NARESH SHARMA

Kyoshi 7th Dan JKSNK (Japan)
Principal Instructor & Head Examiner
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DEVENDRA SHARMA

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JKNSK INDIA

日本空手道信川派糸東流会

Japan Karate-Do Nobukawa-Ha Shito-Ryu Kai India - JAPAN KARATE-DO SHITO-RYU INTERNATIONAL RENSHIKAN -

Registered with Govt of India & Recognized in Japan

Representative Branch of Japan Karate-Do Nobukawa-Ha Shito-Ryu Kai -Nobukawa Recognized Member of Japan Karate-Do Federation (J.K.F), AKF & WKF.

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KYU GRADE EXAMINATION FORM

Name in Full of Cand	didate:						
Parent's/Guardian's	Name:						
Dojo (Training Centr	e) Name:		Mobile No.:				
EXAMINATION FO	OR KYU GRADE	(BELT GRADE): *					
	ue belt) or above v				RY AT JKNSKI. A student sh g Camps. (Please mention th		
The Japan Karate-Do	Nobukawa-ha Shito		ate-Do Sh	 ito-Ryu International Rei	nshikan) teaches a highly tecl I NOT share, demonstrate or t		
written permission from I have NO OBJECTION Kai India (Japan Karar regarding the examinat I agree that Examinat	om JKNSKI headqua I & willingly like to a e-Do Shito-Ryu Inte ation by NARESH SI on fees are payable	rters. apply for the KYU GRADE (rnational Renshikan) and HARMA (Principal Instruct in advance along with the	(BELT) pro also agre- tor & Lice e form an	ocess for my-self / child/ e that participation in EX nsed Examiner of JKNSI d am aware & agree tha	/ward at Japan Karate-Do Nol AM does not guarantee succ	oukawa-ha Shito-Ryu ess and all decisions OT BE REFUNDED IN	
unforeseen circumsta examination form I aç Officials, Instructors, I am aware that Karaf	nces that can lead t ree to accept full re Volunteers shall NO e-Do is primarily a r	o any injuries (both minor sponsibility for my-self / c T be held responsible in a martial art and I agree to a	or major child/ward ny case. ct with fu), mishap, and in some of and declare that JKNSI all responsibility and sha	ticipation in Karate-Do training case even loss of life and by s (I and its Principal Instructor, II NOT MISUSE it in any case. Y & NATION according to the	igning this kyu grade Technical Director, I will only use my	
SIGNATURE : Parei	nt's / Guardian's Sign	ature in case of minor.			DATE:		
		FOR OF	FICIA	L USE ONLY			
Examination Date :		Examination T	ime:		Examination Fees:		
Venue of Exam :		1			'	ı	
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