



MEGHALAYA TAEKWONDO ASSOCIATION

Affiliated to: Taekwondo Federation of India & Meghalaya State Olympic Association.
Recognised by: Directorate of Sports & Youth Affairs, Government of Meghalaya

INDIVIDUAL COLOUR BELT TEST FORM

Name of Candidate (In Capital Letters)	
Date of Birth	
Gender	
Parent / Guardian name	
Address & Phone No.	
Dta/School/Club/SAI/ Organization	

NOTE: PHOTOCOPY OF LAST BELT CERTIFICATE ENCLOSED COMPULSORILY.

Present Belt /Grade		TFI ID Card No.	
Academic Qualification		Name of the School/College/University	

DECLARATION

I, the undersigned do hereby solemnly affirm, declare and confirm for myself, my heirs, executors and administrators that I indemnify the Promoter / Organiser / Sponsors & its Members, Official, Participants etc., holding myself personally responsible for all damagers, injuries of accidents, claims, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event.

Signature of Parents / Guardian

Signature of Participant

Signature of President / Secretary
Dta/School/Club/SAI/ Organisation with Stamp