

WAKO INDIA KICKBOXING FEDERATION®



Member:

**Recognized By: Ministry of Youth Affairs & Sports, Govt. of India
World Association of Kickboxing Organizations (WAKO)**

Recognized By: International Olympic Committee (IOC)



WAKO INTERNATIONAL BLACK BELT DEGREE REGISTRATION FORM

STATE / UNIT: _____

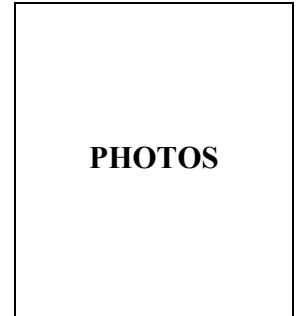
Name: _____ Surname _____

Date of Birth: _____ Sex: _____

Address: _____

District: _____ PIN: _____

Mobile No.: _____ E. mail: _____



WI Regn. No.	Present Rank:	Applied Degree:
---------------------	----------------------	------------------------

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/mis happening 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)

Format No. WI/2018/011