



INDIAN BOXING FEDERATION

Room No 2, IInd Floor, Palika Place, Panchkuian Road, New Delhi-10001

Phone:- +91-11-23743560 Fax:- +91-11-23743561

Website: www.indianboxing.in Email: iabf@vsnl.com

Passport Size
Photograph

Jury / Technical Delegates (State/IBF/AIBA)

Registration No:	<input type="text"/>	Date	<input type="text"/>
State:	<input type="text"/>	Board	<input type="text"/>
Name:	<input type="text"/>		
Designation:	<input type="text"/>		
Father's Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Blood Group:	<input type="text"/>
	<input type="text"/>	A+	<input type="text"/>
	<input type="text"/>	A-	<input type="text"/>
	<input type="text"/>	B+	<input type="text"/>
	<input type="text"/>	B-	<input type="text"/>
	<input type="text"/>	O+	<input type="text"/>
	<input type="text"/>	O-	<input type="text"/>
	<input type="text"/>	AB+	<input type="text"/>
	<input type="text"/>	AB-	<input type="text"/>
Place & State of Birth:	<input type="text"/>		
Identification Mark:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Email Id:	<input type="text"/>		
Mobile No:	<input type="text"/>		
Telephone No :	<input type="text"/>	FAX No	<input type="text"/>
Educational Qualification:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Sports Achievement:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Qualification*	Exam Date & Place
Technical Delegate	<input type="text"/>
Jury Member	<input type="text"/>

* Kindly attach photocopy of qualification certificates

Signature & Stamp
President/ Secretary
State / Board Boxing Association

Signature

Note: Rules for Registration

1. This form is not meant for Commission / Committee Members (IBF/AIBA), R/J, Boxing Coach / Trainer / Team Manager.