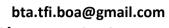


## **BENGAL TAEKWONDO ASSOCIATION**

71\1, CANAL CIRCULAR ROAD, KOLKATA-700 054





FILL ALL DETAILS IN BLOCK CAPITAL LETTERS & NUMBER THE PAGES USED (1 of 1 / 1 of 2 / 1 of 3 / 1 of 4 ETC.)

NAME OF ORGANIZATION (SCHOOL\CLUB)	
1 <sup>st</sup> LEVEL OFFICIAL: NAME & CONTACT NO.	
2 <sup>nd</sup> LEVEL OFFICIAL NAME & CONTACT NO.	
3 <sup>rd</sup> LEVEL OFFICIAL NAME & CONTACT NO.	
ORGANIZATION ADDRESS	
EMAIL ADDRESS	
DATE : O	RG.CONTACT-NO. :

## UNIT / CLUB / SCHOOL / ORGANIZATION WISE DETAILS OF BLACK BELT HOLDERS ASSOCIATED WITH THE UNIT

SN	NAME	GEN	D.O.B.	TFI-I-CARD NO.	BLACK BELT WTF NO. & DATE	MOB. NO.

SN	NAME	GEN	D.O.B.	TFI-I-CARD NO.	BLACK BELT WTF NO. & DATE	MOB. NO.