Notification
Home Department
Sachivalaya, Gandhinagar.
Date 15th February, 2016.

rivate Security
gencies
Regulation)
ct, 2005

No. GS/ /SB-I/KAV/102015/14612:- In exercise of the powers conferred by sub-section (1) of section 25 read with section 11 of the Private Security Agencies (Regulation) Act,2005 (29 of 2005) the Government of Gujarat hereby makes the following rules further to amend the Gujarat Private Security Agencies Rules, 2007, namely:-

1. These rules may be called the Gujarat Private Security Agencies (1 of 2016) Rules, 2016.
2. In the Gujarat Private Security Agencies Rules, 2007, for the existing Forms I, II, III, IV, V, VI, VII, VIII and IX, the following forms shall be substituted, respectively, namely

FORM – I

(See rule 3(1))

Form for verification of Antecedents of Applicant

Passport size recent Photograph attested by 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..... D.D./Bank Cheque No.....

Name of Bank ..... Place:.....

Date of Issue .....

Please read the instructions carefully before filling up the form. Please fill in Block LETTER. (CAUTION: Please furnish correct information. Furnishing of incorrect information or suppression of any factual information in the form shall render the candidate unsuitable for grant of license)

1. Name of Applicant (Initials not allowed)

   Last name :.....First name :.....

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

   .....

3. Sex (male/female) .....

4. Date of Birth .....

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 and District (with PIN code):

   .....

   .....

   (i). Telephone No..... (ii). Mobile No. .....

   (iii). Email :-..... (iv). Website.....

   (v). Aadhar Card No..... (vi). PANCARD 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):

.....

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

From ..... To ..... Form ..... To.....

.....

.....

13. 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 (:)

.....

.....

.....

14. Other details :
(a) Educational Qualifications :.....
(b) Previous positions held, if any along with name and address of employers :.....
.....
.....
(c) Reason for leaving last employment :.....
(d) Visible Distinguishing Mark :.....

15. Did you earlier operated any Private Security Agency or were its partner, majority shareholder or Director? If yes, then furnish the name, address of the Agency and its particulars of license:

.....

.....

16. Are you a citizen of India by : Birth/Descent/Registration/Naturalization.
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, case number and offence :

.....

.....

19. Self – Declaration :

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

(Signature / T.I. of applicant)

Date : .....

Place : .....

20. Enclosures :

.....

.....

.....

(Signature / T.I. 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 district .....

*N.B. Cancel whichever is not applicable.

FORM – II

(See rule 4)

Form for verification of character and Antecedents of Security Guard and Supervisor.

Thumb Impression of the Applicant.....

Signature of the Applicant .....

Passport size recent Photograph attested by Gazetted Officer.

For official use only.		
Form number.	Name of the police station sent for police verification.	Date.

Fee Amount Rs..... D.D./Bank Cheque No. .....

Name of Bank ..... Place: .....

Date of Issue .....

Please read the instructions carefully before filling up 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 shall render the candidate unsuitable for employment/engagement in the Private Agency)

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

   Last name :.....First name :.....

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

   .....

3. Sex (male/female) .....4. Date of Birth .....

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 and District (with PIN code):

.....

.....

(a). Telephone No. .....(b). Mobile No. .....

(c). Email ID.....

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):

.....

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

From ..... To ..... Form ..... To.....

.....

.....

.....

13 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 (:)

.....

.....

.....

14 Other details :

(a) Educational Qualifications:.....

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

.....

.....

(c) Reason for leaving last employment:.....

(d) Visible Distinguishing Mark :.....

15 Are you working in Central Government/State Govt./PSU/Statutory Bodies? Yes/No :

.....

.....

16 Are you a citizen of India by : Birth/Descent/Registration/Naturalization :
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, case number and offence :

.....

.....

19 Has any court issued a warrant or summons for appearance or warrant for arrest or an order prohibiting your departure from India? If so, give name of court, case number and offence:

.....

.....

20 Self – Declaration :
The information given by me in this form and enclosures is true and correct and I am solely responsible for accuracy.

(Signature / T.I. of applicant)

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

Date :

Place : .....

21 Particulars of person to be intimated in the ever of death or accident :
Name : .....

Address : .....

(a). Mobile .....(b). Tel. No. .....

22. 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 district .....

*N.B. Cancel entries not applicable.

FORM – III

(See rule 4(10))

CHARACTER AND ANTECEDENT CERTIFICATE

This is to certify that Mr./ Ms.---------- Son/ Daughter of ---------- whose particulars are given below bares 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:

Education Qualifications:

Profession:

Present Address:

Permanent Address:

Mobile No.;

Email:

Issuing Authority.

Signature.

Name.

Designation:

Address.

Tel. No.

Mobile No.....

Place:

Date:

Form-IV

(See rule 5(3))

TRAINING CERTIFICATE.

Serial number

Name of the Training Agency

Address of the Training Agency

License No.

This is to certify that Mr./Miss/Mrs.....son/daughter of.....resident of .....has completed the prescribed training , from..... to....., for the engagement or employment as a Private Security Guard.

His signature is attested below:

Signature of the Certificate Holder.

Signature of issuing authority.

Designation.

Place :

Date:

FORM – V

(See rule 8(1))

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

To

The Controlling Authority,

.....

.....

The undersigned hereby apply for grant of a license to run the business of operating services in the area of Private Security Agency.

1. Full name of applicant :

2. Son/wife/daughter of :

3. Nationality of the applicant :

4. Residential Address :

5. Address, where the applicant desires to start his Agency :

   .....

   Email .....Web Address.....

6. Name of the Private Security Agency :

   .....

7. Name and address of proprietor, partner, majority shareholder, Director and Chairman of the Agency :

   Email .....Mob. No.....

8. Name and extent of facilities available :

.....

9. Qualifications of staff engaged for importing instruction :

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 Detector.

(i) Wireless Telephones.

(ii) Alarm Devices.

(iii) Armored Vehic.les

(iv) Arms.

(e) CC TV Camera.

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

12. Does the applicant intends to operate in more than one districts ? If so the Districts :

1....., 2....., 3....., 4.....

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.

Signature.

Name of the applicant.

Address of the applicant.

.....

.....

Telephone number of the applicant (a). Mobile .....(b). Tel. No. .....

Date of application. .....

Enclosure :

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

Form-VI

(See rule 9(1))

Name of Office

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 out the words, not applicable) .....with office at.....(address of the office)

Place of Issue.....

Date of Issue.....

The license is valid up to.....

Signature

Name of granting Authority

Designation

Official Address

FORM-VII

(See rule 13(1))

Form for Appeal

An Appeal under section 14 of the Private Security Agencies (Regulation) Act, 2005 (29 of 2005)

Applicant.....S/o.....r/o.....

Versus

Controlling authority/.....

To,

The ACS/PS/Secretary to the Government of Gujarat,

Home Department,

Sachivalaya, Gandhinagar.

The appeal is preferred against the order of Controlling Authority dated ..... against refusal of license to run Private Security Agency namely..... and sets forth the following grounds of objection to the order to appeal from, namely:-

1.....

2.....

3.....

4.....

Enclosed list of documents.

Signature.

Name and Designation of the appellant.

Date:

Place:

Form VIII

(See rule 14)

Register of Particulars

(Part-I Management details)

Sr. No.	Name of person(s) managing.	Father's name.	Present address & phone No.	Permanent address.	Nationality.	Date of joining/leaving the agency.

(Part II Private Security Guards and Supervisor)

Sr. No.	Name of supervisor.	Father's name.	Present address & phone No.	Date of joining/leaving the agency.	Permanent address.	Photo-graph.	Badge No.	Salary withdrawn.

(Part III Customers)

Sr. 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 Register)

Sr. No.	Name of the Private Security guard/Supervisor.	Address of the place of duty.	Whether provided any arms/ammunition/communication.	Date and time of commence of duty.	Date and time of ending of duty.

Form IX

(See rule 15(1))

Photo-Identity card for Private Security Guard/Supervisor.

(Name of the Private Security Agency)

Name: .....

Official Designation.....

Identification No.....

Mobile No.....

Email.....

Date of issue:.....

Valid upto.....

Signature of the card holder.....

Photograph of the holder duly attested by the issuing authority

Signature of the issuing authority

Official seal

By order and in the name of Governor of Gujarat

(Vijay Badheka)
Under Secretary to Government

Copy to :

- The Director General & Inspector General of Police Gujarat State, Gandhinagar
- The Commissioner of Police Ahmedabad city/Rajkot city/Vadodara city/Surat city.
- All Inspectors General of Police, Gujarat State

- All Deputy Inspector General of Police
- All District Magistrate, Gujarat State.
- All Superintendent of Police
- The Director of Information, Sachivalaya Gandhinagar.

  With a request to give broad publicity to this notification.
- The Manager, Government Central Press; Gandhinagar,

  With a request to publish this Notification in Part-IX B of Gujarat Government Gazette and send 50 copies.
- The Legislative and Parliamentary Affairs Department- With a request to publish Gujarati Translation and send 50 Copies to this Department.