



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

Correction in Arm License / ਅਸਲਾ ਲਾਇਸੈਂਸ ਵਿੱਚ ਸੁਧਾਰ ਲਈ

(for Individual/Sports Person /Member of Rifle Club Association category)

For Official Use Only ਕੇਵਲ ਦਫਤਰੀ ਵਰਤੋਂ ਲਈ

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

Fields marked with asterisk (\*) are mandatory/ਜਿਹੜੇ ਫੀਲਡ ਤੇਤਾਰਾ(\*)ਲਗਿਆ ਹੈ, ਉਹ ਭਰਨੇ ਜ਼ਰੂਰੀ ਹਨ

Part – 1 Personal Details / ਵਿਅਕਤੀਗਤ ਵੇਰਵਾ

Personal Data of Licensee / ਲਾਇਸੈਂਸੀ ਦਾ ਵਿਅਕਤੀਗਤ ਵੇਰਵਾ					Self-Attested Photo of Licensee (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)*					

**Note: In case of Individual or Sports Person or Member of Rifle Association:** If the address of the licensee has been changed from that of address in previous service then firstly apply for change of address service .

**In case of Company/Organization/bank:** In case responsible person is changed then firstly take correction service.

**ਨੋਟ:** ਵਿਅਕਤੀਗਤ ਜਾਂ ਖੇਡ ਵਿਅਕਤੀ ਜਾਂ ਰਾਈਫਲ ਐਸੋਸੀਏਸ਼ਨ ਦੇ ਮੈਂਬਰ ਦੇ ਮਾਮਲੇ ਵਿੱਚ: ਜੇ ਲਾਇਸੈਂਸੀ ਦਾ ਇਸ ਵੇਲੇ ਦਾ ਪਤਾ ਪਿਛਲੀ ਸੇਵਾ ਵਿੱਚ ਦਿੱਤੇ ਪਤੇ ਤੋਂ ਬਦਲ ਗਿਆ ਹੈ, ਤਾਂ ਪਹਿਲਾਂ ਪਤਾ ਤਬਦੀਲੀ ਕਰਵਾਉਣ ਦੀ ਅਰਜੀ ਦਿਓ ਜੀ |

**ਸੰਸਥਾ ਦੇ ਕੇਸ ਵਿੱਚ:** ਜੇਕਰ ਜ਼ਿੰਮੇਵਾਰ ਵਿਅਕਤੀ ਦਾ ਤਬਦੀਲ ਹੋ ਗਿਆ ਹੈ ਤਾਂ ਪਹਿਲਾਂ ਲਾਇਸੈਂਸ ਵਿੱਚ ਸੋਧ ਕਰਵਾਣ ਲਈ ਅਰਜੀ ਦਿੱਤੀ ਜਾਵੇ ਜੀ

Part – 2 Service Details / ਸੇਵਾ ਦਾ ਵੇਰਵਾ (Only For Individual, Sports Person, Member of Rifle Club / Association Categories)

22. License Number *			
23. Category of License*	<input type="checkbox"/> Individual	<input type="checkbox"/> Sports Person	<input type="checkbox"/> Member of Rifle Club / Association
24. Correction in Arm License Details			
I. License details	Existing details* (All existing details are Mandatory should be filled by the applicant )	Correction Required ( Yes or No)	Required Details
a. Licensee Name *		<input type="checkbox"/> Yes <input type="checkbox"/> NO	



<b>b. Father Name *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> NO	
<b>c. Husband Name *</b> ( if applicable )		<input type="checkbox"/> Yes <input type="checkbox"/> NO	
<b>Person of Class of Sports person (Only incase of of Sports Category)*</b>	<input type="checkbox"/> Arjuna Awardee <input type="checkbox"/> International Medalist / Renowned ShooterRenowned 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"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Arjuna Awardee <input type="checkbox"/> International Medalist / Renowned ShooterRenowned 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
<b>d. Valid Area*</b>	<input type="checkbox"/> District (of Punjab Only) <input type="checkbox"/> State <input type="checkbox"/> All India Names( in case of District and State): _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> District (of Punjab Only) <input type="checkbox"/> State <input type="checkbox"/> All India Names( in case of District and State) : _____
<b>c. UIN*</b>		<input type="checkbox"/> Yes <input type="checkbox"/> NO	
<b>f. Validity*</b>	..... to .....	<input type="checkbox"/> Yes <input type="checkbox"/> NO	..... to .....
<b>d. Present Address*</b> Note : Incase licnesees has shifted from the present address to New Address apply for the apply for change of the change of Address Service.	Address..... ..... ..... District.....State.....	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Address..... ..... ..... District..... State.....
<b>e. Permanent Address*</b> Note : Incase licnesees has shifted from the premanant address to New Address apply for the apply for change of the change of Address Service	Address..... ..... ..... District..... State.....	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Address..... ..... ..... District..... State.....
<b>g. Nearest Police Station*</b>		<input type="checkbox"/> Yes <input type="checkbox"/> NO	



II. Weapon Details

II. Weapon Details																
Existing Weapon Details								Correction Required (Yes/ No)	Required Weapon details							
SN	Weapon Category*	Weapon Type*	Weapon Bore*	Weapon Serial No.	PP Valid Up to	Ammunition details			Weapon Category*	Weapon Type*	Weapon Bore*	Weapon Serial No.	PP Valid Up to	Ammunition details		
						To be possessed at one time	Purchasable during the year							To be possessed at one time	Purchasable during the year	
1	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
2	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
3	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
4	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
5	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
6	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						
7	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						<input type="checkbox"/> Yes <input type="checkbox"/> NO	Permissible <input type="checkbox"/> Restricted <input type="checkbox"/>	<input type="checkbox"/> Rifle <input type="checkbox"/> Gun <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol						



**Part -3 List of Required Documents Please tick (✓) the document attached**

Name of Documents /ਦਸਤਾ ਵੇਜਾਂਦਾ ਨਾਂ		Whether Mandatory / Optional /ਜਰੂਰੀ / ਇੱਛਿਕ
1.	Identification cum Residence proof (Licensee or Responsible Person): Aadhar Card <input type="checkbox"/> or Passport <input type="checkbox"/> or Voter's Identification Card <input type="checkbox"/> or Driving License <input type="checkbox"/> or Valid Govt. ID Card <input type="checkbox"/>	Mandatory /ਜਰੂਰੀ
2.	Copy of Arms License	Mandatory /ਜਰੂਰੀ
3.	Proof Document for the correction / verification report for the correction in arm license	Mandatory /ਜਰੂਰੀ
5.	Self-Declaration	Mandatory /ਜਰੂਰੀ
4.	Any other attachment	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 |

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.

ਮਿਤੀ:/Dated:

Citizen's Signature / Thumb Impression