



PHOTO

(Signature  
below the  
photo)

# Tora Shotokan Karate Federation

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

虎松濤館空手道連盟

## 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 BELT .....NAME OF THE STYLE .....CERT. NO .....

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INSTRUCTOR NAME.....

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

DOJO NAME .....State/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 TSKF 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

Verified by

approved by

General Secretary

Chief Instructor