

FORM I
(See Rule 5 and 6)

APPLICATION FOR GRANT OF LICENSE/RENEWAL

The Controlling Authority

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The undersigned hereby applies for obtaining a license to run the business and security agency:-

1. Name of the Applicant:.....
2. Address :.....
3. Telephone No :..... Fax No:.....
4. Email Address:.....
5. Name of the Private Security Agency:.....
6. Address where the applicant has or desires to have his principal place of business
7. Name address and contact details of the authorized representative of the applicant for the purpose of correspondence with the Controlling Authority

Name and addresses of Proprietor, Partners, Shareholders, Managing Director, Directors and important office bearers of the Agency:

S.No.	Name	Percentage	Address	Nationality

(Please attach separate sheet if required. Also furnish personal particulars of each of the persons above in **Form I** separately for verification of antecedents.)

8. Particulars of facilities available.....
(Please attach separate sheet if required)

9. Qualifications of staff engaged for imparting instruction;
Name
Age.....
Designation.....
(Please attach separate sheet if required)

10. Equipment available for providing security services:
(Please attach separate sheet if required)

11. Particulars of uniform (color, badge etc):
(Please attach separate sheet if required)

12. Does the applicant have license to operate private security agency in any other State? (If yes, enclose copy of the license)

13. Does the applicant intend to operate in more than one district/ if so name of the Districts
1.....2.....3.....4.....5.....
(Please attach separate sheet if required)

14. Does the applicant intent of operate in the entire state:

15. Does the Agency possess training facility of its own or will it get it on outsourcing basis?.....
The name and address of each such training facilities should be furnished in a
(Please attach separate sheet if required)

16. Payment of fee details:
Amount: Mode of Payment :.....
Name of Bank (if any) No. & Date :

Signature:
Name of the applicant :.....
Address of the applicant :.....

Date :

Place:

Enclosures :

Copy of current income tax clearance certificate.
Affidavit as prescribed in section 7 (2) of the Act.

ACKNOWLEDGEMENT

Application for New License	
Application for Renewal of License	

Receipt No.....

Name s/o.....

Address.....

Name of Private Security Agency.....

Operation Area State / District.....

Application registered on sr. no.Dated.....

(Sign. & Seal)

FORM IV
(see rule 11)

FORM FOR VERIFICATION OF ANTECEDENTS OF APPLICANT

1- Thumb impression of the applicant :

Please affix left Hand Thumb
(In case of Male Left Thumb impression
and Female Right Thumb impression)

2- Specimen Signature of the applicant:

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.....
.....

Passport size
recent photograph
attested by Class -I
Gazetted Officer

Please fill all particulars in BLOCK LETTERS. (CAUTION: please furnish correct information. Suppression of any factual information shall render the candidate unsuitable for grant of license.)

3- Payment of fee details:

Fee Amount..... Mode of Payment.....
Name of Bank (if any) No. & date.....

Personal Particulars:-

1. Last name:.....
2. First name:.....
3. If the applicant has changed his name, please indicate all previous names in full :.....
4. Sex (male / female):.....
5. Date of Birth:..... Age:.....
6. Place of Birth:.....

- District, State & Country:.....
7. Visible Distinguishing Mark:.....
8. Telephone No (with STD code):.....
- 9.FAX No:.....
10. Cell Phone No:.....

11. Particulars of family Members:

Relation	First Name	Last Name	Present Address
Father			
Mother			
Spouse(if any)			
Legal Guardian (if any)			

12. Present Residential Address:

District						State						Pincode					

13. Please give date since residing at the above-mentioned address:.....
14. If the applicant has not resided at the address given at column (12) above continuously for the last five year, particulars of earlier address:

S.No.	Address	From	To

Please furnish additional copies of this form for each additional place of stay during the last five year. Forms may be photocopied if required, but photograph and signature are required to be affixed in original on each copy.

15. Permanent Address:

District						State						Pincode					

16. In case of stay abroad, particulars of place where the applicant has resided for more than 6 months after attaining the age of twenty one years:

S.No.	Address	From	To

17. Other Details:

(a) Educational Qualifications:

S.No.	Qualification	Name of the Institution	Board / University	Year	%age marks

(b) Work experience:

S.No.	Name and Address of employer	Contact Telephone No.	Position held	From	To

18. Have you ever operated any Private Security Agency :.....

19. If yes, give details:

S.No.	Name & Address	Since When

20. Are you a citizen of India? Yes / No

If yes, whether by Descent / Registration/ naturalization (Please tick the correct option)

21. In case you have ever possessed citizenship of any other country, give name:

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22. Have you at any time been convicted by a court in India for any criminal offence? if yes, give details (Case number & year, Police Station, Name of the court and offence):

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(Please attached copy of the judgment in each case)

23. Are any criminal proceedings pending against you before a court in India? give details (Police Station, Case number & year, Name of the court offence)

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(Signature / T.I. of applicant)

Date :.....

Place :.....

24 Enclosures:

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Declaration: The Information given by me in this from and enclosures is true and I am solely responsible for its accuracy.

(Signature / T.I. of applicant)

(*Please affix left Hand Thumb impression in case of Male and Right Hand Thumb Impression in case of Female)

For office use only

From Number	Name of the police station where sent for police verification	Date of Despatch	Remarks