

# 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)

## **MEMBERSHIP APPLICATION FORM**

NAME	:		
FATHER'S NAME	: <u> </u>		
MOTHER'S NAME	E:		
ADDRESS	:		
	:(DD)		
SEX	•	□ FEMAL □ PREFEI	
BLOOD GROUP	:		
PHONE NUMBER	:		
EMAIL	:		
GOVERNMENT ID	D TYPE:		
	(EG. AADHAR / VOTER) F	OR ADDRESS AND PH	OTO VERIFICATION
	: neurship / <mark>Student / Unemploy</mark>	ed)	
FOR STUDENTS:			
NAME OF ASSOCI	IATION:		
	ESTER :		
IDENTITY NUMBI (PROVIDE SCHOO	EER : OL / 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)	
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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