

**INTERNATIONAL SHOTOKAN KARATE FEDERATION OF INDIA**

**REQUEST FOR DAN REGISTRATION**

*For purposes of clarity all information must be typewritten. Handwritten forms will be returned.*

Name  PHOTO

Address:   
(Mailing, City, Province, PC)

Telephone #

Registering for  Date of Examination

Examiner  Instructor

Dojo/Club Name

Region/Country

**PERSONAL INFORMATION**

Date of Birth (dd/mm/yyyy)  Sex (M/F)  Height  Weight

Occupation

Last School or College  Degree

**KARATE HISTORY**

When did you begin karate practice? Year  Month

Previous Dan Registrations:

	Date of Exam	Registration No.		Date of Exam	Registration No.
1 <sup>st</sup> Dan	<input type="text"/>	<input type="text"/>	5 <sup>th</sup> Dan	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> Dan	<input type="text"/>	<input type="text"/>	6 <sup>th</sup> Dan	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup> Dan	<input type="text"/>	<input type="text"/>	7 <sup>th</sup> Dan	<input type="text"/>	<input type="text"/>
4 <sup>th</sup> Dan	<input type="text"/>	<input type="text"/>	8 <sup>th</sup> Dan	<input type="text"/>	<input type="text"/>

***I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE JAPAN KARATE ASSOCIATION, I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE JKA AND THE ISKF.***

Student's Signature

**FOR EXAMINER'S USE ONLY**

Rank Awarded  Examiner's Signature

Promotion by:(circle one) EXAMINATION RECOMMENDATION HONORARY Remarks: