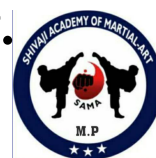




SHIVAJI ACADEMY OF MARTIAL-ARTS M.P.

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



ADMISSION FORM

1. Name
2. Father/Guardian's Name.....
3. DOB.....AGE.....HEIGHT.....WEIGHT.....SEX: MALE ☐ FEMALE ☐
4. Occupation : Applicant.....Father.....
5. Communication Address.....
6. Permanent Address.....
7. Email:.....Contact No.....
8. Purpose of Learning Art.....
9. Whether any Disability/Deformity/Operation Give Details.....
10. Are You connected with any organization / Social Association.....

Terms & Conditions:

- Students should maintain the discipline of academy.
- Student will face punishment in case of improper use of the art.
- Student will not hold academy/School responsible for any accident during the training and karate tournament.

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**.

SIGNATURE OF FATHER/GUARDIAN

SIGNATURE OF APPLICANT

SENSEI SHIVA SONI
Black Belt 4th DAN (JAPAN)
Chief Instructor M.P.
Contact – 7691983536

SENSEI RATNDIP KADBE
Black Belt 2nd DAN (JAPAN)
Instructor Sagar Dist.
Contact - 8128366415

SENSEI PREMLATA ARMO
Black Belt 2nd DAN (JAPAN)
Instructor Raisen Dist.
Contact – 9165639544

FOR OFFICE USE ONLY

Registration Date:.....Registration No.:.....Authorized Signatory:.....