



U.P. STATE RIFLE ASSOCIATION, LUCKNOW

APPLICATION FOR AFFILIATION OF SHOOTING CLUBS/ACADEMIES

Name of the Club/Academy : _____

Address of the Club/Academy : _____

District : _____ Pin code: _____

Mobile No. : _____

Email Address : _____

Website : _____

Name of DRA/C : _____

(with which your club is registered)

Name of Secretary, DRA/C : _____

Contact no. of Secretary, DRA/C : _____

Society Registration Number : _____ Valid till (year) _____

Range : 10M 25M 50M Shotgun

Whether the Shooting Range is certified by the UPSRA Yes/No

If yes, which Shooting Range? 10M 25M 50M Shotgun

Whether the Shooting Range is certified with DRA/C Yes/No

Please answer the following questions for Rifle/Pistol only:

	10M	25M	50M
Number of firing points available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of targets installed	<input type="checkbox"/> Electronic/Manual	<input type="checkbox"/> Electronic/Manual	<input type="checkbox"/> Electronic/Manual
---------------------------	--	--	--

Make of targets	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	----------------------	----------------------

Do the ranges comply with ISSF Rules?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
---------------------------------------	---------------------------------	---------------------------------	---------------------------------

No Whether the 10M Range is Indoor/Outdoor	<input type="checkbox"/> Indoor/Outdoor
--	---

Are firing lines clearly marked?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
----------------------------------	---------------------------------	---------------------------------	---------------------------------

Are firing points & targets clearly numbered?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
---	---------------------------------	---------------------------------	---------------------------------

Are chairs & stools available for the shooter?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
--	---------------------------------	---------------------------------	---------------------------------

Are toilets / changing rooms available?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
---	---------------------------------	---------------------------------	---------------------------------

Is facility for refilling gas cylinder available?	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
---	---------------------------------	---------------------------------	---------------------------------



Please answer the following questions for Shotgun only:

Whether the Ranges are combined or separate

Number of Ranges available Trap D. Trap Skeet

Manufacturer of target machines

Manufacturer of clay Targets/Brands

Do the ranges comply with ISSF Rules? Yes/No

Are toilets / changing rooms available? Yes/No

	Rifle	Pistol	Shotgun
Number of International Shooters training?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of National Squad members training?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Renowned Shooters training?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Aspiring Shooters training?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Beginners Shooters training?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please answer the following (All Bore Ranges):

Fire Fighting Equipment Yes/No

Medical Kit Yes/No

Contact details of nearest Clinic: _____

Electricity Facility available Genset Solar Power Inverter

Please mention the details of the competitions conducted by you:

Any other Information:



Contact details of the Club/Academy Owner/Manager/Coach:

Name of Owner/Manager : _____

Address of Owner/Manager : _____

District : _____ Pin code: _____

Mobile No. : _____

Email Address : _____

Name of Coach : _____

Address of Coach : _____

District : _____ Pin code: _____

Mobile No. : _____

Coach Registration No. : _____

Email Address : _____

Qualification (Academic) : _____

Qualification (Sports) : _____

	Rifle	Pistol	Shotgun
• No. of Ind. National Level Medals Won?	<input type="text"/>	<input type="text"/>	<input type="text"/>
• No. of Ind. State Level Medals Won?	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Is he a Renowned Shot Shooter?	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Is he an Aspiring Shooter?	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Coaches Course conducted by NRAI?	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Affidavit on General Stamp Paper of value Rs.50/- stating that there is no criminal case against him.			

Gazetted Officer 1
(Has to be a Magistrate)

Gazetted Officer 2

Range Owner/Manager

Recommendation of President/Secretary, DRA