

LATHI INDIA ORGANISATION

(SPORTS)

AFFILIATED TO



**LATHI ASIAN COUNCIL,
LATHI COMMONWEALTH ASIA COUNCIL,
LATHI INTERNATIONAL COUNCIL ®
MARTIAL ARTS GAMES FEDERATION OF INDIA**



State Affiliation Form

Name of Association _____

Adhar No.: _____

Name: _____

Father's Name _____

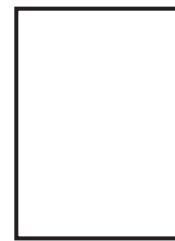
D.O.B.: _____ Age: _____ Male/Female: _____

Qualification _____ Occupation _____

Current Address: _____

District _____ Pin.: _____

State: _____ Mobile No.: _____



DECLARATION

I _____ S/D/O _____ here by declare that the information given by me is completely true. If any kind of mistake is found in the information given by me, then the organisation will have the right to take appropriate action as per the rules. I assure that i will follow all the rules of Lathi India Organisation

Date: _____

Signature

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