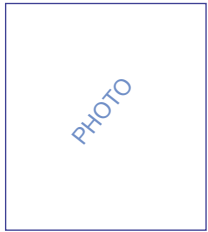




**INDIAN AMATEUR BOXING FEDERATION**  
**India Professional Boxing League (IPBL)**  
**Registration Form**



NAME: ..... IABF Registration No.....

SEX: MALE  FEMALE  BLOOD GROUP .....

DATE OF BIRTH .....

EDUCATION QUALIFICATION .....

WEIGHT CATEGORY.....

PERFORMANCE AS A BOXER .....

.....  
.....  
.....

MOBILE No.:.....E-MAIL:.....

ADDRESS:.....  
.....  
.....

NAME OF TRAINER.....

MOBILE No.:.....E-MAIL:.....

SIGNATURE OF TRAINER

SIGNATURE OF BOXER

**ELIGIBILITY CRITERIA**

1. Applicants should have Participated in State Boxing Championship.
2. Medical Fitness certificate.
3. Registration Fee: Rs. 2000 (two thousand) Cash/Chque/DD in Organising secretary
4. Registration form sent with all copy of their valid certificates and Registration Fees to:-

Mr. Baskara Seliya  
General Secretary  
Boxing Development Association

24,First Floor, Dr. Thangaraj Salai 4th Cross St. Near Govt. Law College, K. K. Nagar, Madurai-20  
Tamilnadu Mobile No. 8056405533, 9865471144 E-mail: mbaskaraseliyan12@gmail.com  
Website: www.soldiersboxingacademy.com