

## **INSTITUTE OF SHOTOKAN KARATE UNITED - ISKU**

(Accorded By: International Shotokan Karate United-ISKU)

## **INSTRUCTOR, EXAMINER & JUDGE AUTHORIZATION FORM**

NOTE: Please Attach Photo Copy of any Id & Address Proof, your Bio-Data, and present DAN Rank Certificate with this form. To be filled in BLOCK LETTERS only.

Name	
Date of BirthSex: Male Femal	e 🗌 📗
Blood Group	COLUMN CONTROL OF COLUMN CONTROL CONTR
Present DAN Rank	Affixed Photo
Karate Experience years	
School/ Club Name	
Permanent Address	
Street	
City / Zip	
State / Region	
Country	
Tel. No	II
E-mail	
Website	
Instructor Name	
I agree to abide the rules & regulations of the Organization.	
 Date	Signature of Applicant
Official use only	
REGISTRATION No. Instructor Status Examir	ner Status Judge Status