



**Registered to :** Charity Commissioner Office, Ahmedabad, Gujarat State

**Recognized By:** Sport, Youth & Cultural Activities Department, Government Of Gujarat State

**Affiliated to :** The National Rifle Association of India | Olympic Association of India | Gujarat State Rifle Association | Gujarat State Olympic Association

## **AFFILIATION REQUEST FORM**

**Institution/Club/School/Colleges Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Phone :** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail Address :** \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Registration of Institution:** PVT LTD. LIMITED LLP TRUST SOCIETY NGO

**Management Information:**

<u>Name</u>	<u>Designation</u>
1) _____	_____
2) _____	_____
3) _____	_____

**Shooting Activity In-Charge/Team:**

<u>Name</u>	<u>Designation</u>
1) _____	_____
2) _____	_____
3) _____	_____

**Activities Conducted at Institution:**

<u>Activity Name</u>	<u>Activity Area</u>
1) _____	Yes/No
2) _____	Yes/No
3) _____	Yes/No



**Ahmedabad  
District  
Rifle  
Association**

**Registered to :** Charity Commissioner Office, Ahmedabad, Gujarat State

**Recognized By:** Sport, Youth & Cultural Activities Department, Government Of Gujarat State

**Affiliated to :** The National Rifle Association of India | Olympic Association of India | Gujarat State Rifle Association | Gujarat State Olympic Association

**Existing Members Enrolled** : \_\_\_\_\_

**Other Affiliation Information If Any** : \_\_\_\_\_

\_\_\_\_\_

I hereby certify that all the information furnished above is true and agree to abide by all terms set by ADRA for its Affiliated Units.

**Dated** : \_\_\_\_\_ **Authorized Signatory:** \_\_\_\_\_

**Authorized Signatory Name:** \_\_\_\_\_

**Seal of Institution:**



**FOR OFFICE USE**

**Received Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Affiliation valid from:** \_\_\_\_\_

**Remark :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_