



MANCHURIA KUNG-FU BHARAT
H.O. BLACK LEOPARD KUNG-FU DO (ASSAM)
REGD NO. 87 - 1992 - 93
MKFI AFFILIATION NO. 205, FEDERATION GIMAF

ADMISSION FORM

*Name of Applicants :
(IN BLOCK LETTERS) Male/Female

*Name of Applicants :
Father / Guardian Ph.

*Address of Communication : Ph.

*Date of Birth :

*Blood Group :

*Qualification / Occupation :

*Reason of learning :

*If previous experience any :

*Introduced by
Name & Address :

PLACE :

DATE: Guardian's Signature

DECLARATION

Ihereby declare that the particulars mentioned above are true and correct to the best of my knowledge that I received from the Institute. I am bound to obey the rule and regulations of the Institute or Organisation. I promise to pay the prescribed tuition fees as given in the prospectus and I also understand that the tuition fees once paid by me is not refundable. I agree to the instructions given below.

Signature of Applicant

I have no objection to my Child/Ward joining the classes and also institute, organisation is not responsible for any accidental injury to my Child/Ward during the training Championship.

Signature of Applicant

Date:

Signature of Parents/Guardian

Date:

(FOR SCHOOL USE ONLY)
ADMITTED/REJECTED

Instructor

Date:-



Hony. Tech. Director

Date:-