

APPLICATION FOR REGISTRATION FOR USE OF MRA SHOOTING RANGES
(BY BMC/POLICE/MILITARY PERSONNEL)

The General Secretary
Maharashtra Rifle Association
Worli Seaface (N)
Mumbai-400 025

Date

Madam/Sir,

I Mr/Ms.....residing at.....

Phone No..... Off..... (Email).....

Mobile No..... Hereby apply for the Registration of my name to use the MRA shooting
Ranges at Worli. I am police/Military/BMC personnel presently working in
..... (Name of the police station or Office) at
(address).....

..... I am also an Arms License holder, License No.....

Issued by..... Valid upto

For.....

(Description of all Weapons) I am attaching herewith copies of all the arms licenses for your record.

I have successfully completed the Safety Course conducted by the MRA & have submitted
Indemnity/Undertaking duly notarized onto your office. I have read, understood and agree to
abide by all the rules laid down by the Maharashtra Rifle Association and shall maintain discipline always.

I Interested to use following Weapons if permitted:-

(1)

(2)

I am remitting herewith Rs.1500/- towards Registration charges.

Signature of Application

RECOMMENDATION BY THE HEAD OF THE DEPARTMENT

I hereby recommend the aforesaid application of Mr /Ms.....
Who is working under me as InDepartment.

Name of the Head of the Dept/
Commanding Officer

Signature

Seal

Office of the Dy. Commissioner of Police, Special Branch (I),
C.I.D., Bombay.
Personal Particulars Form :

(1) Name in full (in block letters) with aliases, if any
संपूर्ण नाव (प्रथम आडनाव)

SURNAME
आडनाव

NAME
नाव

(2) Present address in full
सध्याचा पूर्ण पत्ता

(3) Home address in full (i.e. Village, Thana, Taluka/
Tahsil and District or house No. Lane/Street/Road
and town along with pin code.

गावाचा पूर्ण पत्ता (अर्थात गाव, थाणे, तालुका, जिल्हा तसेच घर
नं. गल्ली/लेन/रस्ता आणि पीन कोड नं)

(4) Particulars of the places (with period of residence)
where you have resided during preceding years
since birth.

या पूर्वी आपण रहात असलेल्या जागेचा पूर्ण पत्ता व कालावधी
(जन्मापासून)

(i) From to
पासून ते
पत्ता :

(ii)
(iii)

(5) Information
माहिती

Name
नाव

Occupation with address
व्यवसाय व पत्ता

Present address
सध्याचा पत्ता

(i) Father
वडिल

(ii) Mother
आई

(iii) Husband/Wife
पती/पत्नी

(iv) Brother
भाऊ

(v) Sister
वहीण

(6) Date of birth and present age
जन्म तारीख व सध्याचे वय

(7) Place of birth (full address)
जन्मस्थान (पूर्ण पत्ता)

(8) Education qualification showing places of educa-
tion with year in school/colleges.

आपली शैक्षणिक पात्रता व शाळा/महाविद्यालयमध्ये कधी होता त्याची
माहिती

(i)
Date of
entering
प्रवेशाची
तारीख

(ii)
Date of
leaving
सोडल्याची
तारीख

(iii)
Examination
passed
कोणती परीक्षा
पास केली

(iv)
Name and address of
school/college
शाळा/महाविद्यालयाचा पत्ता

(i)
(ii)
(iii)
(iv)

- (9) Have you ever been arrested/prosecuted/detained/ fined/convicted? If so, give particulars of the case
आपणास कधी अटक झाली होती/खटला चालला होता/स्थानबद्ध केले होते/दंड झाला होता किंवा कोर्टात शिक्षा झाली होती काय! असल्यास कसची माहिती घडक्यात लिहा.
- (10) Have you ever taken active part in politics? If so, give particulars.
आपण कधी राजकारणात सक्रिय भाग घेतला आहे काय? असल्यास तपशील द्यावा.
- (11) Present occupation/service with all particulars.
सध्याचा आपला घंदा/नोकरी व त्याचा पूर्ण तपशील
- (12) Reasoning for obtaining character and antecedent certificate and to whom it is required.
चारित्र्य पडताळणी व पूर्व इतिहास अहवाल कशाकरिता पाहिजे आहे व कोणत्या ठिकाणी
- (13) Identification mark
ओळख चिन्ह
- (14) Names, addresses and signatures of the two responsible persons of your locality to whom you are known. (1)
आपल्या भागातील आपणांस ओळखणाऱ्या दोन सद्गृहस्थांची नावे, संपूर्ण पत्ता व स्वाक्षरी (2)

I certify that the forgoing information is correct and complete to the best of my knowledge and belief.
मी असे प्रमाणपत्र जाहीर करतो की, वरील नमूद केलेली माहिती ही माझ्या सांगण्यानुसार व विश्वासाप्रमाणे अचूक आणि पूर्ण आहे.

Place :

जागा :

Date :

दिनांक :

Signature of the applicant.
अर्जदाराची स्वाक्षरी

Note : Applicant should attach the following along with the application—

- (1) A demand draft of Rs. 50/- in the name of Commissioner of Police, Greater Bombay.
- (2) Two passport size photographs.
- (3) Xerox copy of ration card showing applicant's name and address.
- (4) Xerox copy of the school leaving certificate.
- (5) Xerox copy of the passport (if any).

सूचना : अर्जदाराने अर्जासोबत खालील नमूद केलेले सहापत्रे जोडावीत.

- (१) कमीशनर ऑफ पोलीस, ग्रेटर बॉम्बे यांचे नावे ५० रुपयांचा वॅकेचा डिमांड ड्राफ्ट.
- (२) पासपोर्ट साईजचे दोन फोटो.
- (३) रेशन कार्डची अर्जदाराचे नांव व पत्ता असलेली झेरॉक्स प्रत.
- (४) शाळा सोडल्याचा/दाखल्याची झेरॉक्स प्रत.
- (५) पासपोर्ट असल्यास, त्याच्या पहिल्या दोन पानांची झेरॉक्स प्रत.

(G.C.P.) K 2135 (3.00.000-3-94)

Maharashtra Rifle Association

MRA Shooting Ranges, Worli sea face, north Mumbai-400 030

*Tel. 022 2432736/24930064

PRIVATE & CONFIDENTIAL

1. Name of Applicant:

Address:

Tel/E-Mail Id:

2. Qualification: SSC/ HSC/ Graduate/ Post Graduate/ Other Qualifications

a. Name of school:

Address:

b. Name of college:

Address:

(Attach self attested copy of the mark sheet & certificates)

3. Brief Details of Business/Profession/Job:
(Describe In 25-60 Words)

Monthly/Yearly Income:

(In case of junior/student enter details of parents/guardian and attach business/visiting card)

4. Detail of family member staying with the applicant

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION DETAIL</u>	<u>RELATION</u>
1.			
2.			
3.			
4.			
5.			
6.			

5. 1) Whether Arms License Is Applied? Yes / No If Yes, When To Whom And Result:

2) Whether Application Is Pending Or License Was Granted /Rejected:

3) Details Of Arms License. : No: Issued By:

Valid Up to:

4) Details of Arms : Revolver/ Pistol /Shot Gun / Rifle
Sr. No:
Caliber:

6. Details of arms license and weapon possessed by each above mentioned members:
(Attach self attested copy of the Arm License of self & parents/ guardians if any)

7. Experience In Using Firearms:

Details Of Course Attended In Handling Of Guns:

8. Details of other sports activities if any:

9. Other Information:

Applicant

Signature

FOR OFFICE USE

Time:

Comments of MRA office bearer:

Date:

Membership Approved/ Rejected:

Signature of MRA Officials: