

ASSOCIATION OF SPORTS & MIXED MARTIAL ARTS BENGAL

Registered under The West Bengal Societies Registration Act, 1961.

Member: Mixed Martial Arts Federation India , Sports Development Association of India,
International Combat Martial Arts Organizations Union

AA-5, Prafulla Kanan (Kestopur), Block – B, G/2, Shivayan Apartment, Kolkata – 700101.

Contact No: 9163706404 / 8013621560 , E-mail: asmmawb@gmail.com, web: www.asmma.in



APPLICATION FOR INSTRUCTOR GRADATION

NAME OF THE APPLICANT:			
FATHER'S NAME:			
ADDRESS:			
CONTACT NUMBER:		DATE OF BIRTH:	
PRESENT DOJO/CLUB/ASSOCIATION:			
REGISTRATION NUMBER:		DATE OF JOINING:	
DATE OF LAST CERTIFICATION:			
BLOOD GROUP:			
EDUCATION:		OCCUPATION:	
DETAILS OF TOURNAMENTS/ CAMPS ATTENDED:			
1. 2. 3.			Affix a Passport size Photo here

To
The General Secretary
Association of Sports & Mixed Martial Arts Bengal
AA-5, Prafulla Kanan (Kestopur), Block – B, G/2, Shivayan Apartment, Kolkata – 700101.

I / My ward hereby present an application for Instructor grading in Association of Sports & Mixed Martial Arts Bengal.

1. I / My ward undertake to abide by the decision of Ujjal Mohanta, President of ASMMAB regarding eligibility to appear for the test.
2. I / My ward understand that the President's decision will be binding and no reasons, whatsoever, shall be provided to the applicant/guardian regarding acceptance/rejection of the application.
3. In case of acceptance of the application, I / My ward agrees to abide by the rules of the test, as set by ASMMAB or as notified from time to time.
4. I / My ward also understand that acceptance of this application do not imply/guarantee success in the test.
5. I / My ward promises to pay the requisite test fee, as informed, before the date of the test; fee not being refundable under any circumstances.
6. I / My ward agree to abide by the rules of Association of Sports & Mixed Martial Arts Bengal.
7. I / My ward will not take any activity within inside/outside the school which is criminal offence and harmful to reputation of Association Of Sports & Mixed Martial Arts.
8. I / My ward will not train MMA & Kickboxing to any group or individual without the written permission of ASMMAB.

Signature of The Applicant

Signature of The General Secretary