



## APPLICATION FORM



# WORLD SHOTOKAN FEDERATION OF INDIA KARATEACADEMY

## WINNERS KARATE FOUNDATION

(ISO 9001-2015 APPROVED ORGANIZATION)

Reg.: MAH/1468/2019/THANE

Dojo No. \_\_\_\_\_

Sr. No. \_\_\_\_\_

Full Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel : (Residential) \_\_\_\_\_ Mob.: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel No. (Office): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex : \_\_\_\_\_ E-mail: \_\_\_\_\_

Whether Physically Disabled : \_\_\_\_\_

Whether the applicant has suffered from any serious diseases, given details:

\_\_\_\_\_

Reason for Joining : \_\_\_\_\_

I hereby affirm that details given by me are true and that I am joining the class on my will. I also confirm that I will not hold the institution or the masters or the follow students responsible for any injuries / mishap that may occur to me during the course of my training.

Note :

- 1) Fee Once paid will not be refunded back.
- 2) No Negotiations shall be entertained.
- 3) Yearly one Camp Compulsory.

Date of Joining \_\_\_\_\_

(.....)  
Signature of Applicant  
(Signature of Parent / Guardian)