

Sushan's Karate-Do Academy



Affiliated with: Kalimpong District Karate-Do Association(KDKA)
Member: Karate-Do Association of Bengal(KAB) & Karate Association of India(KAI)
Recognized By: Bengal Olympic Association, Indian Olympic Association & Govt. of India(Ministry of Youth Affairs & Sports)



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APPLICATION FOR THE TEST OF _____ BELT _____ KYU/DAN

NAME OF THE APPLICANT: _____

ADDRESS : _____

DATE OF BIRTH: _____ AGE: _____ PRESENT DOJO: _____

NAME OF THE INSTRUCTOR _____

REGISTRATION NUMBER _____ BLOOD GROUP _____

DATE OF LAST CERTIFICATION (Enclosed Certificate) _____ PRESENT GRADE/BELT _____

DETAILS OF THE TOURNAMENTS / CAMPS ATTENDED:-

- (i) _____
(ii) _____
(iii) _____
(iv) _____

RULES AND REGULATIONS

1. I / My ward hereby undertake that the above mentioned information is true and correct to the best of my knowledge and no information has been willingly altered or cancelled.
2. I / My ward undertake to abide by the decision of Sensei Sushan Thapa, Chief Instructor/ Technical Director of West-Bengal Dhammika Kai Shito-Ryu Karate-Do Association, and Sushan's Karate-Do Academy & Hanshi Rajnesh Choudhary ,Chief Technical Director, All India Dhammika Kai Karate-Do Federation regarding eligibility to appear for the test.
3. I / My ward understand that the Technical Director's decision will be binding and no reasons, whatsoever, shall be provided to the applicant / guardian regarding acceptance / rejection of the application.
4. I / My ward also understand that acceptance of this application do not imply / guaranteed success in the test.
5. I / My ward promise to pay the required test – fee, as informed, before the date of the test; this fee not being refundable under any circumstances.
6. I / My ward also promise to take part in all the activities conducted under the banner of Sushan's Karate-Do Academy & West-Begal Dhammika Kai Shito-Ryu Karate-Do Association/All India Dhammika Kai Karate-Do Federation
7. If I / My ward fail to abide by the rules mentioned above and the Karate-Do Academy's rules & regulation, I understand that the disciplinary action may be taken against me, including cancellation of my certificate, dismissal from the Dojo / Academy, etc.

I HAVE NO OBJECTION FOR THE ABOVE MENTIONED STUDENT APPEARING FOR HIS / HER TEST.

Place: _____

Signature of Students/parents

Date: _____

Signature of Instructor

For Official Use

Final Result:-Pass/Retest/Fail

Certificate number issued:

Date of issued:

Signature of Chief Instructor/Examiner