



INTERNATIONAL SHITO KAI KARATE FEDERATION

Regd.

Member of International Shito Kai Karate Federation Australia
Registered Trust Act Under Govt. of India | ISO 9001 : 2015 Certified Federation
Regd By : Ministry of Micro, Small and Medium Enterprises (MSME) Govt. of India

Head Office : A 15 , Modal Town, Sector 126, SAS Nagar, Mohali Punjab – 140301
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www.shitokaikarate.com

AFFILIATION FORM

(To be filled in block letters)

Instructor's Name : _____ Date of Birth _____ Age _____

Karate School / Club Name : _____

Address : _____

Affix
Passport
Size
Photo

_____ Pin Code : _____

Mobile No.: _____ Email Id: _____

Number of Dojo _____ Number of Karate Students _____ Karate Part Time / Full Time

Years in Martial Art/Karate _____ Style Name _____

Number of other instructor under the guidance of you _____

What is the reason of joining to the International Shito Kai Karate Federation _____

UNDERTAKING :-

1. If an instructor wants to get the affiliation he/she is required to apply to the Hanshi Vikas Sharma.
2. Your personal progress in your area association will be monitored by ISKKF H.Q. as per rules & regulation of the federation to consider extension of your further membership.
3. I am intending to be legally bound hereby as a condition Membership of ISKKF. I shall not entertain any other organisation and karate instructor.
4. I shall be responsible for suspension if I will work against the above said rules as laid ISKKF from time to time.
5. Without ISKKF No Objection Certificate .I can not join any other organisation/Association/Federation.
6. I will also submit my annual membership fees in time and submit the reports of any dojo/district/state time to time.
7. Your personal progress and also progress of your karate students in your area federation will be monitored by the ISKKF Chief instructor as per rules & regulation of the federation to consider extension of your further affiliation.
8. I am intending to be legally bound hereby as a condition of membership of ISKKF.
9. Only Hanshi Vikas Sharma shall do the grading test of various belts.
10. I have read the above conditions and hereby agree to abide by the rules and regulations sent from time to time of the head office as well as the district and state association and ISKKF with which this style is affiliated. All matters concerning the instructors in India's chief shall be subject only to the jurisdiction of the courts of law at Mohali.

Date: _____

Place: _____

Signature of Authorized Member / Instructor

NAME _____

AFFILIATION : DOJO / DISTRICT / STATE / N/E/W/S INDIA & INTERNATIONAL

Note : Please also enclose with this form following 1. One passport size photo 2. Aadhar Card, front/back
3. Copy of Present rank certificate