Please email or fax to Organizing Committee at:

[wcfnewdelhi2024@gmail.com](mailto:wcfnewdelhi2024@gmail.com) or +91-11-299640-90

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| MEDIA  ACCREDITATION FORM | | | | | | | | | Please return by | | | | | | | | to Organizing Committee | | | | | | | | |
| name of federation | | | | | | | | | 12 SEP 2024 | | | | | | | | Mr. KANWAR SULTAN SINGH (SECRETARY GENERAL)  The National Rifle Association of India  c/o 51-B, Tughlakabad Institutional Area  New Delhi – 110062 – India  Phone: +91-11-299640-91/92/93  Fax: +91-11-299640-90  E-mail: [wcfnewdelhi2024@gmail.com](mailto:wcfnewdelhi2024@gmail.com) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check the applicable media: | TV | | | RADIO | | AGENCY | | | | | | MAGAZINE | | | | PHOTO | | | | JOURNALIST | | | | OTHERS | |
|  | | |  | |  | | | | | |  | | | |  | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| information | | | | | | | | | | | | | | | | | | | | | | | | | |
| family name | | |  | | | | | | | | | | first name | | | | | |  | | | | | | |
| media | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| AIPS member and card no. | | | yes | | | | no | | | | | | | card number | | | | |  | | | | | | |
| passport number | | |  | | | | |  | | | place of issue | | | | | | | |  | | date of expiry | | | | |
| address | | |  | | | | | | | |  | | | | | | | | | | | | | | |
| phone number | | |  | | | | | | | | fax number | | | | | | | |  | | | | | | |
| mobile number | | |  | | | | | | | | e-mail address | | | | | | | |  | | | | | | |
| comments | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| hotel | | | | | | | | | | | | | | | | | | | | | | | | | |
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| travel information | | | | | | | | | | | | | | | | | | | | | | | | | |
| arrival | | | | | | | | | | | | | departure | | | | | | | | | | | | |
| airport | | rail | | |  | | | | | car | | | airport | | | | | rail | | | |  | car | | |
| date | |  | | | | | | | | | | | date | | | | |  | | | | | | | |
| time | |  | | | | | | | | | | | time | | | | |  | | | | | | | |
| flight no. | |  | | | | | | | | | | | flight no. | | | | |  | | | | | | | |
| from (airport) | |  | | | | | | | | | | | from (airport) | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local transfer from airport to the official hotel(s) and back at arrival / departure is required? | | | | | | | | | | | | | | | | | | | | | | | | |
| □YES | | | | | | | | | | | | | | | □NO | | | | | | | | | |

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| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Signature of Team Leader |  |