



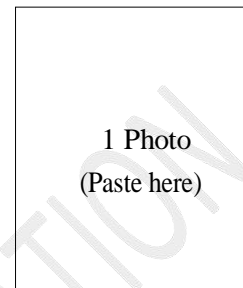
**TORA SHOTOKAN KARATE ASSOCIATION**

Reg :KKD/CA/443/2020

**Email:** [tskaheadquaters@gmail.com](mailto:tskaheadquaters@gmail.com)

**Website:** [www.torashotokan.com](http://www.torashotokan.com)

**CLUB/ INDIVIDUAL APPROVAL FORM**



Name of the Person/Club: \_\_\_\_\_

Name of Representative State/District: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Mobile. No. \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_ State. \_\_\_\_\_ Pin Code: \_\_\_\_\_

**Undertaking:** I/We the undersigned hereby declare and confirm that the information furnished here are true and approval of our Karate association/club/academy from **TORA SHOTOKAN KARATE ASSOCIATION (TSKA)** is subject to abide by the rules and regulations and terms & conditions of TSKA to be strictly followed by us and our members. I/We also understand that TSKA reserves the right to accept or refuse the application and cancel the approval any time in case of found involved in anti-TSKA/Karate activity or against the TSKA and the interest of the sports of Karate. The undersigned is in agreement of the condition that all the disputes/issues related to the approval/membership/affiliation or any Karate activities/Organization shall be referred to the arbitrator appointed by TSKA and the place of the arbitration shall be at KERALA only and the decision/order of the arbitrator shall be final, conclusive and binding.

\_\_\_\_\_  
Signature of Representative

Dated:     /     / 2021

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

Position/Designation: \_\_\_\_\_

For Office use only



\_\_\_\_\_  
Verified by General Secretary

\_\_\_\_\_  
Approved by Chairman

Approval/ID No. \_\_\_\_\_/TSKA/APP/21

Issued on \_\_\_\_\_