



District Taekwondo Academy

Paralakhemundi, Gajapati, Odisha, India, Regd. No. - 04/08-09

APPLICATION FORM

| | | | |
|---------------------------|---------------------|--------------------|-----------------------|
| Admission For: | New / Fresh Joining | Colour Belt Course | Black Belt DAN Course |
| Name: | First Name | Middle Name | Last Name |
| Mother's Name: | First Name | Middle Name | Last Name |
| Father's Name: | First Name | Middle Name | Last Name |
| Present Address: | At/Village: | GP/Po: | Block/Via: |
| | PS: | Town: | District: |
| | State: | Country: | Pin: |
| Permanent Address: | At: | Po: | Via: |
| | PS: | Town: | District: |
| | State: | Country: | Pin: |
| Date of Birth: | DAY | MONTH | YEAR |
| Date of Apply: | DAY | MONTH | YEAR |
| Caste: | SC | ST | OBC |
| Religion: | Hindu | Muslim | Khristian |
| Gender: | Male | Female | Other |
| Nationality: | | | Blood Group: |
| Height: | IN CM | Weight: | IN KG |
| Occupation: | Student | Service | Business |
| Contact No.: | | | WhatsAap No. |
| E-Mail ID: | | | |

DECLARATION

I, the undersigned, promise to abide by the rules and regulations of District Taekwondo Academy, Paralakhemundi, Gajapati, Odisha. If I found guilty for disobeying, I am fully aware that my membership terminates automatically.

Signature of Guardian

Signature of Applicant