



राष्ट्रीय सामरिक कला समिति भारत

## Membership Application

UNIT/ASSOCIATION \_\_\_\_\_

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

DESIGNATION \_\_\_\_\_

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

EDUCATION QUALIFICATION \_\_\_\_\_

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

RECOMMENDED BY \_\_\_\_\_

AFFILIATION/MEMBERSHIP TYPE: INDIVIDUAL \_\_\_\_\_ STATE/UT \_\_\_\_\_ ASSOCIATE \_\_\_\_\_

(PLEASE TICK RIGHT)

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 NATIONAL MARTIAL ARTS COMMITTEE- INDIA 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 MARTIAL ARTS ACTIVITIES ASSOCIATED WITH NMAC-INDIA. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_

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

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**FOR OFFICE USE ONLY:-**

AFFILIATION/MEMBERSHIP NO \_\_\_\_\_

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

DATE OF REGISTRATION \_\_\_\_\_

Photo of  
Applicant