

FORM F. L./A-6-B]

[See rule 70-D(2)]

Court Fee
Stamp

Application No.

Application for a permit for the purchase, possession, transport, use and consumption of Foreign Liquor and Country Liquor in the State of Maharashtra.

- (1) Name in full Shri/Smt./Kum.
(Surname first in Block letters)
- (2) Residential address in full
- (3) Age and date of birth
- (4) Details of proof of age produced with this application
- (5) Occupation
- (6) ^{2*} * * * * *

³[I hereby declare that I require foreign liquor and country liquor on grounds of health and in support of my application. I submit herewith the medical certificate in Form FL./M.C. I signed by Dr.
Registered Medical Practitioner.]

I hereby undertake to abide by the conditions of the permit and the provisions of the Bombay Prohibition Act, 1949 and the rules, regulations and orders made thereunder.

Place : Signature or thumb impression of
Date : the Applicant.

To
The Collector of
(or authorised Officer.)]

⁴[FORM F. L. X-B]

(Deleted)

⁵[FORM F. L./A. 6-C]

(See rule 70-F)

Court Fee
Stamp

Application No.

Application for a permit for the purchase, possession, transport, use and consumption of mild liquor in the State of Maharashtra.

- (1) Name in full .. Shri/Smt./Kumari
(Surname first in block letters)
- (2) Residential address in full

1 Subs. by G. N. of 8-8-1979.
3 Subs. *ibid.*
5 Ins *ibid.*

2 Deleted by G. N. of 4-5-1982.
4 Deleted by G. N. of 8-8-1979.

- (3) Age and date of birth
- (4) Particulars of proof of age
produced with the application
- (5) Occupation

* I hereby declare that I require mild liquor for the preservation and maintenance of my health.

I submit herewith the medical certificate in Form F. L. M. C.-2 signed by Dr.
..... Registered Medical Practitioner, in support of my application.

I hereby undertake to abide by the conditions of the permit and the provisions of the Bombay Prohibition Act, 1949 and rules, regulations and orders made thereunder.

Place :

Date :

Signature or thumb impression
of the applicant.

To,

The Collector of
(or authorised Officer).

*[for applicants in Wardha District only].

¹[FORM F. L./M.C-D1

²[(See rule 70-D)]

Application Form F. L./A-6D No.

*Certificate of a Registered Medical Practitioner/Government Medical Officer
recommending the grant of permit to possess and use foreign liquor
and country liquor for personal consumption.*

This is to certify that Shri/Smt./Kum. of
..... by his/her statement aged
years and is apparently about years of age and that he/she
requires foreign liquor and/or country liquor for the preservation and maintenance of
his/her health. The grant of the permit to him/her is recommended.

Signature or thumb impression
of the applicant

Full address of the applicant :

Signature of the Registered Medical
Practitioner and his name and
registration number.

Station

Date :

Signature and Designation of a Govern-
ment Medical Officer and his name.]

1. Ins. by G. N. of 8-8-1979.

2. Subs. by G. N. of 4-5-1982.