

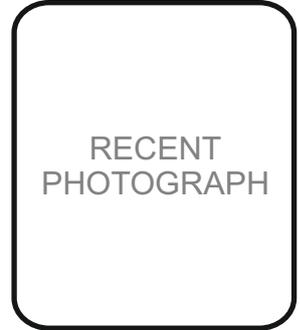


SHITO RYU KARATE FEDERATION OF INDIA

BELT GRADING EXAMINATION FORM

Date : _____

Current Grade _____ Kyu / DAN	Appearing Grade _____ Kyu / DAN
Date of Last Grading _____	Belt of Colour _____



Name (Block Letter) :- _____

Father's / Guardian's Name :- _____

Date of Birth :- ___/___/___ Age :- _____ Gender :- _____

Occupation :- _____

Permanent Address :- _____

Contact No. :- _____ E-mail ID _____

Branch Address :- _____

Name of the Instructor Dojo / Taluka / Dist / State :- _____

If any Physical or mental disability please mentioned here _____

Why do you wish to learn Karate-Do? _____

PREVIOUS DETAILS

Kyu / Dan	6th	5th	4th	3rd	2nd	1st	Black Belt / Dan
Certificate No.							
Date							

INSTRUCTIONS

- I Hereby Declare that the above mentioned particulars are true to the best of my knowledge. I undertake to abide the rule and regulation of dojo or Federation.
- Though all the necessary precaution shall be taken to ensure the safety of the student the chief Technical Director / Sempai / Sensei Federation / Dojo / body members / shall not be responsible for any injury or liabilities major or minor which might occur during the training, Competition, Test or due to the negligence of the student or any unforeseen circumstance.
- Monthly Fees paid in advance before 12th without covering the class of month you have missed or holidays. Student have to pay the full training fees if the attended one session for the month. FEES ONCE PAID SHALL NOT BE REFUNDED IN ANY CASE.

I _____ (_____) state that as per mentioned above details are correct as my knowledge and I successfully completed my course between my training period. Now I am aware about all the techniques and forms of Shito Ryu Youth Karate Sports Federation of India in which appearing the grading examination.

Coach / Representative
(Signature with Seal)

Signature of the Applicant
(Guardian will Sign in case of minor applicant)


Shihan Mohd Aurangzeb
PRESIDENT - SKFI

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