

REGISTRATION FORM

paste latest passport
size colour photo

For Shooters of Maharashtra State .

- Shooters must fill this form in their own handwriting in block letters in English or Marathi
- Strike whatever is not relevant & tick appropriate applicable paragraph
- Sign at all hand written correction, ticks and deletion.

1. Family Name: _____ Given Name: _____

2. (a) Mother's Name: _____

(b) Father's Name : _____

(c) Husband's Name: _____

3. Date of Birth : _____ [Attested copy of AGE PROOF-Birth Certificate /Passport Copy etc]

4. (a) Permanent Address _____

_____ City _____ Pin _____

Phone Res. _____ Office _____

Fax No. _____ E-mail address _____

(b) Mailing Address _____

_____ City _____ Pin _____

Phone Res. _____ Office _____

5. Attested Copy of document showing domicile in Maharashtra _____

[Name of Document]

6. (A) Type of membership: _____ valid up to _____

(i) Student Membership No _____

Name of School / College _____ student upto _____

(ii) MRA Member - Life / Annual Membership No. _____

(iii) Member of affiliated Club/DRA

1. Name of Club _____

2. Name of DRA _____

(Attach Zerox copy of ID card)

Signature of Gen. Secretary./President of the Club _____ Seal _____

Signature of Gen. Secretary./President of DRA _____ Seal _____

(B) Non-Member – for those, where there is no affiliated Rifle Club/DRA.

(C) Transfer of State/Unit -- I am a shooter from _____ State/ unit since _____.

Now I am staying in Maharashtra since _____ temporarily / permanently.

I desire to participate at NSCC / National Games from Maharashtra State. No Objection

Certificate from _____ [previous] State Association / Unit is enclosed

herewith. Previous address: _____

(Explain reason for change of residence)

1. I hereby give an undertaking that I shall represent the State of Maharashtra at all National Level Competitions including NSCC and National Games.

OR

I hereby give an undertaking that I shall represent the State of Maharashtra at National Games. But I will have to represent _____ (Name of Unit, eg. Railways / CISF etc) at the NSCC and other National Level Competitions as I am an employee of _____ (Railways / CISF etc)

2. I shall obtain written permission from Maharashtra Rifle Association to represent any other State/Unit/NRAI. I understand and agree that in case I represent any other State / Unit / Organization at any competition without prior written permission from the Maharashtra Rifle Association, I will be debarred from participation from Maharashtra State / MRA for minimum period of 5 years. Decision in this regard by the Managing Committee of Maharashtra Rifle Association will be final and binding upon me and will not be challenged before any authority and / or court of law.

I shall abide by the rules laid down by MRA and shall maintain discipline always. I understand and agree that discipline on and off the field is of utmost importance and therefore any undisciplined act on my part will make me liable for disciplinary action against me.

I have completed all formalities regarding the safety course and Submission of Undertaking – Cum-Indemnity Bond to the MRA. I have submitted the Undertaking–Cum-Indemnity Bond on _____ date _____ Signature.

Date _____ Signature of Shooter _____

Details of last three year participation.

<u>Year</u>	<u>Name of Event</u>	<u>Score</u>	<u>NSSC</u> <u>Position</u>	<u>State/Unit</u>
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<u>Year</u>	<u>Name of Event</u>	<u>Score</u>	<u>National Games</u> <u>Position</u>	<u>State/Unit</u>
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<u>Year</u>	<u>Name of Event</u>	<u>Score</u>	<u>MSSC</u> <u>Position</u>	<u>DRA/Clubs</u>
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<u>Year</u>	<u>Name of Event</u>	<u>Score</u>	<u>MAWC</u> <u>Position</u>	<u>DRA/Clubs</u>
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- I am using the following equipment/guns of the MRA: _____

Charges paid up to _____ . Last Receipt No. _____ Date _____

- Details of locker allotted to me by the MRA:
Locker No. _____ Charges paid up to _____ . Last Receipt No. _____ Date _____

- Details of Suitcase for Shooting Equipment kept by me at MRA Shooting Ranges, Worli. Number allotted by MRA. _____ Charges paid up to _____ . Last Receipt No. _____ Date _____

[For Office use]

Name _____ Registration No: _____

Member _____ Member of affiliated club _____

Name of District Association: _____

Registration fees paid. Receipt no: _____ Date: _____ Recd. by: _____

Information submitted by the shooter is verified by us and is found true, except.....

Whether complied all condition for Registration? Yes / No

Asst. Secretary

Range Officer.