



BENGAL TAEKWONDO ASSOCIATION

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

bta.tfi.boa@gmail.com



APPLICATION FOR INDIVIDUAL REGISTRATION

NAME	:							Attach two passport size photo	
FATHER\GUARDIAN NAME	:								
DATE OF BIRTH	:		GENDER (M/F/O)	:		BLOOD GROUP	:		
EDU. QUALIFICATION	:				OCCUPATION	:			
AADHAR CARD NO.	:				PAN CARD NO.	:			
MOB. NO.	:				WHATSAPP NO.	:			
EMAIL ADDRESS	:								
PASSPORT NO	:		VALID DATE	:	FROM		TO		
RES. ADDRESS	:								
SCHOOL\OFFICE NAME & ADDRESS	:								
GAMES PLAYING AS OF NOW	:								
HOBBIES	:								
ANY MEDICAL CONDITIONS	:								
IN CASE OF EMERGENCY (ICE) TO CONTACT NAME	:								
IN CASE OF EMERGENCY (ICE) TO CONTACT NO.	:								
DISTRICT NAME	:								
COACH NAME	:				MOB. NO.	:			
UNIT / ORG. NAME	:								
UNIT/ CLUB / ORG. ADD.	:								
REG. RCPT NO.	:		DATED	:		AMOUNT PAID	:		

KINDLY ATTACH SELF-ATTESTED CORPORATION BIRTH CERTIFICATE (IN CASE OF MINOR) + ADHAR CARD + PAN CARD

DECLARATION

I hereby declare that all the information provided by me, above is correct. I am personally responsible for any inaccuracy found and shall bear the consequences for the wrong information, provided by me / guardian (for minors).

Date:

Sign. of Guardian (If Minor)

Full Signature of Applicant