# ARCHERS' REGISTRATION FORM

Colored Passport Size Latest Photograph

Please sign below

Name of Archer and Registration No:

Father's Name:

Gender: ☐ Male ☐ Female

Date of Birth: ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY

Address:

**Pin** **M :-**

Representation:

Category: ☐ Indian Round ☐ Recurve ☐ Compound

☐ TAAT Recurve ☐ TAAT Compound

☐ Indian Intuitive ☐ Western Intuitive

Age: Group: ☐ Mini Sub-Junior ☐ Sub-Junior ☐ Junior ☐ Senior

Sign & Seal of District General Secretary: _____

Name: _____