



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



“KAZIRANGA RHINO CUP-2026”
ELITE MEN’S & WOMEN’S OPEN BOXING CHAMPIONSHIP FROM 5th – 7th, JUNE, 2026
AT SPORTS COMPLEX GOLAGHAT, ASSAM

2nd QUALIFYING EVENT-IABF PRO BOXING LEAGUE JULY 6th – 10th, 2026
VENUE: TALKATORA INDOOR STADIUM, NEW DELHI

PROSPECTUS

- DATE** : 5 to 7 June, 2026
- VENUE** : Sports Complex, Golaghat
- ENTRIES TO BE SENT TO** : IABF office Email: iabf@indiaboxing.in and Copy to:-
Mr. Sanjib Handique
Organizing Secretary
Ph. 9854018888 E-mail: sanjibhandique9@gmail.com
- CASH PRIZE** : Cash Prize each weight category:-
Gold Rs. 11000/- Silver Rs. 5000/-
Each Bout Looser = Rs. 1000/-
Team Champion = Rs. 21000/- Best R/J = Rs. 5000/-
- ENTRY CLOSE** : 25th May, 2026 (By Number)
2nd June, 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 4th June, 2026 from 5 to 7 PM
- DRAW** : Draw will be held immediately on 4th June, 2026 completion of the registration.
- SCORING** : IABF scoring system shall be followed:
- 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: More information please contact Mr. Diganta Nath, Chairman Youth Commission, IABF Ph. 9401184664
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.

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.

IABF Medical Certificate issued within the previous 30 (thirty) days must be presented at the Sport Entries Check.

Submission of the Declaration of Non-Pregnancy

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 Furkating Junction, Railway Station / Bus Stand upon receipt of prior intimation from the State/UT/ Board(s) to the Organising Secretary.

Nearest Airport: Jorhat

EQUIPMENT

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

Place: New Delhi

Date: 5th May, 2026



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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 25th MAY, 2026**



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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 2nd JUNE, 2026**



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COMPETITION SCHEDULE

DATE	TIME	EVENT
Thursday 4 th June, 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
Friday 5 th June, 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
Saturday 6 th June, 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
Sunday 7 th June, 2026	08:00-09:00	Medical & Weigh-in
	12:00-16:00	Finals Bouts
	16:00-17:00	Closing Ceremony
Monday 8 th June, 2026		Departures



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Boxer Registration Form

IABF Registration No; _____ Team Name _____

Surname _____ Given Name _____

PHOTO
3.5 X 4.5 cm
White Background

Father's Name _____

Date of Birth _____ Height _____ Mobile No. _____

E-mail _____ Blood Group _____ Gender _____

Wt. Category _____ Education _____

Address _____

Coach / Trainer Mr. / Ms. _____ Ph. _____

Achievements:

S.No.	Championship Name	Date	Venue	Remark
1				
2				
3				
4				
5				

Date:

Place:

Signature of Boxer

The Attached photo copy of following document;
 Municipality Birth Certificate
 Medical Report
 Pregnancy report is mandatory for female boxer.



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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: