

**49<sup>th</sup> Chandigarh State Shooting Championship-2024**  
Organized by Chandigarh Rifle Association  
**From 08<sup>th</sup> Aug. to 12<sup>th</sup> Aug., 2024**

**ENTRY FORM**

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Age : \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email: \_\_\_\_\_

Name of the Institution/Organization : \_\_\_\_\_  
\_\_\_\_\_

C.R.A. Membership No. : \_\_\_\_\_

Match No (s). : \_\_\_\_\_

Entry Fee : \_\_\_\_\_

Date : \_\_\_\_\_

**DECLARATION:**

I declare that I am not an NRI or a registered shooter with any State Association/Organization affiliated with NRAI and my particulars given above are correct to the best of my knowledge and belief. I further declare that if I am playing as guest entry or registered with any other association/organization then I will not claim any right to Medal, Certificate as well as to participate for Chandigarh in any championship for the current session. In case any information supplied by me is found to be false or incomplete, I shall be solely responsible and liable to be disqualified.

(Signature of the Shooter)

(Countersigned by Parents/Guardian, if minor)

Attested by the Principal

Head of the Organization:

- Note: 1. Please provide your correct Mobile number only.
- ii. Enclose one extra Photograph and attested photocopy of Date of Birth Certificate  
(For Junior, Youth Categories only)