

INDIAN BOXING FEDERATION

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Signature of Referee / Judge

Referee / Judge Registration Form

Registration No:								Date													
State:													Board								
Name:																					
Father's Name:																					
Designation:	State	State IBF AIBA					1 STAR			2 STAR						3 S	STAR				
Date of Birth:			-			-					Blood	Group	A+	A-	B+	B-	0+	0-	AB+	AB-	
Place & State of Birth:																					
Identification Mark:																					
Address:					<u> </u>			<u> </u>	1							<u> </u>			Π		
Email ID:																					
Mobile No:																					
Telephone No :											FAX No:										
Educational Qualification:																					
Boxing Achievement:																					
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Qualification*	1 STA	1 STAR Date & Place							2 STAR Date & Pla					3 STAR Date & Place							
Referee / Judge State																					
Referee / Judge IBF																					
Referee / Judge AIBA				* Kir	ndly at	tach ph	otocor	w of a	ıalificat	ion cor	tificate	20									
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Signature & Stamp																					
President/ Secretary																					

Note: Rules for Registration

State / Board Boxing Association

- 1. This form is not meant for Executive Committee Members / Commission Members (IBF/AIBA), Presidents, Secretaries, active Boxing Coach/ Trainer and Team Manager.
- 2. Details of Registration will not be changed once Identity Card is issued.

www.indiaboxing.in www.proglogix.com