



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				Y	Y	Y	Y
	State											DAN / Poom Applied for				POOM / DAN			
	Nationality											Internal Test for				h	7th	8th	
	Tel./Mob:	+	9	1									Internal Test for				IMPROVEMENT / NO		
E-mail ID:												Date of Application				Y	Y		
Latest Participation		District										State			National				
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.

Signature of Applicant