

ACADEMY OF SELF DEFENCE & MARTIAL ARTS RESEARCH INDIA



ORGANISED BY

SARBAPALLY

Bandel Station Road, Gholakal,
Near Bally More, Hooghly-712103



Form No.:

KARATE

YOGA

KICK BOXING

SELF DEFENCE

Admission Form

NAME :

FATHER'S NAME:

DATE OF BIRTH : QUALIFICATION:

HIGHT: WEIGHT: SEX: BLOOD GROUP :

POSTAL ADDRESS :

..... PIN.

CONTACT NO. GUARDIAN CONTACT NO.

RECENT
COLORE
PHOTO
3 COPIES &
XEROX OF
VOTER CARD

I, herewith solemnly take OATH that:

- ☯ I shall devote my physical, vital, mental and spritual development. ☯ I shall be healthy, happy and helpful citizen through sincerity & efficiency. ☯ I shall use this Martial Arts for recreation, self defense & defense of my Motherland. ☯ I shall respect and obey my instructor & my superior Karate Ka. ☯ I shall love and help my fellow Karate Ka.

Signature of the Student

***"I agree that my word is physically fit to join ACADEMY OF SELF DEFENCE & MARTIAL ARTS RESEARCH , as certified by my Physician[I agree that he/she will be trying his / her best to follow up the text of OATH]. I also agree the scientific karate like ACADEMY OF SELF DEFENCE & MARTIAL ARTS RESEARCH is less hazardous than many other sports. I further agree that in case of any accidental injury to my words, during practice, I shall be full responsibility of all treatment."

Office use only

Signature of the Instructor

Use Medicine:

Signature of the Guardian

Date:

HEAD OFFICE

13/175, BABUGANJ BOYS CLUB, BABUGUNJ LANE, P.O. & DIST.- HOOGHLY, PIN.-712103, W.B.
MOB. 09477531560, 07980484960 PH.- 033-2680-2313. # E-Mail: swaprakashroy@rediffmail.com

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Web: www.asdmari.in