



# 国際使徒会空手連盟

## INTERNATIONAL SHITO KAI KARATE FEDERATION

Registered Trust Act Under Govt.of India | ISO 9001 : 2015 Certified Federation

### EXAMINER AUTHORIZATION FORM

(To be filled in block letters)

Name of Dojo /Club/Association : \_\_\_\_\_

State : \_\_\_\_\_ District: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_

Present DAN Rank : \_\_\_\_\_ Karate Experience Years : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Tel.No : \_\_\_\_\_ Mob.: \_\_\_\_\_

E mail Id: \_\_\_\_\_

I agree to abide the rules & regulations of the Federation

Date : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Applicant

**Note : Please attach Photo Copy of ID & Address Proof, Such as Voter ID Card  
Passport & PAN Card with this Form.**

#### OFFICIAL USE ONLY

<b>REGISTRATION NUMBER</b>

**Instructor Status**

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**Examiner Status**

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Official(s) Signature

Paste  
recent  
Passport Size  
Photograph

**HEAD OFFICE :** ISKF , A 15 , Modal Town, Nijjar Road, Sector 126, Kharar SAS Nagar Mohali Punjab - 140301

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