



YUDANSHAKAI KARATE INTERNATIONAL

56/6, Akhil Padmashali Samaj Marg 6th Lane, S. P. Road, Nagpada, Mumbai-400008.

Mobile: 9833306126. Email: sadanand.padma@gmail.com

APPLICATION FOR AUTHORISED INSTRUCTOR

PHOTO

To,
The Grandmaster

Dear Sir,

I wish to apply my self for authorized instructor under the above mentioned association and I will teach martial arts under the rules & regulation of Y.K.I. As below mentioned everything is true & correct from my site. I attached three-passport size photographs with this form.

APPLICANT NAME: _____

RESIDENCE ADDRESS: _____

CONTACT NUMBER: _____ SEX (M/F): _____

DATE OF BIRTH: _____ AGE: _____

DOJO NAME: _____

DOJO ADDRESS: _____

LIFE MEMBERSHIP CARD NUMBER: _____ ISSUED ON: _____

PRESENT RANK: _____ CERTIFICATE NUMBER: _____

ISSUED FROM: _____

YEAR OF EXPERIENCE IN MARTIAL ARTS: _____ NUMBER OF DOJOS: _____

NUMBER OF INSTRUCTORS: _____ NUMBER OF STUDENTS: _____

SENIOR INSTRUCTOR NAME: _____

GRAND MASTER NAME: _____

SIGNATURE OF
INSTRUCTOR IN CHARGE

SIGNATURE OF
SENIOR INSTRUCTOR

Date: _____