މާޝަލް އާޓްސް އެސޯސިއޭޝަން އޮފް މޯލްޑިވްސް

MARTIAL ARTS ASSOCIATION OF MALDIVES

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maam@martialartsmv.com   www.martialartsmv.com

GRADING APPLICATION FORM - KARATE

Name ____________________

ID Card No. __________ **Membership No.** __________

Contact Nos. ____________________

Email ____________________

GRADING INFO

Date of Last Grading __________ **Current Level** __________

Grading To __________

Recommended by
(Instructor)   Name:________________________________ Signature________________________

-- DO NOT FILL BELOW THIS LINE --

GRADING RESULTS

Passed: YES / NO

Gading Venue____ **Date**_______________ **Time**______________

Examiner ____________________________________ **Signature** ______________________

FOR OFFICIAL USE ONLY

Outstanding Class Fee Rf   Remarks:

Grading Fee Rf   Received Date:__________________ Receipt No.____________

Certificate No. __________

Received by: Name__________________________________ Date _______________ Singnature___________