



DRAGON MARTIAL ARTS ACADEMY

Affiliated With : Seiko Kai Karate Do India
Member Of : Karate Association of India (KAI) & World Karate Federation (WKF)



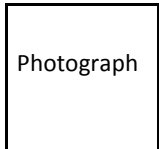
BELT GRADING FORM - KARATE

S. NO. : _____

DATE : _____



NAME (BLOCK LETTERS) _____
REGD. NO. : _____ DOJO (Training Centre) _____
PRESENT BELT RANK : _____ DATE OF ISSUE _____
BELT RANK DUE : _____ DUE DATE _____
TEST APPEARED : _____ DATE OF JOINING _____



(FOR OFFICE USE ONLY - RESULTS)

KIHON		REMARKS
BASIC	ADVANCE	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
<input type="checkbox"/> Punches <input type="checkbox"/> Kicks <input type="checkbox"/> Blocks <input type="checkbox"/> Stances <input type="checkbox"/> Need More Practice	<input type="checkbox"/> Punches <input type="checkbox"/> Kicks <input type="checkbox"/> Blocks <input type="checkbox"/> Stances <input type="checkbox"/> Need More Practice	
KATA	KUMITE	CERTIFICATE NO : _____
<input type="checkbox"/> Rhythm <input type="checkbox"/> Effective Use Of Techniques <input type="checkbox"/> Control & Power <input type="checkbox"/> Spirit & Time <input type="checkbox"/> Need More Kata Practice	<input type="checkbox"/> Effective Use Of Techniques <input type="checkbox"/> Spirit & Time <input type="checkbox"/> Time & Focus <input type="checkbox"/> Rules & Regulations <input type="checkbox"/> Need More Practice	Dojo Instructor's Signature _____
OTHERS		
<input type="checkbox"/> Power <input type="checkbox"/> Timing <input type="checkbox"/> Focus <input type="checkbox"/> Kiai <input type="checkbox"/> Look <input type="checkbox"/> Self- Defence	<input type="checkbox"/> Uniform <input type="checkbox"/> Stances <input type="checkbox"/> Stretching <input type="checkbox"/> Balance <input type="checkbox"/> Physical Fitness <input type="checkbox"/> General Knowledge	<input type="checkbox"/> Mental Attitude <input type="checkbox"/> Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Sincerity <input type="checkbox"/> Loyalty <input type="checkbox"/> Discipline

Fee must be paid before Examination & Monthly Fee must be current.

Undertaking : I _____ Undertake to be abide by the Rules & Regulations of and what will be framed hereafter. I am appearing Belt Test on my wish & Risk and will not hold responsible to the Instructor/ Examiner for any accident caused to me during the test due to my fault. I shall be loyal, faithful & sincere to my Masters and Organisation.

Date : _____
Place : _____

Signature of the Applicant
(Guardians should sign if the applicant is below 16 Years)

Present Address : _____
Phone No : _____