



Registered under the Bombay Public Trusts Act, 1950 P.T.R. No. F-4945 (Mumbai).

ALL INDIA KARATE-DO FEDERATION

RECOGNISED BY : GOVERNMENT OF INDIA & INDIAN OLYMPIC ASSOCIATION (IOA)
Member of : Asian Karate-Do Federation (AKF) & World Karate Federation (WKF)
WKF - Recognized by International Olympic Committee (IOC)

Head Quarter & President's Office : B-5, Radha Vihar, New Sanganer Road, Jaipur - 302 019 (Raj.) INDIA
Ph. : +91 - 141 - 2290875 Fax : +91 - 141 - 2290262 e-mail : rnirvan@datainfosys.net, ramnirvan@yahoo.co.in

APPLICATION FORM FOR APPROVAL OF NEW STYLE/ORGANISATION UNDER AIKF

Name Mr./Mrs./Ms. -----

Address: -----

Date of Birth : -----

Tel. N-----

Mobile No-----Email :-----

Present Style Practice:-----

Your present Dan Grade and date of such grading :-----
(Attach copy of your Dan Grade certificate)

Have you ever held an AIKF Grade? Yes/No If yes, what Dan? :-----

If holder of an AIKF Dan grade :-----
(Attach copy of your Dan grade certificate)

Years of Karate Training :-----
(Attach your Bio-Data)

Style: -----

Have you changed the style of Karate at any time earlier? If so, give the name of the style practiced earlier along with name of instructor, period practiced and reason for changing the style.

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Please provide the following information of your style

Name of the Organisation : -----

Head of the style in India :-----



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Address:-----

Tel. No:----- Mobile No:-----

Fax No _____ Email :-----

Website:-----

Registration Details of your organization:-----

(Attach a copy of the Registration Certificate)

Name of the head of your style (World) and his Dan Grade :-----

Name of the Organisation (World):-----

Address :-----

Tel. No----- Fax No-----

Email :----- Website:-----

Is the style / organisation affiliated / recognised by Japan Karate do Federation?

Yes/No: -----

If yes, then attach a copy of the letter from JKF certifying affiliation/ recognition with JKF

Please note that all attached copies of documents should be true copies.

I hereby confirm that all the information provided above is factual and correct and if found to the contrary, my application and membership if approved, based on the above information, may be revoked.

Applicant's Signature

Date



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APPLICATION FORM FOR RENEWAL OF STYLE/ORGANISATION UNDER AIKF

Name Mr./Mrs./Ms. _____

Address: _____

Date of Birth : _____

Tel. No: Res: _____ Off: _____

Mobile No : _____ Email : _____

Name of the Organisation _____

Website _____

Present Style Practiced : _____

Head of the style in World _____

Name of the Organisation (World) _____

Date of enrollment in AIKF as a style Chief _____

Photo Copy of last approval of your Style _____

I hereby confirm that all the information provided above is factual and correct and if found to the contrary, my application and membership if approved, based on the above information, may be revoked.

Applicant's Signature

Date