



LAKSHYABHED ARCHERY ACADEMY

Shirala, Tal : Shirala, Dist : Sangli. 415408

Contact : 8369486396

ADMISSION FORM

■ Name of Applicant : _____

■ Father's Name : _____

■ Date of Birth : / /

■ Professional / Educational Qualification : _____

■ Professional Course / School / College : _____

■ Permanent Address : _____

■ Phone No. :

Mobile No. :

■ Email id :

■ Present Address : _____

■ District : _____ State : Maharashtra

Date : / /

Place :

Signature of Applicant

Signature of Parents

I am full in agreement with Lakshyabhed Archery Academy, wish to be as a Archer .
I will always abide by the rules and regulations of the Organization and devote my skills for the benefit of the cause.

I submit my details which are true and given below. and i accept the terms and onditions of the Academy.
if found false in my details or any anti academic activity suspension or termination of my membership will be accepted

I am ready to pay the Membershio fees of the Academy, its towards the contribution for Academy from me.