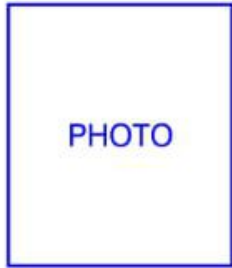




To
The Hony Secretary

BALAJI BOXING ACADEMY

Correspondence Address : 30, Bijay Bose Road, Bhowanipur, Kolkata - 700 025
Affiliated to Bengal Amateur Boxing Federation & Kolkata District Boxing Association
Registration of Societies **WEST BENGAL ACT XXVI of 1961**
M. : 98832 21848 / 7003070058, E-mail : balajiboxing17@gmail.com



Dear Sir,

I have gone through the rules and regulations of the Association and hereby agree to abide by them. I have duly filled in the membership form and I am depositing the necessary fees.

Yours faithfully,

MEMBERSHIP FORM

(Fill the form in Block Letter)

Regd No. :

Joining Date :

Name	<input type="text"/>																			
Father's Name	<input type="text"/>																			
Mother's Name	<input type="text"/>																			
Date of Birth	<input type="text"/>					Blood Group	<input type="text"/>													
Weight	<input type="text"/>		Height	<input type="text"/>																
Address	<input type="text"/>																			
	<input type="text"/>																			
	<input type="text"/>																			
District	<input type="text"/>										Pin Code	<input type="text"/>								
State	<input type="text"/>																			
Mobile No.	<input type="text"/>																			
E-mail ID	<input type="text"/>																			
Adhar Card No.	<input type="text"/>																			
Passport No.	<input type="text"/>																			
School / College Name	<input type="text"/>																			
	<input type="text"/>																			

The Association will not be responsible under any circumstances for any injury of the players during practice. It is mandatory to collect **NOC** for joining any other club.

.....
Signature of Candidate

.....
Signature of Guardian

- Verified Documents :**
- 1) Adhar Card Copy
 - 2) Passport Size Photo (2 Copies)
 - 3) 8th or 10th or 12th Education Board Marksheet / School or College Certificate (Self Attached Photo Copy)