



WORLD MARTIAL ARTS COMMITTEE – INDIA

Affiliated to: Nehru Yuva Kendra Sangathan, Ministry of Youth Affairs and Sports, Government of India(Affiliation Number 3663/NYK/6221/2223)

INTERNSHIP APPLICATION FORM

NAME : _____

FATHER'S NAME : _____

MOTHER'S NAME : _____

ADDRESS : _____

DATE OF BIRTH : _____(DD)_____(MM)_____(YYYY)

SEX : ☐ MALE ☐ FEMALE
☐ TRANSGENDER ☐ PREFER NOT TO SAY

BLOOD GROUP : _____

PHONE NUMBER : _____

EMAIL : _____

GOVERNMENT ID TYPE : _____

(EG. AADHAR / VOTER) FOR ADDRESS AND PHOTO VERIFICATION

OCCUPATION : _____
(Service / Entrepreneurship / Student / Unemployed)

EDUCATION : _____ (10 / 10 + 2 / UG / PG / PhD)

MARKS OBTAINED : _____ (In percentage)

FOR STUDENTS:

NAME OF ASSOCIATION: _____

STANDARD/SEMESTER : _____

IDENTITY NUMBER : _____
(PROVIDE SCHOOL / COLLEGE IDENTITY CARD)

DECLARATION

I do accept that:

- 1. All the above information provided in this form is true to the best of my knowledge and I am liable to action taken by the authority for cases of wrong information.**
- 2. I will faithfully execute all my duties and obligations and will not perform malicious tasks or wrongdoings, and that if found guilty, I will be liable for disciplinary action taken by the holder of the higher office of the Administration.**
- 3. I have attached the photocopies of the:**
 - a. Photo Identity Card as a proof of Address**
 - b. Photograph**

Thanking you

(Full Signature of Applicant)

NAME: _____

DATE: _____

FOR OFFICIAL USE ONLY

I do hereby after the completion of the verification of all documentations and other official formalities forward this for further procedures.

(Signature and Seal of Approver)

Headquarters, WMAC INDIA