

CAPITAL POLICE ISLAMABAD

COMMUNITY POLICING INITIATIVE

ADMISSION FORM



PHOTO

Name

F/ Name

CNIC No. - - Nationality

Date of Birth - - Contact No. -

Profession Emergency Contact -

Weapon License No. Issued by authority

Home Address

Group Photo required: **ISLAMABAD CAPITAL POLICE SHOOTING RANGE**

PARTICIPANTS INSTRUCTION

1. Capital Police Islamabad reserves the right to reject any application form without assigning any reasons.
2. No vehicle without RFID scan would be allowed entry inside premises. Please get your RFID Card timely to avoid any inconvenience, Park your vehicles at designated places.(only vehicles allowed with Sticker)
3. No guests /children can accompany the participants.
4. Use of mobile phones during sessions is strictly prohibited.
5. In case of any complaint about staff / any other issue please immediately inform the designated focal person.
6. Capital Police Islamabad is not be responsible for any accidental injury during the firearm practice.
7. Islamabad Capital Police Shooting Range Visitor(s) may not be transferred or sold & Shooting Range will be open for outdoor Firing Range from 08:00a.m to 10:00a.m and Indoor Firing Range 02:00mm to 04:00pm.
8. Visiting fee is non refundable & Charges shall increase by 10% per annum.
9. Attached copies of valid weapon License & CNIC, two Photo (PP Size).
10. For queries and submission of application forms please contact on [0302-5452902](tel:0302-5452902)

Parents/Guardians Signature _____

Participant Signature _____

FOR OFFICE USE

Receipt No. _____ /2026 Reference No. _____ Membership / Renewal Fee _____

Vehicle No. _____

Supervisory Officer _____

Membership Approved by SP/HQ _____



REFERENCE PERFORMA FOR SHOOTING RANGE

Member are requested please get the references from Neighbourhood/Colleagues /Local Body Members etc and get it attested by class-I Officer.

Reference-1

Name	
F/H Name	
CNIC	(ALSO ATTACH CNIC PHOTO COPY)
Cell No.	
Address (Current)	
Signature	

Reference-2

Name	
F/H Name	
CNIC	(ALSO ATTACH CNIC PHOTO COPY)
Cell No.	
Address (Current)	
Signature	

Reference-3

Name	
F/H Name	
CNIC	(ALSO ATTACH CNIC PHOTO COPY)
Cell No.	
Address (Current)	
Signature	

Reference-4

Name	
F/H Name	
CNIC	(ALSO ATTACH CNIC PHOTO COPY)
Cell No.	
Address (Current)	
Signature	

I highly recommend for ICP Shooting Range of _____
that he/she is very responsible, of high moral qualities and good character citizen of Pakistan.

Attested by : _____

Name : _____

CNIC No. : _____

Stamp : _____

Signature : _____

PRIDE IN SERVICE



VEHICLE STICKER INFORMATION FORM

S/No.	Inf. Type	Details
1	Name	
2	CNIC	
3	Contact	
4	Vehicle No.	
5	Engine No.	
6	Chassis No.	
7	Vehicle Type	

Member Signature _____

Dated: _____

FOR OFFICE USE

Membership No. _____ Dated _____

Reserve Inspector



VERIFICATION CERTIFICATE
(FOR VISITORS ISLAMABAD CAPITAL POLICE SHOOTING RANGE ONLY)

Name: _____

Father Name: _____

CNIC: _____

Address: _____

City: _____

Phone: _____ Email: _____

Date of Birth: _____ Weapon License No. _____

Weapon License Issued by _____ authority

- (I) ICP Shooting /Firing Practice Club Islamabad will be available only to those persons who are legally able to own and possess a firearm.
- (II) Visitors will be granted and may be revoked at the sole discretion of ICP Shooting /Firing Practice Club

I certify that (1) I am not and have never been the subject of a criminal or any other proceeding that prohibits me from legally owning, handling, or possessing firearms as per Law; (2) that I can lawfully own, handle, and possess a firearm; (3) that I have no criminal record; (4) that all information given in this application is true and correct to the best of my knowledge.

I have read, I understand, and I agree to comply with the Range Rules, Policies and Procedures of ICP Shooting /Firing Practice Club, Islamabad.

Visitor Signature Date

Verified by Police Station & Date