



# YUDANSHAKAI KARATE INTERNATIONAL

56/6, Akhil Padmashali Samaj Marg 6<sup>th</sup> 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: \_\_\_\_\_