



## ADMISSION / REGISTRATION FORM

COURSE \_\_\_\_\_ BRANCH \_\_\_\_\_

NAME \_\_\_\_\_

MOTHER'S / FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/DISTRICT \_\_\_\_\_ STATE / COUNTRY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE/MOBILE \_\_\_\_\_

EDUCATIONAL QUALIFICATION \_\_\_\_\_

SCHOOL/COLLEGE \_\_\_\_\_

SPORTS ACHIEVEMENTS \_\_\_\_\_

PHOTO

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE NATIONAL MARTIAL ARTS ACADEMY OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS & FITNESS ACTIVITIES ASSOCIATED WITH ACADEMY. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

APPLICANT SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

FOR OFFICE USE ONLY:-

REGISTRATION/ENROLLMENT NO \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Kindly attach Identity / Address Proof, Educational and Sports Achievements Documents**