



BENGAL TAEKWONDO ASSOCIATION

71/1, CANAL CIRCULAR ROAD, KOLKATA- 700054. Email- bta.tfi.boa@gmail.com



FORM FOR BLACK BELT ATHLETES ASSOCIATED WITH THIS UNIT

BLACK BELT HOLDER NAME	:					Attach two Passport size Photo		
GUARDIAN'S / FATHER'S NAME	:							
IN CASE OF EMERGENCY CONTACT NOS.	:							
DATE OF BIRTH	:		GENDER (M/F/O)	:			BLOOD GROUP	:
MOB. NO.	:			WHATSAPP NO	:			
EMAIL ADDRESS	:							
RESIDENTIAL ADDRESS	:							
DTA/CLUB NAME	:							
DTA/CLUB ADDRESS	:							

WTF BLACK BELT	WTF CERTIFICATE NO.	DATE	TFI REGISTRATION NO.	DATE
1 ST DAN				
2 ND DAN				
3 RD DAN				
4 TH DAN				
5 TH DAN				
6 TH DAN				

ATTACH SELF ATTESTED PHOTOCOPY OF DAN CERTIFICATES + ADHAR & PAN CARDS WITH THE FILLED FORM

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 punishment given by the authorities for the misinformation, supplied by me.

Date:

Signature of the Applicant