



# FLYING FEET TAEKWONDO ACADEMY



H/NO: 27, 1<sup>ST</sup> LINK ROAD, LANE-13 SILCHAR, ASSAM  
**(AFFILIATED TO CACHAR DISTRICT TAEKWONDO ASSOCIATION)**

URL: <https://cachartaekwondo.in>

## ADMISSION FORM

ATTACH  
 PHOTO HERE  
 2 COPIES P.P SIZE.  
**(DO NOT STAPLE)**

To  
 The Academy Co-ordinator,  
 Flying Feet Taekwondo Academy

Madam,

I have the honour to request you to kindly **enroll myself / my ward** as a student of the following discipline in your esteemed academy. I / We shall abide by the Rules and Regulations of the academy & also aware that by breach of any Rules may lead to disciplinary action against **me/my ward**. Further, the necessary supportive documents (**Age Proof & Address Proof**) in connection with **me/my ward** are furnished herewith:

SELECT THE DISCIPLINE (✓)					
TAEKWONDO		SELF DEFENSE		FITNESS CLASSES	

FULL NAME OF APPLICANT (IN BLOCK LETTERS)																												
Mr./Ms./Mrs.																												

SEX (✓)		DATE OF BIRTH			AGE	CASTE (✓)				
Male	Female	DD	MM	YYYY		SC	ST	OBC	MOBC	GEN.

ACADEMIC QUALIFICATION (✓)			
BELOW 10 <sup>TH</sup>		PRESENT OCCUPATION (IF ANY)	
H.S.L.C / MATRIC / H.S		PRESENT OCCUPATION (IF ANY)	
GRADUATE / POST-GRADUATE		PRESENT OCCUPATION (IF ANY)	

MEDICAL HISTORY, IF ANY (GIVE DETAILS)

FATHER'S / GUARDIAN'S NAME (IN BLOCK LETTERS)	
Mr.	
OCCUPATION:	

ADDRESS FOR CORESPONDENCE / PERMANENT ADDRESS:	
CONTACT NO: (FATHER / MOTHER / GUARDIAN)	APPLICANT MOBILE NO.

Yours faithfully,

Yours faithfully,

Signature of the Guardian (in full) Date: .....  
 (If applicant is below 18 years) Place: ..... Signature of the Applicant (in full)

INFORMATION		
<b>CONTACT FOR REGISTRATION</b> 1. +91-6001661204 2. +91-9854202123 3. +91-9365454501	Filled in Application Form should be submitted at the academy or send the same to the following email id with other relevant documents as asked for.  <a href="mailto:cachartaekwondo@gmail.com">cachartaekwondo@gmail.com</a>	<b>CONTACT PERSON</b> <b>Rupali Das</b> Black Belt, 1 <sup>st</sup> DAN, Taekwondo (WTF) National Referee (TFI) Black Belt, Karate National Gold Medalist Diploma in Indian Yoga Self Defense Expert

FOR OFFICE USE ONLY				
APPLICANT NAME:				AUTHORITY SIGNATURE
REGISTRATION NO		DATE OF ADMISSION		
ID. CARD NO.		DATE OF ISSUE:		
		DATE OF EXPIRED:		