3. Shotguns 4. Air weapons
7	Purpose of training (please specify)	1. Application for arms licence 2. Employ with arms dealer 3. Employ with manufacturer 4. Others

The training curriculum included the following modules:

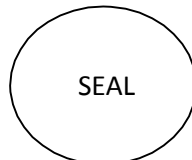
- a) Basic arms and ammunition safety practices, including safe handling and carry procedures;
- b) Firing techniques and procedures;
- c) Care of arms and ammunition;
- d) Safe storage and transportation of arms and ammunition.

The person named above was also imparted reasonable working knowledge of important provisions of the Arms Act, 1959 and Arms Rules, 2016 relevant to him and made to understand responsibilities of the arms owner or user, particularly in relation to children.

Date / / 20

Signatures of the Certifying Person

Place



Form S-2

Standard format of undertaking for safe storage of firearms

[See rule 10(4)]

To
The Commissioner of Police
Bidhannagar
Bidhannagar Police Commissionerate

Undertaking

This is to solely affirm and declare that –

1. I have applied for grant of a new arms licence /renewal of arms licence (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: / / 20

Note: Enclose proof of safe storage as mentioned at S.No. 4

Form S-3

Standard format of medical certificate

[See clause (g) of sub-rule (4) of rule 11]
(On the letter head 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 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 _____

Registration Number _____

SEAL