

The National Rifle Association of India

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(All Fields in this Form are mandatory)

	SHC	OTER's	REGIST	RATIO	N FORM	
NRAI SHOOTER (TO BE FILLED BY NRAI ONL)						
Shooter Name: (Use CAPITAL LETTERS only)						
Mother's Name: (Use CAPITAL LETTERS only)						
Father's Name: (Use CAPITAL LETTERS only)						Paste one photograph here
DATE OF BIRTH	*:					
PLACE OF BIRTH	l:					Don't staple
Sex: (Please √ in re	levant box)	Male:		Female:		7
State/Unit of Re	presentation:					
Event: (Please √ in re	levant box)	Rifle:		Pistol:		Shotgun:
Educational Qua	lification:					
Address:						
City:			State:			Pin Code:
Contact No:			Email:			
						that, in case any information furnished by Ill my claims for the registration will stand
(Signature of Shooter)				(Signatu	/ Guardian)	
				(In case of under 18 only)		
	Signature of President	dent/Secret	ary of State	Rifle Asso	ciation/Unit wi	ith STAMP)
Place: Date:	<u>.</u>	,	,		,	,

 $[\]bigstar$ 1. All shooters MUST attach their Date of Birth Certificate duly attested by a Gazzetted Officer.

^{2.} Shooters born on or after 26th January 1989 MUST attach a copy of their Date of Birth Certificate (duly attested) issued by "Registrar of Birth & Death" or "Equivalent Competent Authority." Certificate issued by any other authority will not be accepted.