

KARATE KOKUSAI INDEPENDENT FEDERATION INDIA



Member Of World Karate Do Traditional Confederation

KKIFI Approved By KARATE ASSOCIATION OF INDIA

Recognized By GOVERNMENT OF INDIA (Ministry of Youth Affairs & Sports)

KAI Affiliated by INDIAN OLYMPIC ASSOCIATION (IOA)

World Karate Federation (WKF), Asian Karate Federation (AKF)

Commonwealth Karate Federation (CKF) South Asian Karate Do Federation (SAKF)

WKF Recognised By International Olympic Committee



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Belt Ranking Examination Form

KARATEKA'S NAME			AGE	GENDER		BELT RANK APPLIED FOR
FIRST NAME	MIDDLE NAME	LAST NAME		M	F	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KKIOI REG. NO & DATE	PRESENT BELT RANK & EXAMINATION DATE	NAME OF SCHOOL / CLUB / UNIT	ADDRESS OF SCHOOL/ CLUB / STATE			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

CONTACT NO:

ADDRESS:

DURATION OF PRACTICE	EXAM FEES	NAME OF INSTRUCTOR
<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I hereby agree to abide by the rules and regulations of the **KARATE KOKUSAI INDEPENDENT ORGNISATION INDIA**. I will be loyal and will not go against the orgnisation on any ground. In case of misconduct or violation of the rules and ethics of the orgnisation, I agree to the orgnisation reserving the right to withdraw my KKIOI registration. I am participating in belt test on my own responsibility. I will not claim for any compensation to examination committee and KKIOI for any kind of injury and damage caused during test. But I will allow them to apply first aid medical treatment in such case.

Signature of Instructor

Signature Of Parent's if Minor

Signature of Applicant

FOR EXAMINERS ONLY

KIHON			KATA		KUMITE	REMARKS
STANCE	PUNCH	STRICKS	CONCENTRATION	RHYTHM	OFFENCE	
BLOCKS	KICKS	COMBINATION	POWER	BALANCE	DEFENCE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXAMINATION RESULT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	KYU
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAN

SIGNATURE OF EXAMINER

EXAMINER'S LICENCE NO.