



ALL INDIA INTER UNIVERSITY
SHOOTING (M&W) CHAMPIONSHIP 2025-26
 AIR PISTOL | AIR RIFLE



REGISTRATION FORM

Name of the University: *Shri Vaishnav Vidyaapeeth Vishwavidyalaya*

Official Address: *Ujjain Road, Indore*

Indore

E-mail ID: *sports@svvv.edu.in*

Phone Number: *7000946600*

Manager for Shooting Team: *Yogesh Raghuramski*

Address: *SVVV, Indore*

E-mail ID: *raghuramskiyogesh@svvv.edu.in*

Phone Number: *9893276707*

Alternate Phone Number:

LIST OF SHOOTING EVENTS

WOMEN

- | | | | | | |
|-------------------|--------------------------|-----|--------------------------|------|--------------------------|
| 1. 10M Air Rifle | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |

MEN

- | | | | | | |
|-------------------|-------------------------------------|-----|-------------------------------------|------|--------------------------|
| 1. 10M Air Rifle | <input checked="" type="checkbox"/> | IND | <input checked="" type="checkbox"/> | Team | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |

MIXED TEAM

- | | |
|-------------------|--------------------------|
| 1. 10M Air Rifle | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input type="checkbox"/> |

Raghuramski
Sports Officer



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Individual

(Please make copies of this form and fill one for every event)

Event: 10M Air Rifle (MEN) IND

Men: Women:

Name: Tamay Raj Singh

Phone No.: 8120967304

Prof. Vaishnavi

Sports Officer

Shri Vaishnav Vidyapeeth Vishwavidyalaya
INDORE (M.P.)

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____