



FORM No.....

国際シヨット集空手団体
Shotokan Karate Do International Organization

BLACK BELT EXAMINATION FORM

NAME OF THE APPLICANT.....

FATHER'S NAME.....

DATE OF BIRTH..... NATIONALITY..... MOBILE.....

E-MAIL..... BLOOD GROUP..... SEX WEIGHT.....

ADDRESS FOR COMMUNICATION.....

PRESENT BELTNAME OF THE STYLECERT. NO

CHIEF INSTRUCTOR NAME.....

AFFILIATION NO. MOBILE.....

DOJO NAME

SELF-DECLARATION

1. The training and grading test I am undergoing is at my own risk, and neither the Organisation nor the Examiner/ Individual will be held responsible for any accident, which may result in pain, injury, fractures, dislocation, partial / full disablement, unconsciousness of temporary or permanent nature, etc.
2. I fully accept to abide by the decision of the Chief Examiner regarding the result of my grading examination.
3. After receiving the official grading, I shall not practice any other style other than SKIO and shall not appear for any grading examination not accept any belt from other Martial Arts Instructors / Styles / Organisations or Individuals etc. from my country / any other country.
4. I understand that the Grading Examination Fee is non-refundable under any circumstance.
5. I shall uphold the dignity and status of my Organisation. I am submitting the necessary examination fee and 3 passport size photographs along with this form.

INSTRUCTOR'S SIGNSTURE

PARENT'S SIGNSTURE
(If the student is below 18 years)
FOR OFFICE USE ONLY

APPLICANT'S SIGNATURE

GRADE PASSED

CERTIFICATE NO:

ISSUED ON