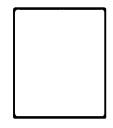
CHIEF TECHNICAL DIRECTOR & EXAMINER KYOSHI THOMAS K J 7TH DAN BLACK BELT KARATE, CHINESE NINJA 3RD DAN, TAEKWONDO 1ST DAN, SHAOLIN KUNG FU BLACK BELT & KALARIPAYATTU





OKINAVAN SHITO RYU KARATE DO INDIA AFFILIATED TO

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	SEXWEIGHT
ADDRESS FOR COMMUNICATION		
PRESENT BELT	NAME OF THE STYLE	
7/50		177
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	APPLICANT'S SIGNATURE
	(If the student is below 18 years)	
	FOR OFFICE USE ONLY	

GRADE PASSED CERTIFICATE NO: ISSUED ON