



Indian Martial Arts Kung-fu



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Date of Joining:



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Admission Form

Name of the candidate : _____
(Full name in CAPITAL letters)

Father/guardian name : _____

Date of birth

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Gender (tick appropriate box):

M	F
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Qualification :

Whether physically handicapped: _____
(Any birth deformities)

Any habits of smoking, drinking alcohol: _____

Address for Correspondence: _____

Contact Number : Res: _____/Mobile: _____

Email id :

Signature of master

signature of parent

signature of student