

# ROYAL SEISHINKAI SHITO-RYU KARATE-DO SCHOOL

**Affiliated To: All India Seishinkai Shito – Ryu Karate-Do Federation**

**MEMBER OF: KARATE INDIA ORGANISATION & KARATE ASSOCIATION OF BENGAL**

**APPROVED BY: BENGAL OLYMPIC ASSOCIATION**

**RECOGNIZED BY: WORLD KARATE FEDERATION (WKF)**

**SOUTH ASIAN KARATE DO FEDERATION (SAKF)**

**ASIAN KARATE DO FEDERATION (AKF)**

**INDIAN CHIEF: HANSHI PREMJI SEN, 8TH DAN BLACK BELT**



Website: [www.royalkarate.com](http://www.royalkarate.com), Email: [royalkarate1@gmail.com](mailto:royalkarate1@gmail.com), PH: 7031230169/7908761409

FORM RS.- 550/-ONLY  
PROSPECTUS RS.- 300/-ONLY

FORM NO:

(Use in capital letter)

1. NAME OF THE APPLICANT:.....

2. FATHER'S NAME:.....

3. FATHER'S PROFESSION (Full designation) :.....

4. MOTHER'S NAME:.....

5. MOTHER'S PROFESSION (Full designation) :.....

6. PERMANENT ADDRESS : VILL+P.O.....

..... P.S:.....

DIST:..... PIN:..... PHONE:.....

GENDER-(Please tick) MALE  FEMALE  DATE OF BIRTH :...../...../..... HIGHT:.....

WHAT'S APP NO:..... E-MAIL ID:.....

7. EXPERIENCE IN ANY MARTIAL ARTS OR KARATE-DO (please tick) > yes  NO

(IF 'YES' FILL IN THE BLANK AND ATTACHED DOCUMENT)

A) NAME OF MARTIAL ARTS:.....

B) NAME OF YOUR INSTRUCTOR OR STYLE CHIEF.....

C) KYU/RANK:..... CERTIFICATE NO:..... ISSUING DATE:.....

8. I AM ENCLOSING HERE WITH MY MEMBERSHIP FEES:..... BY CASE/BANK DRAFT NO.....

9. PURPOSE (please tick)

T.V PROGRAM	NEWS PAPER	DEMOSTRATION
BANNER	STUDENTS	OTHERS

I.....hereby declare that the above mentioned particulars are true to the best of my knowledge. I undertake to be abiding the rules & regular of R.S.K.S and will not make it's instructor / organization responsible for any accident injury caused to me during training/test tournament due to my negligence. I shall be sincere and loyal to my senior/instructor all the time..

\_\_\_\_\_  
**Signature of the Applicant**

\_\_\_\_\_  
**Signature of the Guardian's**

FORM NO :

**FORM APPLICANT COPY**

NAME OF THE APPLICANT:.....

MEMBERSHIP FEES :..... TO Rupees In Word:.....

DATE:.....

\_\_\_\_\_  
**Signature of the Authority with Seal**

