



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

Boxing Coach / Trainer / Team Manager

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"/>
		Blood Group:	<input type="text"/>
		A+	<input type="text"/>
		A-	<input type="text"/>
		B+	<input type="text"/>
		B-	<input type="text"/>
		O+	<input type="text"/>
		O-	<input type="text"/>
		AB+	<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"/>		
Boxing Achievement:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Qualification*	Qualified From and Date
N.I.S.	<input type="text"/>
6 Week Course	<input type="text"/>
Any other Diploma	<input type="text"/>

* Kindly attach photocopy of qualification certificates

Signature & Stamp
President / Secretary
District / Club / State / Board Boxing Association

Signature

Note: Rules for Registration

1. This form is not meant for Executive Committee Members / Commission Members (IBF/AIBA), Presidents and Secretaries, R/J.
2. Details of Registration will not be changed once Identity Card is issued.