



# Kerala State Rifle Association

Correspondence Address :- Mangaly Industries (P) LTD  
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(All Fields in this Form are mandatory)

## SHOOTER'S REGISTRATION FORM

### KSRA SHOOTER ID:

(TO BE FILLED BY KSRA ONLY)

### Shooter Name:

(Use CAPITAL LETTERS only)

### Mother's Name:

(Use CAPITAL LETTERS only)

### Father's Name:

(Use CAPITAL LETTERS only)

### DATE OF BIRTH\*:

### PLACE OF BIRTH:

**Sex:** (Please in relevant box) Male:

Female:

### Dist/Unit of Representation:

**Already registered with NRAI?** Yes:  No:  **If yes, ID No.** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **State/Unit:** \_\_\_\_\_

**Event:** (Please in relevant box)

Rifle:

Pistol:

Shotgun:

### Educational Qualification:

Address: \_\_\_\_\_  
\_\_\_\_\_

City:

State:

Pin Code:

Contact No:

(With STD Code)

Email:

DECLARATION:- I hereby declare and confirm that all the entries provided in this registration form are correct. I undertake that, in case any information furnished by me is found to be false or incomplete or nay material information concealed by me, my registration may be cancelled and all my claims for the registratio n will stand forfeited.

\_\_\_\_\_  
(Signature of Shooter)

\_\_\_\_\_  
(Signature of Parents / Guardian)

(In case of under 18 only)

\_\_\_\_\_  
(Signature of President/Secretary of Dist. Rifle Association/Unit with STAMP)

Place:

Date:

\*1. All shooters MUST attach their Date of Birth Certificate/Passport Copy duly attested by a Gazetted Officer.

2. Youth and Junior Shooters 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.