



INDIAN GENSEIRYU KARATE-DO FEDERATION (IGKF)
Regd. office :- A-1 Block, 3 rd floor, Makani Mansion, S. B. Road, Colaba,
Mumbai - 400 005, MAHARASHTRA. INDIA Cell no. 09892152197

BLACK BELT EXAMINATION FORM

STATE :- _____

EXAMINATION DATE :- _____

NAME :- _____

ADDRESS :- _____

CITY :- _____ DISTRICT :- _____

DATE OF BIRTH :- _____ TEL. NO . :- _____

MOBILE NO. :- _____ E.MAIL :- _____

PRESENT RANK :- _____

How many DOJO'S do you run :- _____ NO. OF STUDENTS :- _____

ADDRESS :- 1. _____

2. _____

As a black belt are you registered with AIKF recognized Karate Style ? YES / NO

If, yes give details _____

To,

The Examiner,

INDIAN GENSEIRYU KARATE-DO FEDERATION (IGKF)

Mumbai - 400 005,

Respected Sir,

I hereby apply for Genseiryu Karate-do Black Belt Examination and I solemnly declare that I have thoroughly read and understood the rules & regulations and undertake to abide by them.

Thanking you,

Applicant's Signature

Instructor's Signature

State In-charge Signature