

# WORLD MARTIAL ARTS COMMITTEE – INDIA

Reg. under: Section 8, Indian Notaries Act 1952 (Reg. No.: 002 of 2022) Affiliated to: NYKS, MoYAS Government of India (Affil No.: 62213663)

Headquarters: 277 Nayabad, New Garia, Kolkata 700094, India

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## MEMBERSHIP APPLICATION FORM (MAF)

### **BASIC INFORMATION:**

NAME : \_\_\_\_\_  
MOTHER'S NAME : \_\_\_\_\_  
FATHER'S NAME : \_\_\_\_\_

DATE OF BIRTH (DD / MM / YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_; BLOOD GROUP: \_\_\_\_\_

PLACE OF BIRTH : \_\_\_\_\_

NATIONALITY : INDIAN (BY BIRTH); CATEGORY: \_\_\_\_\_ (General / SC / ST / OBC / Minority)

MARITAL STATUS : \_\_\_\_\_ (SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED)

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_; STATE: \_\_\_\_\_; PIN CODE: \_\_\_\_\_

PHONE NUMBER : + 9 1 – \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

GOVERNMENT ID PROOF: \_\_\_\_\_ (AADHAR) (For verification photograph & address)

GOVERNMENT ID CARD NUMBER: \_\_\_\_\_ (AADHAR)

### **EDUCATION:**

CURRENT SCHOOL / COLLEGE / UNIVERSITY: \_\_\_\_\_

CURRENT STANDARD / SEMESTER: \_\_\_\_\_ (FOR SEMESTER ✓ - DIPLOMA / UG / PG / PHD)

HIGHEST EDUCATIONAL QUALIFICATION: \_\_\_\_\_

\_\_\_\_\_ (Class 8, Secondary, Higher Secondary, Graduation, Post Graduate, Doctorate)

% OF MARKS (BEST OF 4) \_\_\_\_\_ % (MARKSHEET REQUIRED FOR APPOINTMENT IN THE B.O.D.)

### **SPORTS:**

All required sports documents are to be attached to this form. In case, form is being submitted online, it is mandatory to provide the copy of Aadhar, Education Marksheet and all required Sports Certificate along with this form IN A SINGLE PDF FILE and is to be sent to [administration@wmacindia.co.in](mailto:administration@wmacindia.co.in)

I hereby confirm that all the information given above is true to the best of my knowledge and I will be liable to disciplinary actions taken by the committee if the above stated information is found untrue. I understand that just the filling up of this form does not guarantee my position in the organisation and if my application is accepted by the concerning authorities, I will uphold the integrity and sovereignty of the Association and to the best of my ability observe, defend and protect the best interests of the organisation.

(Please sign above)

NAME: \_\_\_\_\_

PLACE : \_\_\_\_\_

DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_