

WEAPON RETAINER- INSTITUTIONAL

Name of Retainer 1*:	Father Name*:
Address*:	Village*:
	Taluk*:
	District*:
	State*: Country: INDIA
PIN <input type="text"/>	

Permanent Police Station Address

Police Station Local*:	Police Station Permanent Address: (Specify If not under local jurisdiction)
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Name of Retainer 2*:	Father Name*:
Address*:	Village*:
	Taluk*:
	District*:
	State*: Country: INDIA
PIN <input type="text"/>	

Permanent Police Station Address

Police Station Local*:	Police Station Permanent Address: (Specify If not under local jurisdiction)
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It is declared that the information furnished above is true to the best of my knowledge and belief.

Place:
Date: **Signature of Head of Institution with Name & Office Seal**

INSTRUCTIONS: Please do not leave Fields marked with *, which are mandatory. If more no of retainers are more, then submit it in separate sheet.

NOTE: Documentary Proofs may be required for any specified details decided by District Administration