Form No.2



Rejection and details:

Recognized by Thiruvananthapuram District Sports Council & Olympic Association Member of Kerala Karate Association

Reg.no.337/2021 Tc 30/285(2),Pottivilakam Kallumoodu, Anayara p.o. Thiruvananthapuram 695029 E-mail: karatetrivandrum@gmail.com Web: www.karatetrivandrum.com Call: 9526412121

	CLU	JB REGISTRATION / RENE	WAL FO	DRM			
Registration Type: New ☐ Renew ☐							
CLUB DETAILS							
Club Name :							
Reg. No.	Di	sistrict Style Reg. No. No. of p		layers*	No. of Coaches*		
Club address:							
Post office:		District:		Pin:			
Telephone:		Email:		Website:			
When was your club formed	l?	Is your club registered under society Act? Ye		es / No Reg. No (If Yes)*			
Please indicate the ownersh	nip status of	the facilities Used: Owned by the	club 🔲 R	ented Lease	ed ☐ Paid by the hour ☐		
		DETAILS OF THE CLUB PRE	SIDENT				
Name:				Phone:			
Age & DOB:	Address:						
				Email:			
		DETAILS OF THE CLUB SEC	RETARY				
Name:				Phone:			
Age & DOB:		Address:					
				Email:			
		DETAILS OF THE CLUB NO	MINEE				
Name:				Phone:			
Age & DOB:		Address:					
				Email:			
nentioned and attached inform or cancelled. We hereby declare he SKAT as a mended from tin	ation provice that in the ended to time. trainees. We	Association of Thiruvananthapural ded by us are true and accurate to event of our club being registered let is assured that no inhumane a e also aware that if any violation or with prior notice.	pest of our will abide l cts of any k	knowledge and by the Rules & I ind will be allo	l information is willingly alto Regulations and by the Law wed in the club and no forr		
Date: Place:	Seal		k Signature esident		Name & Signature Secretary		
		OFFICE USE ONLY					
Induction date:		Registration type: new / renew		Certificate no	.:		
Expiry date		Registration fee:		Receipt no.			

President Secretary

*Note:

- 1) If your club is registered under Society Act please attach the Valid copy of Club registration Certificate.
- 2) Minimum number of players for a club registrations is 15 (Fifteen).
- 3) Please fill the players details and Attach the Aadhar copies of the players.
- 4) Please Attach the Bio data of the Coaches.
- 5) Executive committee of SKAT is the supreme authority to accept or reject your membership application.

No.	Name	Aadhar No.

No.	Name	Aadhar No.
	SKA	

No.	Name	Aadhar No.

^{*} In case of enter more number of players please use this page as additional sheet (between front page & Back Page)