



# 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 (BELT STRIP STUDENTS)

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																					Gender		
Date of Admission																					Male	Female	Other
Current Grade																							
Certificate No.																							Occupation
Date of Issue																							
Appearing for the Test	PRE-TEST																						
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 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