

TENTATIVE PROGRAMME
1st U.P STATE PARA SHOOTING CHAMPIONSHIP, 2025
Bareilly Shooting Club, Uttar Pradesh
31st January – 2nd February, 2025

DATE	10M	25M	50M
31 st January 2025	R1	--	--
	P1		
	P2		
1 th February 2025	R3	P3	--
	P5		
2 nd February 2025	--	--	R6
			P4

- MATCH WILL START AT 09:00 A.M
- DETAILS WILL BE PUT UP ON THE MAIN NOTICEBOARD BEFORE THE START OF THE MATCHES.
- THE PROGRAM IS SUBJECT TO CHANGES IF ANY AND WILL BE NOTIFIED AT THE VENUE.
- MATCH WILL BE CONDUCT AS PER ZONAL MATCH BOOK.

DETAILS OF ENTRY FEE**1st U.P STATE PARA SHOOTING CHAMPIONSHIP, 2025***Bareilly Shooting Club, Uttar Pradesh***31st January – 2nd February, 2025**

Sr. No.	EVENT		ENTRY FEE PER EVENT (RS.)
1	R-1	(10 M AIR RIFLE STANDING MEN SH1)	800
2	R-2	(10 M AIR RIFLE STANDING WOMEN SH1)	800
3	R – 6	(50 M RIFLE PRONE MIXED SH1)	800
4	P – 1	(10 M AIR PISTOL MEN SH1)	800
5	P – 2	(10 M AIR PISTOL WOMEN SH1)	800
6	P – 3	(25 M PISTOL MIXED SH1)	800
7	P – 4	(50 M PISTOL MIXED SH1)	800
8	P – 5	(10 M AIR PISTOL STANDARD MIXED SH1)	800

ENTRY FORM**1st U.P. STATE PARA SHOOTING CHAMPIONSHIP, 2025****Bareilly Shooting Club, Uttar Pradesh****{Single Entry} – Last Date: 25th January, 2025****{Triple Entry} – Last Date: 27th January, 2025**

AFFIX
PASSPORT
SIZE
PHOTOGRAPH

To,
The Competition Director,
U.P. PARA SPORTS
ASSOCIATION.

Sir,

I wish to participate in the 1st U.P State Para Shooting Championship, 2025 as an Individual Shooter to be held at Bareilly Shooting Club, Uttar Pradesh.

• FILL THE FORM IN CAPITAL LETTERS ONLY

Name of Shooter	
Mother/ Father/ Husband's Name	
Date of Birth	
PCI - Shooter ID Number	
Representing State	
Residential Address (Attach Proof)	
Contact Number	
E-Mail ID	
Match No(s) in which Participating	
Entry Fees Enclosed	
Transaction ID	

DECLARATION

I have read the rules of International Shooting Sport Federation (ISSF) and International Paralympic Committee (IPC) and I will abide all the rules. I shall be responsible for any incident / mishap / accident. I shall be responsible for any false information or suppression of facts and for which disciplinary action may be taken against me at any time. I shall participate in above said competition on my own risk and responsibility. For any mishap or accident at the competition site or anywhere in travel, STC Shooting or Paralympic Committee of India, its office bearer, officer or manager shall not be held responsible. I have not been disqualified or debarred by STC Shooting or Paralympic Committee of India or any other state or unit. I declare that the information given above information is correct to my knowledge and nothing have been concealed in it.

I solemnly declare that there are no official complaints from any Government Department and there are no criminal case(s) pending against me.

Please check the box (Mandatory):

- I solemnly declare that I am not taking any medicines.*
- I solemnly declare that I am taking medicines _____ (Attach Doctor's prescription)*

Signature of the Parents
(In case of Minor Shooter)

Signature of the Shooter

DECLARATION BY COACH

I hereby certify that Mr./Ms. _____ S/o, D/o _____

R/o _____ is training under my
guidance/coaching since _____ Months/Years.

He / She is training for the following events with me and shooting an average of below-mentioned scores in training:

Sr. No.	Name of Event	Average Score in Training	Remarks (If Any)

I solemnly declare that the information given above is correct to my knowledge and nothing have been concealed in it.

Signature of the Coach

Date:

1. **Name of the Coach:** _____

2. **Phone No. of the Coach:** _____

3. **Email ID of the Coach:** _____

4. **Name of the Club/Academy:** _____

5. **Address of the Club/Academy:** _____

6. **State:** _____