

## INDIAN BOXING FEDERATION

Room No 2, II<sup>nd</sup> Floor, Palika Place, Panchkuian Road, New Delhi-10001 Phone:- +91-11-23743560 Fax:- +91-11-23743561 Website: <u>www.indianboxing.in</u> Email: iabf@vsnl.com Passport Size Photograph

Signature

## Commission / Committee Member (State/IBF/AIBA)

Registration No:							Date															
State:												Е	oard									
Name:																						
Designation:																						
Father's Name:																						
Date of Birth:			-			-					Blood	Group:	A+	A-	B+	B-	0+	0-	AB+	AB-		
Place & State of Birth:																						
Identification Mark:																						
Address:																						
L																<u> </u>				ш		
Email Id:																						
Mobile No:																						
Telephone No :												FAX No										
Educational Qualification:																						
Sports Achievement:																						
Designation	Nomination Date										Valid Till											
Committee / Commission Member																						
Signature & Stamp President/ Secretary																						
State / Board Boxing Association																						

Note: Rules for Registration

- 1. This form is not meant for Executive Committee Member, Presidents, Secretaries, active Boxing Coach / Trainer and Team Manager and R/J.
- 2. Details of Registration will not be changed once Identity Card is issued.