



2 Photos

APPLICATION FORM

1st MEDCHAL DISTRICT OPEN SHOTGUN SHOOTING COMPETITIONS 2019

13TH TO 17TH NOVEMBER, 2019

LAST DATE 10-11-2019, LAST DATE WITH TRIPLE ENTRY 11-11-2019

COMPETITOR NAME	
FATHER'S NAME	
NAME OF THE DISTRICT ASSOCIATION	
DATE OF BIRTH	
MATCH NOS.	
COMPETITION FEES	
ARMS LICENCE NO. & VALIDITY	
MOBILE NO.	
EMAIL ID	
PERMANENT ADDRESS	
WEAPON SHARING & SLOT DETAILS	

I PROMISE THAT THE ABOVE MENTIONED INFORMATION IS TRUE TO MY KNOWLEDGE

THANKING YOU
YOURS FAITHFULLY

SIGNATURE

NOTE:

1. Complete details are to be furnished and applications with insufficient information will not be considered.
2. If the competitor is sharing weapon, same shall be declared along with this application
3. All competitors must submit their Aadhar Card copy along with this application.
4. Junior competitors must submit their Date of Birth Certificate