Student Application Form

Seiken-Kai India Karate Academy

Seiken-Kai

正拳会

HQ & Regd. Office: Rejuv Ayurveda Complex, P-94, CIT Road,Scheme-IV M,
(Near Ratna Cabin), Kolkata-700 010.

Branch/Dojo: State

Date of Admission: Enlisted at HQ on:

Date of Birth: Age:

Branch SL. No: HQ. Regn. No. :

NAME: Mr/Mrs/Ms

FATHER/GUARDIAN NAME

ADDRESS(PRESENT)

PIN

PHONE WHATSAPP

ADDRESS(PERMANENT)

PIN

Email Id

Affix a passport size photo & attach two photographs separately

Has he/she ever been a member of a karate club?

Yes No Last belt obtained Kyu Style

(Please attach a copy of your previous belt certificate)

Declaration for Admission: It is declared that the Academy in no event shall be responsible for any sort of injury/hurt Sustained by many wards during training and no legal action, whatsoever, shall lie. This declaration is given voluntarily, without undue influence/coercion with sound health and mind. Accordingly I/my ward take(s) admission to this Academy. I/my ward shall abide by the Rules & Regulations issued by Governing Body from time to time.

(Signature of the Guardian)
In Case of Minor Applicant

(Signature of the Applicant)

Signature & Seal,
Dojo Instructor

Signature & Seal,
State Head

Signature & Seal,
HQ.