

JTK INDIA

SHOTOKAN TRADITIONAL KARATE-DO ASSOCIATION (STKA)



AFFILIATED TO : JAPAN TRADITIONAL KARATE ASSOCIATION (J.T.K.)

Approved By: Karate India Organisation (KIO) * *Member Of:* Karate Association Of Bengal (KAB)

WKF Recognized By: International Olympic Committee (IOC)

KIO Member of :- World Karate Federation (WKF), Asian Karate Federation (AKF), South Asian Karate Federation (SAKF)

Administrative Office : 18/2/2, Binod Behari Aditya Lane (Fingy Apartment, Ground Floor, Flat- C, Baksara, Santragachi, Howrah, West Bengal - 711110



9830451446 / 9062715446



www.shotokankarate.in



karateaminali@gmail.com

ADMISSION FORM

Date:

To,
The General Secretary,
JTK INDIA/ Shotokan Traditional Karate-Do Association (STKA)

Respected Sir,

I would like to join your institute and for that I am enclosing herewith to full details of any BIO-DATA on your kind consideration.

(USE ONLY BLOCK LETTERS)

Name Of the applicant Mr./Mrs.

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Father's/Guardian's Name :-

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State :

Nationality:

Religion:

Date of birth:

Age Gender:

Weight(Kg): Height (Cm)

Mobile No.

Educational Qualification:

Other Qualification:

ONLY FOR OTHER ASSOCIATION STUDENTS

Present Kyu or Dan in Karate Do

Received From:

Awarded By (Name of the Instructor)

Address of the Institution from where you received your Kyu/Dan:

I do hereby request for my admission in your Institute, I confirm that all the above information is correct and promise to abide by the rules and regulations of **JTK INDIA / Shotokan Traditional Karate-Do Association (STKA).**

Yours Faithfully.

Signature of the Applicant

Signature of the Guardian

For Office Use Only

Name of the branch : _____

Registered Number: _____ Date: _____

JTK INDIA

For Office Use Only

SHOTOKAN TRADITIONAL KARATE-DO ASSOCIATION (STKA)

CHIEF INSTRUCTOR : SHIHAN AMIN ALI (5TH DAN Black Belt)

Name of The Applicant : _____ Date: _____

Dojo Name: _____ Gender (M/F) _____

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Signature of the instructor