



# BASIC AIR RIFLE / PISTOL TRAINING COURSE

## THE AHMEDABAD MILITARY AND RIFLE TRAINING ASSOCIATION

MILITARY EDUCATION CAMPUS, NR. BHAVANS COLLAGE, KHANPUR, AHMEDABAD, PIN 380 001  
Ph. : 079- 2560 1992 / 1809

Passport Size  
Photograph

### ENTRY FORM

**For Office Use**  
 Receipt No. : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Amount Rs. : \_\_\_\_\_  
 Received By : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_ Email : \_\_\_\_\_

Birth Date : \_\_\_\_\_ Contact No. : \_\_\_\_\_ Male/Female \_\_\_\_\_

Time : Morning Time: 8.00am To 9.30am. / Evening Time: 4.00pm To 5.30pm.

Batch No. : \_\_\_\_\_ Date : / / To / / Fees : Rs. 345/- (Tax Included)

**School / College / Occupation Name & Address :**

\_\_\_\_\_  
 \_\_\_\_\_

I abide to obey all rules and regulations of the A.M. & R.T.A.

Signature : \_\_\_\_\_

**Declaration (in case of student)**

I, \_\_\_\_\_ Father/Mother/Guardian of \_\_\_\_\_  
 \_\_\_\_\_ is allowing him/her for Rifle Shooting Training. I understand all risk related to  
 this training. I assure you that he/she will follow all rules and regulations. If you found him/her to violate  
 any safety rules, you have a right to dismiss him/her from the training.

Date :

Signature : \_\_\_\_\_