

Form I
(see rule 4)
Form for verification of Antecedents

Passport size
recent photograph
attested by a
Class-I Gazetted
officer

Thumb Impression of the Applicant _____

Signature of the Applicant _____

For official use only

Form number	Name of the police station sent for police verification	Date

Fee Amount Rs. _____ Cash/D.D. _____

Name of Bank & Branch _____

D.D.No. _____ Date of Issue _____

N.B. : Please read the instructions carefully before filling the form. Please fill in BLOCK LETTERS:

(CAUTION: Please furnish correct information. Furnishing of incorrect information or suppression of any material information in the form will render the candidate unsuitable for grant of license)

1. Name of applicant (Initials not allowed)

Last Name _____ Middle Name _____ First Name _____

2. If you have ever changed your name, please indicate the previous name(s) in full

3. (a) Sex (male/female) _____ (b) Date of Birth _____

4. Place of Birth: Village/Town _____

Distt. _____ State & Country _____

5. Father's full name /Legal Guardian's Full Name (including surname, if any):(Initials not allowed)

6. Mother's full name (including surname, if any):(Initials not allowed)

7. If married. Full name of spouse (including surname, if any,):(Initials not allowed)

8. Present Residential Address including Street No./Police Station, Village and District (with PIN code)

Telephone No./Mobile No. _____

Off. _____ Res. _____ Fax _____

Email ID _____

9 Please give the date since residing at the above-mentioned address: DD/MM/YY _____

10. Permanent Address including Street No./Police Station, Village and District (with PIN code)

11. If you have not resided at the address given at COLOUMN (9) continuously for the last five years, please furnish the other address (addresses) with duration(s) resided. You should furnish additional photocopies of this form for each additional place of stay during the last five years. Forms may be photocopied, but photograph and signature in original are required on each form.

Address	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. In case of stay abroad, particulars of all places where you have resided for more than one year after attaining the age of twenty-one years.

13. Other Details:

a) Educational Qualifications:

b) Previous positions held, if any, along with name and address of employer(s).

c) Reason for leaving last employment:

d) Visible Distinguishing Mark:

e) Have you ever been dismissed / removed from Govt. service on account of misconduct or moral turpitude?

14. Did you earlier operate any Private Security Agency or were its partner, majority shareholder, or Director? If yes, then furnish the name, address of the agency and its licence particulars.

15 .Are you a citizen of India by: (Birth/ Descent/ Registration/Naturalisation? If you have ever possessed any other citizenship, please indicate(the same).

16. Have you ever been involved in criminal case in India, if yes whether the case is pending investigation/pending trial, resulted in conviction/acquitted/discharge/compounding etc (give status/details and add copy of judgement if any).

17. (a) Have you ever been arrested, deported or involved in any illegal act in any other country where you have visited or resided.

(b) Have you been keeping links with any organization or association which is banned under any law on account of their activities which pose threat to national security or public order?

18. Self – Declaration:

The information given by me in this form and the enclosures is true & correct and I am solely responsible for its accuracy.

(Signature/Thumb Impression.* of applicant)

Date:

Place:_____

19. Enclosures :

(Signature/ Thumb Impression *of applicant)
(*Left Hand Thumb Impression if Male and Right Hand thumb Impression if Female)

FOR OFFICE USE ONLY :

File No. _____

Date of issue of C&A report _____

(Signature of Police Station In-charge)

Name of Police Station _____

Name of Police District _____

Note:-

- (i) Three passport-size photographs duly attested by G.O. on reverse of photograph in respect of applicants.
- (ii) Proof of Age
- (iii) Certificate of Incorporation issued by ROC, Sale Tax No. (ST-2), Labour Licence, Registration under ESI Act & EPF Act
- (iv) Site Plan of office
- (v) Proof of residence of Applicants
- (vi) Prescribed Fees
- (vii) NOC from land-owning agency for carrying on trade of security agency business at the premises

Form II
(See rule 5)
**Form for verification of Character & Antecedents
of Guard / Supervisor**

Passport size
recent photo
graph attested
by a *(Note)

Thumb Impression* of the Applicant _____

Signature of the Applicant _____

For official use only

Form number	Name of the police station sent for police verification	Date

Fee Amount Rs. _____ Cash/D.D. _____

Name of Bank & Branch _____

D.D.No. _____ Date of Issue _____

N.B.: Please read the instructions carefully before filling the form. Please fill in BLOCK LETTERS: (CAUTION: Please furnish correct information. Furnishing of incorrect information or suppression of any material information in the form will render the candidate unsuitable for employment/engagement in private agencies.)

1. Name of applicant as should appear in the photo-identity card (Initials not allowed)

Last Name _____ Middle Name _____ First Name _____

2. If you have ever changed your name, please indicate the previous name(s) in full

3. (a) Sex (male/female) _____ (b) Date of Birth _____

4. Place of Birth: Village/Town _____ Distt. _____

State & Country _____

5. Father's full name /Legal Guardian's Full Name (including surname, if any):(Initials not allowed)

6. Mother's full name (including surname, if any):(Initials not allowed)

7. If married. Full name of spouse (including surname, if any), :(Initials not allowed)

8. Present Residential Address including Street No./Police Station, Village and District (with PIN code)

Telephone No./ Mobile No. _____

Off. _____ Res. _____ Fax _____

Email ID _____

9. Please give the date since residing at the above-mentioned address: DD/MM/YY

10. Permanent Address including Street No./Police Station, Village and District (with PIN code)

11. If you have not resided at the address given at COLOUMN (9) continuously for the last five year, please furnish the other address (addresses) with duration(s) resided. You should furnish additional photocopies of this form for each additional place of stay during the last five years. Forms may be photocopied, but photograph and signature in original are required on each from.

Address	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. In case of stay abroad, particulars of all places where you have resided for more than one year after attaining the age of twenty-one years.

13. Other Details:

a. Educational Qualifications:

b. Previous posts held along with name and address of employer(s)

c. Reason(s) for leaving last employment:

d. Have you ever been dismissed/removed from Govt. service on account of misconduct or moral turpitude? (Yes/No)

e. Visible Distinguishing Mark: _____

f. Heights (Cms) _____

14. Are you working in Central Govt./State Govt./PSU/Statutory Bodies (Yes / No)

15. Are you a citizen of India by: (Birth / Descent / Registration / Naturalisation). If you have ever possessed any other citizenship, please indicate previous citizenship?

16. Have you ever been involved in criminal case in India, if yes whether the case is pending investigation/pending trial, resulted in conviction / acquitted / discharge / compounding etc (give status/details and add copy of judgement if any).

17. (a) Have you ever been arrested, deported or involved in any illegal act in any other country where you have visited or resided.

(b) Have you been keeping links with any organization or association which is banned under any law on account of their activities which pose threat to national security or public order?

18. (i) Do you hold a valid arms license ?

(ii) If yes, the details thereof.

* Arms License No.

* Date of issue

* Area Validity

* Valid upto

* Weapon(s) held on the arm license

Type No.

*Last renewed from -----

*Whether Arm License has been registered in Delhi?

If yes, date of registration

19. Attach proof of identity and residence, viz. passport, PAN card, driving license, ration card etc.

20. Unique Identification Number (Adhar), if acquired:

21. Self – Declaration:

The information given by me in this form and enclosures is true & correct and I am solely responsible for its accuracy.

(Signature/T.I.* of applicant)

(*Left Hand Thumb Impression if Male and Right Hand thumb Impression if Female)

Date: _____

Place: _____

22. Particulars of person to be intimated in the event of death or accident:

Name _____

Address: _____

Mobile/Tel.No. _____

23. Enclosures: _____

(Signature/T.I. of applicant)

FOR OFFICE USE ONLY :

File No. _____

Date of issue of C&A report _____

(Signature of Police Station In-charge)

Name of Police Station _____

Name of Police District _____

Note:- (The photographs can be attested by a Gazetted Officer or by elected representatives of people {like Sarpanch, MLA and MP}).

- (i) Three passport-size photographs
- (ii) Proof of age (Birth certificate, School leaving Certificate, Matriculation Certificate)
- (iii) Proof of residence
- (iv) Training certificate

FORM – III
(See rule 5)

CHARACTER & ANTECEDENT CERTIFICATE

This is to certify that Mr./Ms. _____, S/o / D/o Shri

_____ R/o _____

_____, whose particulars are given below, has good moral character and reputation and that the applicant has been staying at the following address continuously for the last one year.

Date of Birth

Place of Birth

Educational Qualification

Profession

Present Address

Permanent Address

Issuing Authority

Signature

Name

Designation

Address/Tel. No.

Date of Issue

Form IV
(see rule 6)

Training Certificate

Serial number

Name of the Training Agency
Address of the Training agency
License No.

Certified that _____ son/daughter
of _____ resident of _____

has completed prescribed training for the engagement or employment as a Private Security
Guard from _____ till _____.

His signature is attested below

Signature of the Certificate Holder

Signature of issuing authority
Designation

Place of issue

Date of issue

Form V
(See rule 3)
**APPLICATION FOR NEW LICENCE/RENEWAL OF LICNECE TO ENGAGE
IN THE BUSINESS OF PRIVATE SECURITY AGENCY**

To

The Controlling Authority

The undersigned hereby applies for obtaining a licence to run the business of operating services in the area of Private Security Agencies;

1. Full name of the applicant
2. Nationality of the applicant
3. Son/Wife/Daughter of
4. Residential Address
5. Address, where the applicant desires to start his Agency
6. Name of the Private Security Agency

(NOTE: Registration Number of the Agency also be indicated)

7. Name and Address of Proprietor, Partner, Majority shareholder, Director and Chairman of the Agency.

(NOTE: Nationality of each Partner, Majority Shareholder, Director and Chairman of the Agency be indicated)

8. Name and extent of facilities available
9. Qualification of staff engaged for imparting instructions:
Name _____
Age _____
Designation _____

10. Equipments which will be used for security services.

DFMD
HHMD
Mine Detector
Other Detectors
Wireless Telephones
Alarm Devices
Armored Vehicles
Arms
Armory

NOTE : Strike off the equipment(s) not to be used for security services.

11. Particulars of the uniform including colour in case the applicant intends to use any uniform for the private security guards and supervisors of the Agency.

12. Does the applicant intend to operate in more than one district? If so, please mention name of the districts -

1_____

2_____

3_____

4_____

5_____

13. Does the applicant intend to operate in the entire state? (Yes/No)

14. Does the applicant possess the training facility on its own or will get it on outsourcing basis? The details of training facility should be furnished. (as annexure)

Signature
Name of the applicant
Address of the applicant
Telephone number of the applicant
Date of application

Enclosure:-

1. Copy of current income tax clearance certificate
2. Affidavit as prescribed as in Section 7 sub-section (2) of the Act
3. Other enclosures

**Form VI
(See rule 9)**

Licence to engage in the business of Private Security Agency

Serial No. _____

Date _____

Shri _____ (name of the applicant)

s/o _____

r/o _____

_____ (full address) is granted the license by the Controlling

Authority for the State of _____ to run the business of
private

security agency in the district(s) of/State of (cancel the inapplicable words)

_____ with office at _____

_____ (address of the office)

Place of Issue _____

Date of Issue _____

This licence is valid up to _____

Signature
Name of granting authority
Designation
Official address

This licence is renewed up to _____

Signature
Name of renewing authority
Designation
Official Address
Date of renewal

Form VII
(See rule 14)
Form for Appeal

An appeal under rule 14 of the Rules against the order of Controlling Authority

Appellant _____

s/o _____ r/o _____

Above appeal to the Principal Secretary /Secretary (Home), against the order of Controlling Authority dated _____ and against refusal of licence to run private security agency, namely _____ and sets forth the following grounds of appeal, namely

1. _____
2. _____
3. _____
4. _____

Enclosed list of documents

Signature
Name, Designation & Address of the Appellant

Date

Place

Form VIII
(See rule 15)
Register of Particulars

(Part –I Management details)

S.No.	Name of persons(s) managing the agency	Parent's/Father's Name	Present address & phone no	Permanent address	Nationality	Date of joining /leaving the agency
1.						

(Part –II Private Security Guards and Supervisor)

S.No	Name of guard/supervisor	Father's Name	Present Address & phone no.	Date of joining/ leaving the agency	Permanent Address	Photo-graph	Badge no.	Salary with date
1.								
2.								

(Part –III Customers)

S.No.	Name of the Customer & phone no.	Address of the place where security is provided	Number and ranks of security guards provided	Date of commencement of Services	Date of discontinuation of services

(Part IV Duty Roster)

S.No.	Name of the private security guard/ supervisor	Address of the place of duty	Whether provided with any arms/ ammunition	Date and time of commencement of duty	Date and time of ending of duty

**Form IX
(See rule 16)**

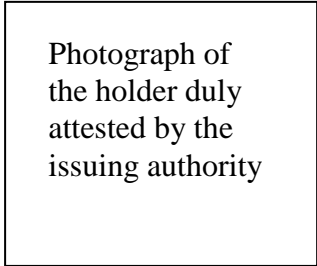


Photo-Identity card for Private Security Guard/Supervisor

Name of the Private Security Agency _____

Name of the Private Security Guard /Supervisor _____

Official Designation _____

Identification no. of the Guard/Supervisor _____

Date of Issue _____

Valid up to _____

Signature of the cardholder _____

Official seal

Signature of the
issuing authority