



(All Fields in this Form are mandatory)

SHOOTER'S REGISTRATION FORM

NRAI SHOOTER ID:
(TO BE FILLED BY NRAI ONLY)

SHOOTER NAME:
(USE CAPITAL LETTERS only)

FIRST

MIDDLE

SURNAME

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:

State/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 any material information concealed by me, my registration may be cancelled and all my claims for the registration will stand forfeited.

(Signature of Shooter)

(Signature of Parents / Guardian)
(In case of under 18 only)

(Signature of President/Secretary of State 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. 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.

THE NATIONAL RIFLE ASSOCIATION OF INDIA

"NRAI House", 51-B, Tughlakabad Institutional Area, New Delhi - 110062 (India)

† +91 11-29964091/92/93, ‡ +91 11-29964090, E nraindia@rediffmail.com, W www.thenrai.in