

## **BENGAL TAEKWONDO ASSOCIATION**

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



## **BLACK BELT DETAILS FORM FOR REGISTRATION WITH TFI**

BLACK BELT HOLDER NAME	:											Two photos –	
GUARDIAN'S / FAT	:									One pasted & other to have name + district + mobile no.			
IN CASE OF EMERGENCY - CONTACT NOS.													
DATE OF BIRTH	:			GENDER (M/F/O)	:		BLO	OD	GROUP	:		written on back	
MOB. NO.	:				W	HATSAPP NO	o	:					
EMAIL ADDRESS	:												
RESIDENTIAL ADDRESS :													
NR DONE (tick)		YES / NO IF	YES	S THEN FILL	NR	FORM ALS	SO AI	ND	SEND W		H ALL REQU	ISITE DETAILS	
DTA/CLUB NAME	:												
DTA/CLUB ADDRESS :													

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

ATTACH PHOTOS + SELF-ATTESTED PHOTOCOPY OF ALL DAN CERTIFICATES + NR CERTIFICATES (IF ANY) ALSO SELF-ATTESTED ADHAR & PAN CARDS PHOTOCOPIES WITH THE FULLY FILLED-UP 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.

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Signature of the Applicant

Date: