

SHOTOKAN INDIAN KARATE - DO ASSOCIATION

松濤館 印度人 空手道 協会



Member In: Karate India Organisation.
Affiliated To : World Shotokan Karate - Do Federation. Japan.
Recognized By: World Karate Federation (WKF),
Japan Karate Federation (JKF), International Olympic Committee

Organization/ State / District / Club /Dojo Registration Form

Affiliation requested for Organization / State / District / Club / Dojo:		
Name of the Organization / State / District / Club /Dojo:	Affix photo here	For the Year Amount Paid Rs. _____ (In Words below)
Name of the Instructor / Representative	Age / Sex	Present Dan Grade License Number (for existing Instructors)
NOTE : Please Attach Photo Copy of ID & Address proof		For office use Only Affiliation Number Date
Please attach your Bio-Data & Karate History & Photocopy of Present Dan Rank Certificate. To be filled in Block letters only.		Authorized Signatory

abide with all the rules and regulations of SIKA

Date _____ Place _____

Signature of the Instructor

I hereby declare the above statements are true to my Knowledge and recommend sanction of Registration for above Organization/ State / District /Club/ Dojo.

Signature of the Recommender

(Preferably Senior Instructors of SIKA)

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Details of Affiliated District

Name of the Applicant:		
Present Dan Grade:		
Name of the District:		
Name of the Dojo:		
Address:		
Phone Number – Residence/Office :		Mobile:
Date of Joining :		
Learning Experience in Karate :		
Teaching Experience in Karate:		
Number of branches you have in your districts in detail:		
Number of Students You have in the District:		
Number of black belt instructors in your District (With details of Name & Grade):		
Are you a member of any Registered body (Please give detail):		
Date:	Place:	Signature of the Applicant:
Signature of the District In Charge:		
To be forwarded by the State in charges		
Chief Instructor:	Representative:	

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Application form for Instructor License

Name of the Applicant	Age / Sex	District
Address of the Applicant Tel. No.	Grade	Certificate No/ Date
		Passport size photo
Name & Address of the Instructors Under your Control		Grade of Instructor

I hereby promise to abide by the Rules and regulations of **SIKA**.

Date:

Place:

_____ **Signature of the Applicant**

The above Information is true to my Knowledge and I recommend issuance of above License to the Applicant.

Name & Designation of the Recommender:

Signature of the Recommender:

Grade: _____

Place: _____

Date: _____