

**APPLICATION FORM FOR THE ISSF MATCHES**

**VIII SOUTH ZONE SHOTGUN SHOOTING CHAMPIONSHIP COMPETITIONS**

**FROM 23<sup>RD</sup> OCTOBER, 2016 TO 28<sup>TH</sup> OCTOBER, 2016**

**LAST DATE : 15<sup>TH</sup> OCT,2016**

NAME :

FATHER'S NAME :

MEMBERSHIP NO:

NAME OF THE STATE ASSOCIATION :

Attach 2 Photos

DATE OF BIRTH :

ARMS LICENSE NO. AND VALIDITY :

MATCH NO'S. :

DETAILS OF MQS ATTAINED:

COMPETITION FEES :

**CONTACT DETAILS :**

MOBILE NO:

OFFICE NO:

E-MAIL ID:

PERMANENT ADDRESS :

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

THANKING YOU

YOURS FAITHFULLY

SIGNATURE