

CHAMPION SHOOTING SCHOOL

BASIC TARGET PISTOL SHOOTING COURSE

APPLICATION FORM

1. First Name: _____ Last Name _____

2. Address : _____

City _____ Pin. _____

3. Date of Birth : _____ (Submit age proof) Tel. _____

Mobile no: _____ E-mail ID: _____

4. Educational Qualification: _____

5. Occupation: Business/Service/Student/Professional/Housewife

a) Name & address of Organization: _____

Designation: _____

b) Details of Business/profession: _____

c) Annual Income _____

6. (For student only)

a) Name of School/College: _____

b) Occupation of Parent /Guardian: Business/Service/Professional:

Name & Address of Parent /Guardian's Organization: _____

Designation: _____

c) Details of Business/profession: _____

d) Annual Income _____

7) Arms License No.: _____ Date of issue: _____

(Only for the arms license holders – attach self attested copy of Arms license)

Valid up to: _____ Place of issue: _____

Details of Firearms: _____

Details of Air Weapons : _____

8) Are you a member of any Rifle Club/ Association?

Details of member ship _____ Membership no: _____

I affirm that I am a citizen of India, and that I am not a member of any organisation which has any part of its program to attempt to overthrow the Government of the Republic of India by force or violence that I never been convicted or detained for a crime of violence and that if admitted, I will fulfill the obligations of good sportsmanship and citizenship.

Any experience in handling /shooting with firearms/ Air weapons?

Details thereof:

9) Active interests & hobbies: _____

10) Languages I know: Read _____ Write _____ Speak _____

11. Please explain briefly the reason as to why you are interested in Target pistol

Shooting course _____

12. I declare that I am a citizen of the Republic of India and I am not a member of any organization or group which has as any part of its program, the attempt to overthrow the Republic of India by force, violence or any underground activity. I further declare that I have never been convicted of a crime of violence and that if admitted to the course, I shall faithfully endeavor to fulfill the obligations of good sportsmanship and abide totally by the rules laid down from time to time by C.S.S. in all matters.

I hereby affirm that the information furnished above by me is true in all respects.

I further declare that I am not connected directly/ indirectly with any security/ detective services nor working any where as security personnel, nor intend to work and/or start security services.

13. Additional Information

I am left / right handed.

I have been informed that I will not be issued a certificate for this course

Signature of applicant.

Signature of Parent/ Guardian [in case applicant is below 21 years]

(For office use only)

First Name : _____ Last Name : _____

Roll No. : _____

Received Cash/Cheque/D.D. for Rs. _____

Towards fee for _____ Course.

For CHAMPION SHOOTING SCHOOL

Maharashtra Rifle Association

MRA Shooting Ranges, Worli sea face, north Mumbai-400 030

Tel. 022 2432736/24930064

PRIVATE & CONFIDENTIAL

1. Name of Applicant:

Address: Tel/E-Mail

Id:

2. Qualification: SSC/ HSC/ Graduate/ Post Graduate/ Other Qualifications

a. Name of school:

Address:

b. Name of college:

Address:

(Attach self attested copy of the mark sheet & certificates)

3. Brief Details of Business/Profession/Job:

(Describe In 25-60 Words)

Monthly/Yearly Income:

(In case of junior/student enter details of parents/guardian and attach business/visiting card)

4. Detail of family member staying with the applicant

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION DETAIL</u>	<u>RELATION</u>
1.			
2.			
3.			
4.			
5.			
6.			

5. 1) Whether Arms License Is Applied? Yes / No

If Yes, When To Whom And Result:

2) Whether Application Is Pending Or License Was Granted /Rejected:

3)Details Of Arms License.

: No:

Issued By:

Valid Up to:

4)Details of Arms

: Revolver/ Pistol /Shot Gun / Rifle

Sr. No:

Caliber:

6. Details of arms license and weapon possessed by each above mentioned members:

(Attach self attested copy of the Arm License of self & parents/ guardians if any)

7. Experience In Using Firearms:

Details Of Course Attended In Handling Of Guns:

8. Details of other sports activities if any:

9. Other Information:

Applicant Signature

FOR OFFICE USE

Date:

Time:

Comments of MRA office bearer:

Membership Approved/ Rejected:

Signature of MRA Officials:

DECLARATION

From

Date:-

To,
Champion Shooting School,
MRA Shooting Ranges,
Worli Shooting Ranges,
Worli Sea Face (North),
Bombay- 400 025

Dear Sir,

I hereby agree and declare that I shall be solely liable and responsible for any loss or damage, in the event of any bodily injury whether minor, serious or fatal suffered or sustained by me during the Pistol Shooting Course or in connection with Target Shooting at Worli Shooting Ranges.

I hereby further agree and undertake to indemnify and keep indemnified the Champion Shooting School at all times against any or all claims made against the club, its office bearers, servants, agents; whether by me or on my behalf or my estate, heirs, executors and / or dependents for any such loss and / or damage sustained during the Pistol Shooting Course or in connection with Target Shooting, howsoever such loss or damage may arise.

Tours Faithfully,

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First Name : _____ Last Name : _____

Roll No. : _____

Received Cash//D.D. for Rs. _____

Towards fee for _____ Course.

For CHAMPION SHOOTING SCHOOL

Following Documents to be submitted with hard copy of the forms:

Passport Copy [Self attested]

2 photograph

Requisite Fee in cash /demand draft.