ARCHERS' REGISTRATION FORM

Registration No:

Name of Archer **:

Father's Name:

Colored Passport Size Latest Photograph

Please sign below

Gender: ☐ Male ☐ Female

Date of Birth: ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY

Address **:

Pin **M :-**

Email:

Representation:

Coach:

Archery Academy Name/Address:

Pin **M :-**

Category : ☐ Indian ☐ Recurve ☐ Compound ☐ Intuitive ☐ Indoor

Age: Born after
☐ Tiny Tots (1st Jan 2006)
☐ Mini Sub juniors (1st Jan 2002)
☐ Sub Juniors (1st Jan 1999)
☐ Juniors (1st Jan 1996)
☐ Seniors
☐ Veterans
☐ Open

Para :
☐ Category 1 (With support to nock)
☐ Category 2 (Open)

District General Secretary
Sign & Seal:
Name:

Head of the Institution / Govt ID**
Sign & Seal:
Name:

** Head of the Institution Signature & Seal Mandatory for Age Categories Tiny Tots, Mini, Sub Juniors & Juniors
OR
Govt. ID: Aadhaar Card / Ration Card / Passport / Driving License (attach copy)

Declaration:

I hereby declare that all the above details are true. I shall abide by all rules of TAAT.

Signature of Archer: Date: