From VI
(See rule 8)
GOVERNMENT OF
License 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 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 8)

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Signature
Name of renewing Authority
Designation
Official Address