

## U.P. STATE RIFLE ASSOCIATION

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## SHOOTER'S REGISTRATION FORM UPSRA SHOOTER ID Number: (TO BE FILLED UPSRA ONLY) Paste Latest NRAI SHOOTERS ID Number: Passport Size (IF AVAILABLE WITH YOU) Photograph Shooter's Name: 3.5x4.5 cm Mother's Name: Father's Name: Date of Birth\*: Place of Birth: Sex: (Please tick) Male: Female: District/Unit of Representation: Shotgun: Event: (Please tick) Pistol: Educational Qualification: Permanent Address: Pin Code: Mailing/Working Place Address: State: Pin Code: City: Email ID: Contact Details .: Mobile No.: ...... Telephone No.(with STD Code): ..... DECLARATION:- I Hereby declare and confirm that all the entries provided in this registration form are correct, I undertake that incase 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 Parents/Guardian) (Signature of Shooter) (In case of under 18 only) (Signature of President/Secretary/UPSRA Representatives of District Rifle Association/Club/Unit with STAMP) Place:

\* 1. All Shooters MUST attach their Date of Birth Certificate duly attested by a Gazetted Officer.

Date:

- Shooters born on or after 26<sup>th</sup> 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.
  - 3. Shooters of those Districts which are not affiliated with UPSRA will get their Form forwarded by District Representatives of UPSRA.