



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



**REGISTRATION FORM**

Name of the University: ADIKAVI NANNAYA UNIVERSITY

Official Address: N.H.16, RAJA RAJA NARENDRA NAGAR, RAJAHMUNDRY

E-mail ID: anur.sports@gmail.com, registrar@aknu.edu.in

Phone Number: 8639918159, 9581145333

Manager for Shooting Team: Dr. G.V. PAVAN KUMAR RAJU

Address: B.V. RAJU COLLEGE, VISHNUPUR, BHIMAVARAM

E-mail ID: .....

Phone Number: 9989922122

Alternate Phone Number: .....

**LIST OF SHOOTING EVENTS**

**WOMEN**

- |                   |                                     |     |                          |      |                          |
|-------------------|-------------------------------------|-----|--------------------------|------|--------------------------|
| 1. 10M Air Rifle  | <input checked="" 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 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"/> |





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## Individual

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

Event: AIR RIFLE

Men:  Women:

Name: PADALA JAYA

Phone No.: 9392293633



Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_



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## Individual

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

Event: AIR RIFLE

Men:

Women:

Name: KOURU. DURGA SAT KIRAN

Phone No.: \_\_\_\_\_



Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_