



DISTRICT TAEKWONDO ACADEMY

Paralakhemundi, Gajapati, Odisha – 761200, Regd. No. 04/08-09

taekwondogajapati2003@gmail.com 9861418487, 8895430665

Website: taekwondogajapati.com

REGISTRATION FORM FOR THE PRE-TEST (BLACK BELT)

To

The Secretary
District Taekwondo Academy
Paralakhemundi, Gajapati, Odisha

(WRITE IN CAPITAL LETTER ONLY)

ID. No.

Current Belt Position:

Name	First																			
	Middle																			
	Last																			
Address	At																			
	Po																			
	Via																			
	District																			
	State																			
	Nationality																			
	Tel./Mob:		+	9	1															
E-mail ID:																				
Date of Birth		D	D	M	M	Y	Y	Y	Y	Gender										
Date of Admission		D	D	M	M	Y	Y	Y	Y	Male	Female	Other								
Current Grade		BLACK STRIP																		
Certificate No.																				
Date of Issue		D	D	M	M	Y	Y	Y	Y	Student	Business	Service								
Appearing for the Test		PRE-TEST									BLACK BELT 1 ST DAN									
Year of Last Participation	District	(Y/N)	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
	State	(Y/N)	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
	National	(Y/N)	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Name & Address of Association																				
Tel./Mob. No. of Association																				
E-mail ID of Association																				

DECLARATION

The above information given by me is true to the best of my knowledge and belief. If any misinformation is found, I may be liable for punishment awarded by the authorities.

Date of Application:

Signature of the Applicant