

Form – V
(See rule 8)

**APPLICATION FOR NEW LICENCE / RENEWAL OF LICENCE TO ENGAGE IN
THE BUSINESS OF PRIVATE SECURITY AGENCY.**

To,

The Controlling Authority &
Additional Director General of Police,
Internal Security Division,
#60, Richmond road,
Bangalore-25.

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: | Proof of Identity | LOAD |
| 2) Nationality of the Applicant: | | |
| 3) Son/ Wife/ Daughter of: | | |
| 4) Residential Address: | Proof of Residential
Address | LOAD |
| 5) Address, where the applicant
Desires to Start his Agency: | Proof of Ownership
Document, Tax paid Receipt
Electricity Bill | LOAD |
| 6) Name of the Private Security
Agency: | | |
| 7) Name & Address of the Proprietor,
Partner, Majority shareholder,
Director and Chairman of the
Agency: | Proof of Partnership
Deed/MOA and AOA/ ROC | LOAD |
| 8) Name and extent of facilities
available: | Proof of Layout Plan of
Agency Premises. | LOAD |
| 9) Qualification of staff engaged for
Imparting instruction: | Trainer Details/documents | LOAD |

Name:

Age:

Designation:

10) Equipments which will be used for Security Services.

- a) Door framed metal Detector (DFMD)
- b) Hand Held Metal Detector (HHMD)
- c) Mine Detector
- d) Other Detectors
 - i) Wireless Telephones
 - ii) Alarm Devices
 - iii) Armored Vehicles
 - iv) Arms

11) The particulars of the uniform including color in case the applicant intends to use a uniform for the Private Security Guards and Supervisor of the Agency.

Uniform

LOAD

12) Does the Applicant intends to operate in more than one District? If so the name of the District 1)_____ 2)_____ 3)_____ 4)_____ 5)_____

13) Does the Applicant intend to operate in the Entire State?

14) Does the Applicant possesses the training facility in its own or will get it on outsourcing basis? The name and address of training facility should be furnished.

Outdoor training facility

LOAD

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 in Section 7 sub-section (2) of the Act.
- Other Enclosures.

Photo

Form-I
(See Rule 3)

FORM FOR VERIFICATION OF ANTECEDENTS OF APPLICANT

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 _____ D.D. No. _____

Date of Issue _____

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 factual information in the form will render the candidates unsuitable for grant of Licence).

1. Name of Applicant (Initials not allowed)

Last Name _____ First Name _____

Proof of Identity

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

3. Sex (male/ female) _____

4. Date of Birth _____

Proof of DOB

LOAD

5. Place of Birth: Village/ Town _____ District _____

State & Country _____

6. Father's full name / legal Guardian's Full name (including surname, if any) : (Initials not allowed) _____

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

8. If married, Full Name of spouse (including surname, if any). (Initials not allowed)

9. Present Residential Address, including street No. / Police Station, Village & District with PIN Code _____

Proof of Residential Address

LOAD

Telephone No. / Mobile No. _____

10. Please give the Date since residing at the above mentioned address: DD MM YYYY

11. Permanent Address Including Street No. / Police Station, Village and District (with PIN code) _____

Proof of Permanent Address

LOAD

12. If you have not resided at the address given at COLUMN (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 year. Form may be photocopied, but photograph and signature in original are required on each form.

From _____ To _____ From _____ To _____

Proof of Five Years Residential Address

LOAD

13. In case of stay abroad particulars of all place where you have resided for more than one year attaining the age of twenty one years _____

Copy of Passport

LOAD

14. Other Details :

- a) Educational Qualification:

Proof of Education

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- b) Previous positions held if any along with name and address of employers:

- c) Reason for leaving his employment:

- d) Visible Distinguishing Mark:

15. 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 & its Licence particulars.

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

17. Have you at any time been convicted by a court in India for any criminal offence and sentenced to imprisonment? If so, give name of the court, case number and offence. (Attach copy of Judgment)

18. Are any criminal proceedings pending against you before a court in India? If so, give Name of court, case number and offence.

Criminal Case Judgment Copy if applicable

LOAD

19. Self -Declaration:

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

Date: _____

(Signature / T.I. * of applicant)

Place: _____

20. Enclosures:

(Signature / T.I. * of applicant)

(* Left Hand Thumb Impression if Male & 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 _____

*N.B. Cancel whatever is not applicable.

(Rs. 20/- or 50/- stamp paper with Notary)

AFFIDAVIT

I/WE.....,S/o.....,Proprietor/Partner/Director
.....Address.....

..... declared as follows.

Certify that we shall comply with all the provisions of section 13(1)(J) of PSARS Act 2005, as mentioned in the schedule regarding.

- (1) The Payment of Wages Act, 1936 (4 of 1936).
- (2) The Industrial Disputes Act, 1947 (14 of 1947).
- (3) The Minimum Wages Act, 1948 (11 of 1948).
- (4) The Employees’ Provident Funds and Miscellaneous Provisions Act, 1952 (19 of 1952).
- (5) The Payment of Bonus Act, 1965 (21 of 1965).
- (6) The Contract Labour (Regulation and Abolition) Act, 1970 (37 of 1970).
- (7) The Payment of Gratuity Act, 1972 (39 of 1972).
- (8) The Equal Remuneration Act, 1976 (25 of 1976).
- (9) The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 (30 of 1979).

We will strictly adhere to the implementation of the above provisions and it is our responsibility to fully comply with the provisions.

If we have been found violating any of the above said provisions, then our licence will be liable to be cancelled.

Date:

Place:

Deponents.

(Rs. 20/- or 50/- stamp paper with Notary)

AFFIDAVIT

I/WE.....,S/o.....,Proprietor/Partner/Director
.....Address...

..... declared as follows.

I here by declare that I am engaging only Private Security Services not doing any other services.

All that has been stated above is true and correct to the best of my knowledge, information and belief.

Date:

Place:

Deponents.