



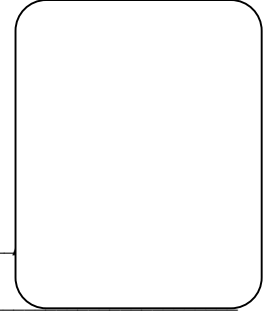
RAS WORLD®

MARTIAL ARTS

Govt. Registered

(AN ISO 9001: 2015 CERTIFIED)

REGISTRATION FORM



DATE: _____/_____/_____

SCHOOL NAME : _____

NAME (IN CAPITAL): _____

FATHER'S /MOTHER'S NAME: _____

FATHER'S /MOTHER'S OCCUPATION: _____

CATEGORY : _____

D.O.B: _____

SEX: _____

AADHAR NO: _____

MOB NO: _____

ADDRESS: _____

DIST: _____

STATE: _____

PIN CODE: _____

PARTICIPATE IN : **KARATE / SAVATE** -

HANDICAPPED -

PACKAGE : **MONTHLY** -

YEARLY-

Rules & Regulations

The Martial Arts School or instructor will not be responsible for any accident that may be happen on account of the student's negligence or any untoward happening by way of accident while practicing at the Dojo (School) or outside.

I hereby agree to be member of **RAS WORLD** Martial Arts and be loyal to Sensei and bring the Martial Arts School for greater achievement.

Player's Signature: _____

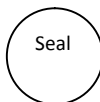
Parent's Signature: _____

-----OFFICE USE ONLY-----

COACH NAME : _____

SCHOOL CONTACT NO: _____

SCHOOL SEAL : _____



Signature of Receiving Authority

NOTE - 50% RESERVATION for handicapped & 100% RESERVATION for Orphans is also available.

H.O: SRIVASTAVA colony, CHUNNA BHATTI ROAD, MALIGHAT, MUZAFFARPUR, BIHAR, INDIA
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