

Form IV*(See rule 3(10))*

GOVERNMENT OF _____

Licence to engage in the business of Private Security Agency

Serial No. _____

Date _____

Name of the Private Security Agency :

Shri. (name of the Applicant)

S/o r/o.....

..... (Full Address)

is granted the licence by the Controlling Officer for the State of

to run the business of Private Security Agency in the district(s) of / State of (strike of the inapplicable words)-

..... with office at (address of the office)

Place of Issue

Date of issue

This license is valid up to

Signature

Name of granting authority

Designation

Official Address

RENEWAL*(See rule 5(4))*

Sl. No.

Date of Renewal

Date of expiry

1.

2.

3.

4.

Signature

Name of renewing authority

Designation

Official Address