



OKINAWAN SHITO RYU KARATE DO INDIA AFFILIATED TO

FORM No.....

OKINAWA SHORIN MATSUBAYASHI RYO KARATE DO FEDERATION KYOKAI YOBUKAN OF INDIA

PH: 9446411305

BLACK BELT EXAMINATION FORM

NAME OF THE APPLICANT.....

FATHER'S NAME.....

DATE OF BIRTH..... NATIONALITY..... MOBILE.....

E-MAIL..... BLOOD GROUP..... SEX WEIGHT.....

ADDRESS FOR COMMUNICATION.....

PRESENT BELT NAME OF THE STYLE

CHIEF INSTRUCTOR NAME.....

AFFILIATION NO. MOBILE.....

DOJO NAME

SELF-DECLARATION

- ◆ The training and grading test I am undergoing is at my own risk, and neither the Organisation nor the Examiner/ Individual will be held responsible for any accident, which may result in pain, injury, fractures, dislocation, partial / full disablement, unconsciousness of temporary or permanent nature, etc.
- ◆ I fully accept to abide by the decision of the Chief Examiner regarding the result of my grading examination.
- ◆ I understand that the Grading Examination Fee is non-refundable under any circumstance.
- ◆ I shall uphold the dignity and status of my Organisation. I am submitting the necessary examination fee and 3 passport size photographs along with this form.

INSTRUCTOR'S SIGNATURE

PARENT'S SIGNATURE
(If the student is below 18 years)

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

GRADE PASSED

CERTIFICATE NO:

ISSUED ON