JAPAN KARATEDO MARUYOSHIKAI ORGANIZATION

JKMO INDIA SHOTOKAN







APPLICATION FORM			
Name (In block letters)	:		Photo
Address	:		
Father's/Parent's/Guardian's Name	:		
Date of Birth	:		
Educational Qualification	:		
Profession	:		
Are you physically fit for Karate/Yoga tra	ining :		
If studied Karate, Style & Present Grad	le :		
Date on which promoted to the present	grade:		
Phone Number	:		
E-mail address	:		
Blood Group	:		
I do hereby promise to abide by	the rules and	regulations of JKMO INDIA.	
Date:		Yours faithful	lly,
Signature of the Parent :		Signature :	
Name :		Name :	
	OFFICE	USE ONLY	
Date of Admission :		Insturctor: (sd)	
Grade to which admitted :		Name :	
Remarks, if any :		Dojo :	
	Count	er signed	
	Shihan Dr. Sh	naji S. Kottaram	

(President & Chief Technical Director)