



TAEKWON-DO ASSOCIATION OF INDIA

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APPLICATION FOR TAI COMMENDATION

Name: _____
First name (1 only) Family name

State : _____ Birth place: _____

Date of birth: _____ Profession: _____

Address: _____

Qualifications: _____

Education (School, College etc.): _____

Dan Cert. No. _____ Applied for: _____
(Write whatever is recommended TAI Order or TAI OIM)

Reason for recommendation:

SGB Representative Name: _____ Signature: _____

Name of SGB: _____
(SGB Stamp)

Place (Town, State): _____ Date: _____

Dr.GM Rajendran Balan, TAI President Signature: _____

Date: _____
(TAI Stamp)

Passport size
digital
photograph