



KEN-EL-MABUNI SHITO-RYU KARATE SCHOOL MAHARASHTRA

KMSKSM AFFILIATED WITH: KARATE-DO ASSOCIATION OF MAHARASHTRA (KAM)

KAM AFFILIATED WITH KARATE INDIA ORGANIZATION (KIO)

KIO AFFILIATED WITH WORLD KARATE FEDERATION (WKF) & ASIAN KARATE FEDERATION (AKF)

COMMONWEALTH KARATE FEDERATION (CKF) SOUTH ASIAN KARATE FEDERATION (SAFK)

WKF Recognised by : International Olympic Committee (IOC)



BELT EXAMINATION

Graduation / Exam for: - _____
Date of Examination: _____ Last Date of Form Submission _____ Exam Fees :-
Present Gradation: _____ Date of Last Gradation:- _____
Student Name (Block Letter):- _____
Father's/ Guardian's Name:- _____
Date of Birth: DD / MM / YYYY Age: _____ Sex:- _____
Permanent Address: - _____
Contact No: - Resi: - _____ Mobile _____ E-mail ID _____
Branch / Dojo Address: _____
Name of the Instructor Dojo: _____
If any Physical or mental disability please mentioned here _____

RULES & REGULATIONS

1. 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 & organization.
2. Though all the necessary precaution shall betaken to ensure the safety of the student the Chief Technical director /Sensei/ Sempai organization/ Club/ body members/shall not be responsible for any injury or liabilities major or minor which might occur during the training, Competition, Belt examination or due to the negligence of the student or any unforeseen circumstance.
3. I understand that Branch Instructor / Chief Instructor & Examiner will be binding and mo reasons, Whatsoever, Shall be provide the applicant /guardian regarding acceptance / rejection of the application / Examination form
4. I have to pay the full Belt Exam & training fees if the attended one session for the month. FEES ONCE PAID SHALL NOT BE REFUNDED IN ANY CIRCUMSTANCE.

Sensei: _____
Branch Instructor

Renshi: Yogesh More
Chief Instructor

Guardian's / Parent Sign

Student Sign

HALL TICKET

Appearing Gradation for: _____
Student Name (Block Letter):- _____
Branch / Dojo Address: _____
Name of the Instructor: _____
Present Gradation: _____ Date of Last Gradation:- _____
Date of Examination: _____ Late Date of Form Submission _____

Renshi :- Yogesh More (Chief Instructor)

Contact No: - 9850543090