

# WAKO INDIA KICKBOXING FEDERATION®



**Member:**

World Association of Kickboxing Organizations (WAKO IF)  
WAKO Recognized By: International Olympic Committee (IOC)



## WAKO INDIA BLACK BELT DEGREE REGISTRATION FORM (Fill in block letter only)

UNIT NAME: \_\_\_\_\_

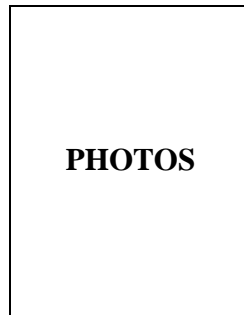
Name: \_\_\_\_\_

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

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

District: \_\_\_\_\_ PIN: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ E. mail: \_\_\_\_\_



WI Regn. No.	Present Rank:	Applied Degree:
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### Martial Arts Experience: Enclose copy of certificates & documents

I, \_\_\_\_\_ do hereby verify that the information given above is correct and true to my belief and agree to abide by all the rules & regulations of the 'WAKO India Kickboxing Federation' and WAKO (IF). I am appearing the Belt Test on my own accord, wish and risk and will not hold the Coaches, Examiners, any other officials, Federation for any accident/mishappening which may occur during the test.

Date:

Signature of Applicant

Place:

### For office use only

Satisfactory/Dis-Satisfactory/Retest:	Recommended By:	Approved By:
Authorized Examiner	State President / Secretary	WAKO India (HQ)

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