	INDIAN AMATEUR BOXING FEDERATION Room No 2, II nd Floor, Palika Place, Panchkuian Road Near R.K.Ashram Metro Station, New Delhi-110001 Email: iabf@indiaboxing.in Website: www.indiaboxing.in Phone No. : 011-23743560 Fax : 011-23743561 Registration Form																2 Photograph Passport Size					
IABF Registration No				Name	e of U	nit											Re	gistrat	ion Dat	:e		
Name:																						
Father's Name:																						
Mother's Name:																						
Date of Birth:			-			-	-						Blood	Group	: A+	A-	B+	B-	0+	0-	AB+	AB-
Address:																						
	Distr	ict																				
	State	2														Pin						
Email ID:																						
Mobile No:																						
Telephone No :													FAX	No:								
Register As : Boxer , Coach/Trainer: Image: Co																						
1. Registration to be completed 10 days before the Championship. 2. Registration of each Boxer/Coach/Referee/Judge/Trainer is mandatory. One Time Registration fee is Rs. 200/- 3. Identity Card fee is Rs. 200/- for each Boxer/Coach/Referee/Judge/Trainer (One Time Identity Card Fee). 4. Boxer - Municipality birth Certificate, Coach												Chairm thlete Coache	rified By airman Ilete & Youth Commission/ aches Commission / ROC Iian Amateur Boxing Federation									
Registration No								-			F orm R T / Boa	-		sociati	on			-				
Applied For Registration	:			I	dentit	y Car	rd :						Medica	al Bool	< :							

 Applied For
 Registration :
 Identity Card :

 Amount Paid
 Rs.

Signature and Stamp of Registration Official

www.indianboxing.in

www.proglogix.com