



DISTRICT TAEKWONDO ACADEMY

Paralakhemundi, Gajapati, Odisha – 761200

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To

The Secretary
District Taekwondo Academy
Paralakhemundi, Gajapati

Application for Internal Test (POOM/DAN)

Name	First											Date of Birth	Year	Y	Y	Y	Y	Photo			
	Middle												Month	M	M	M	M				
	Last												Day	D	D	D	D				
Address	At											Gender									
	Po											Current Grade									
	Via											DAN Certificate No.									
	District											Date of Issue		D	D	M	M	Y	Y	Y	Y
	State											DAN / Poom Applied for		POOM / DAN							
	Nationality											Internal Test for		1st	2nd	3rd	4th	5th	6th	7th	8th
	Tel./Mob:	+	9	1								Internal Test for		IMPROVEMENT			(Y/N)				
E-mail ID:												Date of Application		D	D	M	M	Y	Y	Y	Y
Year of Last Participation		District	(Y/N)					State	(Y/N)			National	(Y/N)								
Name & Address of Association																					
Tel./Mob. No. of Association																					
E-mail ID of Association																					

DECLARATION

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

Applicant