



INDIAN AMATEUR BOXING FEDERATION

Registered Under Society Registration Act. XXI of 1860
Affiliated with: International Boxing Association (IBA)
E-mail: iabf@indiaboxing.in | www.indiaboxing.in

PRO BOXING LEAGUE JULY 6-10, 2026 VENUE: TALKATORA INDOOR STADIUM, NEW DELHI
BANARAS TROPHY-2026: ROAD TO THE PRO BOXING LEAGUE 1st QUALIFYING EVENT

“BANARAS TROPHY-2026”

ELITE MEN’S & WOMEN’S OPEN BOXING CHAMPIONSHIP FROM 16-18, MAY, 2026
AT VARANASI, UTTAR PRADESH

PROSPECTUS

DATE : 16 to 18 May, 2026
VENUE : Sports Complex, Varanasi, Uttar Pradesh.
ENTRIES TO BE SENT TO : IABF office Email: iabf@indiaboxing.in and Copy to:-
Mr. Vishal Gupta, President, Uttar Pradesh Boxing Association
Mr Upendra Pandey, Secretary General, UPBA
Ph. 9580777778
Mr. Ashutosh Ojha, Chairman Organizing Committee
Ph. 9936498000
Mr. Shashi Prakash Singh, Organizing Secretary
Ph. 9335658288

CASH PRIZE : Cash Prize each weight category:-
Gold= 11000/- Silver= 5100/- Each Bout Looser = Rs. 1000/-
Team Champion = Rs. 21000/- Best R/J = Rs. 5000/-

ENTRY CLOSE : April 15, 2026 (By Number)
May 10, 2026 (By Name)

BOXER AGE ELIGIBILITY: A Boxers between the age of 19 and 40 according to their year of birth (born between January 1st, 1986 and December 31st, 2007) are eligible to participate in the competition.

WEIGHT CATEGORIES : Man’s and Women’s detailed)

S.No.	Women’s Weight Categories		Men’s Weight Categories	
	Weight Categories		Weight Categories	
1	Bantamweight	53.5 Kg	Bantamweight	53.5 Kg
2	Lightweight	61.2 Kg	Lightweight	61.2 Kg
3	Super Welterweight	69.9 Kg	Middleweight	72.6 Kg
4			Light heavyweight	79.4 Kg
5			Cruiserweight	90.7 Kg

- DURATION AND NUMBER OF ROUNDS;** The Men's Fight, the Bouts must consist of four (4) rounds of three (3) minutes each. (One) 1 minute break between rounds.
- The Women's Fight, the Bouts must consist of four (4) rounds of two (2) minutes each.(One) 1 minute break between rounds
- MEDICAL & WEIGH-IN** : General weigh-in and medical examination of boxers will be held at the venue on 15th May, 2026 from 5 to 7 PM
- DRAW** : Draw will be held immediately on 15th May, 2026 completion of the registration.
- SCORING** : IABF scoring system shall be followed:
Mr. Lakshya Sharma Ph. 9057629880
- BORROWING** : Borrowing of boxers from any other unit is strictly prohibited person(s) accompanying the team as Coach and Manager will not be permitted to officiate in the championship.

COMPETITION REGISTRATION: Boxer, Trainer, Manager & Promoter Registration & Record Update in IABF website Mr. Abhishek Chahar No. 8769874809

Boxer who are already registered with IABF shall carry their Record Book/Indent Card otherwise State/UT Boxer they should carry their original Municipality birth Certificate, Mark sheet OR School Certificate in which Father's Name, Mother's Name, Admission No., Admission years, Class and Date of birth.

Board Boxer they should carry their original Identity Card and Joining Letter.

In order to stop participation of borrowed Boxers in the championship, the boxers shall participate only from his/her birthplace; must provide Municipality Birth Certificate/Domicile certificate/ Ration Card/ Jamabandi Nakal last 4 and School certificate/10th Mark Sheet, if requested to do so;

No teams will be allowed to participate unless Affiliation/Entry fees are paid to IABF.

All boxers must possess their own Gum shield, Red & Blue Vest & Shorts according to their respective corner allocation.

No type of body piercing and body accessories is allowed to be worn during the bout.

Submission of the Medical Certificate: In all IABF-owned and IABF- sanctioned Competitions, a Boxer's IABF Medical Certificate issued within the previous 30 (thirty) days must be presented at the Sport Entries Check.

In all IABF-affiliated Competitions, a Boxer's IABF Medical Certificate issued within the previous one (1) year must be checked.

In order for a Medical Certificate to be valid, the examination must have been completed

- (i) by a NF ringside qualified Doctor, or NF registered medical Doctor
- (ii) no later than the period defined for submission of a medical certificate,
- (iii) the record of the examination must contain clear and legible results for all test areas, and
- (iv) has to be signed, and stamped on each page by the doctor after the doctor finishes performing a medical check on the Boxer.

A copy of the original laboratory documentation for Hepatitis B, Hepatitis C, and HIV tests must be done within 6 months, and must be presented together with the Medical Certificate.

Submission of the Fit-to-Box Form

In all competitions, a Fit-to-box Form signed by the boxer, must be submitted at the Sport Entries Check.

Submission of the Declaration of Non-Pregnancy

For women Boxers who are eighteen (18) years old or older, the Declaration of Non-pregnancy has to be signed by the Boxer.

For women Boxers who are under eighteen (18) years old, the Declaration of Non-pregnancy has to be signed by the Boxer and by at least one of her parents/legal guardians.

Cost of travel of all participants and team officials up to Venue will be borne by the respective units.

REFREE/JUDGE COURSE: Invitation to IABF Referee & Judge Course
More information please contact Mr. Rakesh Kumar Bhardwaj,
Chairman ROC, IABF Ph. 98187 05483 Email: rkb99111@gmail.com.

CUT TECHNICIAN COURSE: IABF Cut Technician Course. More information please contact:
Mr. Sanjib Handique Ph. 9854018888 & Mr. Jagdish Parshad
Ph. 9813087250.

BOARDING/LODGING : Free Boarding/Lodging will be provided to all boxers and team officials by the LOC.

SECURITY DEPOSIT Every team must have to deposit Rs. 2,000/- as security deposit for Accommodation and the same will be refunded after the event is over.

ANTI-DOPING AND MEDICAL RULES Competitions must adhere to the IABF Anti-Doping Rules and the IABF Medical Rules. In all IABF Competitions, anti-doping tests must be conducted

AWARDS : Boxers/ officials- Merit & participant certificate, Winner Cup, Medal & Cash Prize each weight category

ARRIVAL PARTICULARS: The Organisers will have their reception booth at Varanasi Cantt. (BSB), Railway Station / Bus Stand upon receipt of prior intimation from the State/UT/ Board(s) to the Organising Secretary.

Nearest Airport: Lal Bahadur Shastri International

EQUIPMENT : Gloves, bandages will be provided by Organizing Committee – an IABF licensed supplier



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AT VARANASI, UTTAR PRADESH

ENTRY BY NUMBER

ASSOCIATION/BOARD -----

NUMBER OF BOXERS
PARTICIPATING -----

NUMBER OF OFFICIALS
PARTICIPATING -----

SECRETARY/PRESIDENT

ASSOCIATION/BOARD

Please send this form to the Organising Secretary
NOT LATER THAN 15th APRIL, 2026



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AT VARANASI, UTTAR PRADESH

Team Name _____

S.No	IABF R.No.	BoxRec R.No.	Weight Categories	Surname	Given Name
1			Men-Bantam weight: 53.5 Kg		
2			Men-Light weight: 61.2 Kg		
3			Men- Middle weight: 72.6 Kg		
4			Men-Light heavy weight: 79.4 Kg		
5			Men-Cruiser weight: 90.7 Kg		
6			Women- Bantam weight: 53.5 Kg		
7			Women-Light Weight 61.2 Kg		
8			Women-Super Welter Weight: 69.9 Kg		
9	Team Coach –Women				Mobile No.
10	Team Coach- Men				
11	R/J				

President / General Secretary Name Signature

Stamp

Please send this form to the Organising Secretary
NOT LATER THAN 10th MAY, 2026



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COMPETITION SCHEDULE

DATE	TIME	EVENT
15 th May, 2026		Arrivals of Teams & Officials
	12:00-16:00	Registration & Issue Boxer Record Book & Accreditations Card
	14:00-14:30	Team Manager Meeting
	14:30-15:00	NTO’s, Referee & Judge Meeting
	15:00-17:00	General Medical & Weigh-In
	17:00-18:00	Draw
16 th May, 2026	10:00-12:00	NTO’s, Referee & Judge Clinic
	11:00-12:00	Opening Ceremony
	12:00-14:00	Preliminaries Bouts
	14:00-15:00	Lunch
	15:00-20:00	Quarterfinals Bouts
17 th May, 2026	08:00-09:00	Medical & Weigh-in
	12:00-14:00	Semi-Finals Bouts
	14:00-15:00	Lunch
	15:00-20:00	Semi-Finals Bouts
18 th May, 2026	08:00-09:00	Medical & Weigh-in
	12:00-16:00	Finals Bouts
	16:00-17:00	Closing Ceremony
19 th May, 2026		Departures



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PRO BOXING LEAGUE QUALIFYING EVENTS

SCHEDULE

S.N.	MONTH	EVENT	VENUE
1	16-18, May, 2026	1 st PBL Qualifying Event	VARANASI, U .P
2	Last week May	2 nd PBL Qualifying Event	
3	First week June	3 rd PBL Qualifying Event	
4	3 rd Week of June	PBL 2026 की नीलामी (BOLI)	New Delhi
5	Coaching Camp	Talkatora Indoor Stadium	25 th June to 5 th July
6	PRO BOXING LEAGUE	Talkatora Indoor Stadium	July 6-10,2026



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PRO BOXING LEAGUE-2026: QUALIFYING GUIDELINE

S.No.	Weight Categories	1 st Qualifying	2 nd Qualifying	3 rd Qualifying	President IABF Quota	Total Boxer
1	Men-Bantam weight: 53.5 Kg	1	1	2	1	5
2	Men-Light weight: 61.2 Kg	1	1	2	1	5
3	Men- Middle weight: 72.6 Kg	1	1	2	1	5
4	Men-Light heavy weight: 79.4 Kg	1	1	2	1	5
5	Men-Cruiser weight: 90.7 Kg	1	1	2	1	5
6	Women- Bantam weight: 53.5 Kg	1	1	2	1	5
7	Women-Light Weight 61.2 Kg	1	1	2	1	5
8	Women-Super Welter Weight: 69.9 Kg	1	1	2	1	5
9	Total	8	8	16	8	40

Qualification System:

- Total Number of Boxers to be Qualified: 32 Boxers of the total of 40 Boxers will be qualified from the 3 qualifying tournaments and President IABF Quota
- As weight categories are attributed to individual boxers, the athletes named in the attached sheet have qualified for the Qualifying Competition - the IABF shall not attribute the place to another boxer.

Selection of Referees and Judges for the Indian Boxing League:

- Chairman, Technical and Rules Commission & ROC, IABF shall select 20 Referees and Judges for the Pro Boxing League from the R&Js participated in the Qualifying Competition. Therefore, IABF strongly suggests to each association to send its best R&Js for these Qualifying Tournaments.

Official Name of the Event:

- All host cities of the Pro Boxing League Qualifying Championships should use the proper name of the event as follow: "Pro Boxing League Qualifying Event"



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DECLARATION OF NON-PREGNANCY

IABF Registration No; _____ Team Name _____

Ms. Last Name: _____ First Name _____

Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

I, declare that I am not pregnant. I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IABF (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Association) and the Competition Venue owners for such injury or damage.

Date: _____

Place: _____

Signature of the Boxer _____



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ANTI-DOPING CONSENT FORM

IABF Registration No; _____ Team Name _____

Mr./Ms. Last Name: _____ First Name _____

S/o/Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____


I hereby declare as follows: I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of NADA Anti Doping Rules (as amended from time to time) and the International Standards issued by the World Anti Doping Agency and published on its website. I acknowledge the authority of NADA [IABF] under the NADA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with, the IBA Anti-Doping Rules. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the NADA Anti-Doping Rules, after exhaustion of the process expressly provided for in the NADA Anti Doping Rules, may be appealed exclusively as provided in Article of the NADA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of National Level Athletes is the Court of Arbitration for Sport (CAS). I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in ant other court or tribunal.

I have read and understand the present declaration. _____

Date Print Name (Last Name, First Name) _____

Date of Birth (Day/Month/Year)

Signature (If minor, signature legal guardian)



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DECLARATION OF FIT TO BOX FORM

IABF Registration No; _____ Team Name _____

Mr./Ms. Last Name: _____ First Name _____

S/o/Daughter of /Husband _____

Date of Birth _____ Age _____

Weight Category _____ Mobile No. _____

Competition Name _____

ANSWER ALL QUESTIONS

- | | |
|--|--------|
| Have you ever been admitted to Hospital? | Yes No |
| Have you had medical treatment for anything in the last 3 months? | Yes No |
| Have you suffered from any of the following? | |
| Any eye disorders or operations (including laser eye surgery)? | Yes No |
| Any broken bones or cuts needing treatment in the previous 6 months? | Yes No |
| Epilepsy or any other type of fit, faint, convulsion or black-out? | Yes No |
| How are you today? | |
| Are you taking any medication now? | Yes No |
| Do you presently have a cough, cold or runny nose? | Yes No |
| Have you been unwell in the last month? | Yes No |
| When did you last box? | |
| Were you injured at that time? | |
| After your last bout, were you medically suspended for any reason? | Yes No |
| Do you understand the sport-specific medical risks of boxing? | Yes No |
| Do you wish to box today? | Yes No |
| WOMEN ONLY – can you confirm you are not pregnant? | No Yes |

Date: _____ Place: _____ Signature of the Boxer _____

DOCTOR'S EXAMINATION NOTES	General:
Hands:	
ENT (incl. gum shield fit etc):	Eyes:
CONFIRMED FIT TO BOX: YES / NO	Date/Time of Medical

Doctor's Signature: _____ Name: _____

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below: