



THE NATIONAL RIFLE ASSOCIATION OF INDIA

“NRAI” House, 51-B, Tughlakabad Institutional Area, New Delhi - 110062

10 M AIR PISTOL AND RIFLE TRAINER COURSE

REGISTRATION FORM

Name: _____

Father's Name: _____

Postal Address: _____

Permanent Address: _____

Date of Birth: _____ Email: _____

Mobile No. _____ Tel No.: _____

Qualification: _____
(Attach Copy of Graduation Certificate)

Computer Literacy: _____

Experience as a Shooter/
Official in Shooting Sport _____

Have you ever attended _____
any course in shooting ? (If yes, please attach copy of the certificate)

Have you ever been _____
involved in any criminal proceedings ? (Kindly attach affidavit, duly notarized)

**Recommendation by NRAI Governing Body Members or President / Secretary General of
State Rifle Associations only (Compulsory)**

Recommended by: _____

Signature of Candidate: _____ Date: _____

(DECISION OF NRAI WILL BE FINAL FOR THE CANDIDATE SELECTION IN THE COURSE)