

Form S-1
Standard format of training certificate
[See rule 10(1)]

To
The Licensing Authority,

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;

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

Signatures of the

Place



Certifying Person

Form S-2

Standard format of undertaking for safe storage of firearms

[See rule 10(4)]

To
The Licensing Authority,

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:

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