



PHOTO
(Signature below the photo)

Tora Shotokan Karate Association

www.torashotokan.com

虎松濤館空手協会

BLACK BELT EXAMINATION FORM

NAME OF THE APPLICANT.....

FATHER'S NAME.....

DATE OF BIRTH..... NATIONALITY..... MOBILE.....

E-MAIL..... BLOOD GROUP..... SEX WEIGHT.....

ADDRESS FOR COMMUNICATION

PRESENT BELTNAME OF THE STYLECERT. NO

INSTRUCTOR NAME.....

Coaching license NO..... MOBILE.....

DOJO NAMEstate/district.....

SELF-DECLARATION

1. The training and grading test I am undergoing is at my own risk, and neither the Organization nor the Examiner/ Individual will be held responsible for any accident, which may result in pain, injury, fractures, dislocation, partial / full disablement, unconsciousness of temporary or permanent nature, etc.
2. I fully accept to abide by the decision of the Chief Examiner regarding the result of my grading examination.
3. After receiving the official grading, I shall not practice any other style other than TSKA and shall not appear for any grading examination not accept any belt from other Martial Arts Instructors/ Styles / Organizations' or Individuals etc. from my country / any other country.
4. I understand that the Grading Examination Fee is non-refundable under any circumstance.
5. I shall uphold the dignity and status of my Organization. I am submitting the necessary examination fee and 3 passport size photographs along with this form.

FOR OFFICE USE ONLY

Submitted by	submitted by	verified by	approved by
District chief instructor	State chief instructor	National chief instructor	Chief instructor

GRADE PASSED

CERTIFICATE NO:

ISSUED ON