



# DRAGON MARTIAL ARTS ACADEMY

Affiliated With : Association of Kick-Boxing Haryana (AKH)  
Member Of : Kick-Boxing Federation of India (KFI)



## BELT GRADING FORM - KICK-BOXING

S. NO. : \_\_\_\_\_

DATE : \_\_\_\_\_



NAME (BLOCK LETTERS) \_\_\_\_\_  
REGD. NO. : \_\_\_\_\_ TRAINING CENTRE \_\_\_\_\_  
PRESENT BELT RANK : \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_  
BELT RANK DUE : \_\_\_\_\_ DUE DATE \_\_\_\_\_  
TEST APPEARED : \_\_\_\_\_ DATE OF JOINING \_\_\_\_\_



( FOR OFFICE USE ONLY - RESULTS )

BASIC TRAINING		REMARKS
<input type="checkbox"/> Punches	<input type="checkbox"/> Combinations	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory
<input type="checkbox"/> Kicks	<input type="checkbox"/> Effective Use Of Techniques	
<input type="checkbox"/> Blocks	<input type="checkbox"/> Control & Power	NEW RANK _____ KYU / DAN
<input type="checkbox"/> Stances	<input type="checkbox"/> Rhythm	CERTIFICATE NO : _____
<input type="checkbox"/> Stretching	<input type="checkbox"/> Rules & Regulations	
ADVANCE TRAINING		Instructor's Signature _____
<input type="checkbox"/> Punches	<input type="checkbox"/> Combinations	OTHERS
<input type="checkbox"/> Kicks	<input type="checkbox"/> Effective Use Of Techniques	
<input type="checkbox"/> Blocks	<input type="checkbox"/> Control & Power	<input type="checkbox"/> Mental Attitude
<input type="checkbox"/> Stances	<input type="checkbox"/> Rhythm	<input type="checkbox"/> Performance
<input type="checkbox"/> Stretching	<input type="checkbox"/> Rules & Regulations	<input type="checkbox"/> Attendance
<input type="checkbox"/> Power	<input type="checkbox"/> Uniform	<input type="checkbox"/> Sincerity
<input type="checkbox"/> Timing	<input type="checkbox"/> Stances	<input type="checkbox"/> Loyalty
<input type="checkbox"/> Focus	<input type="checkbox"/> Spirit	<input type="checkbox"/> Discipline
<input type="checkbox"/> Breathing	<input type="checkbox"/> Balance	
<input type="checkbox"/> Look	<input type="checkbox"/> Physical Fitness	
<input type="checkbox"/> Self- Defence	<input type="checkbox"/> General Knowledge	

**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 : \_\_\_\_\_