



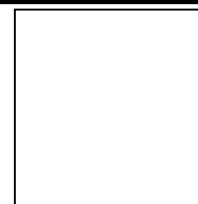
# SHIVAJI ACADEMY OF MARTIAL-ARTS M.P.

Affiliated To: SHITO-RYU, KARATE SCHOOL OF INDIA (SKSI)  
SKSI IS MEMBER OF JAPAN KARATEDO SHITORYU SEIFUKAN  
EMAIL: shivajiacademy05@gmail.com; website : shitoryuseifukan.com



## APPLICATION FOR ADMISSION TO TEST FOR

-----KYU/BELT-----



- Name of the applicant.....
- Father's name.....
- Postal Address.....
- Contact no./Whatsapp.....
- E-mail id.....
- Registration No.....

I hereby declare that after admission to the **Shivaji Academy of Martial Art**, I will follow all the rules and regulations of academy and their **Affiliated Association**.

Date

Signature of Applicant

Signature of Guardian

Signature of Instructor

**SENSEI SHIVA SONI**  
Black Belt 4<sup>th</sup> DAN (JAPAN)  
Chief Instructor M.P.  
Contact – 7691983536

**SENSEI RATNDIP KADBE**  
Black Belt 2<sup>nd</sup> DAN (JAPAN)  
Instructor Sagar Dist.  
Contact - 8128366415

**SENSEI PREMLATA ARMO**  
Black Belt 2<sup>nd</sup> DAN (JAPAN)  
Instructor Raisen Dist.  
Contact – 9165639544

\_\_\_\_\_**FOR OFFICE USE ONLY**\_\_\_\_\_

Exam Date.....Place.....

Name of Coach.....Authorized Signatory.....