

From IV

(See rules 3(9))

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.		

Signature
Name of renewing authority
Designation
Official Address