

International Olympic Committee (IOC) has, for the first time, allowed professional boxers to participate in the Olympic Games. At Paris 2024, professional-built events were overseen by the IOC's Paris Boxing Unit, and boxers with professional experience competed alongside amateurs. Several earned medals and made our country proud.

To build on this momentum and ensure stronger Indian representation at future Olympic Games Los Angeles 2028 District Boxing Association, Faridabad & Haryana State Boxing Association will be conducting the THE PUNCH FIGHT NIGHT under the auspices of Indian Amateur Boxing Federation (IABF)

THE PUNCH FIGHT NIGHT will provide a platform for Indian boxers to develop competitive records while still remaining eligible for Olympic qualification.

14th THE PUNCH FIGHT NIGHT: ROAD TO THE LOS ANGELES 2028 OLYMPICS GAMES

14th THE PUNCH FIGHT NIGHT

HARYANA V/S DELHI

PROSPECTUS

- DATE** : 12th April, 2026
- VENUE** : HSIIDC Industrial Estate, Plot No. 46A, Type-D, Sector 31, Faridabad, Haryana
- ENTRIES TO BE SENT TO** : Mrs. Abha Kumar, Chairperson IABF PRO Commission
Mr. Manoj Joshi, Chairman, Haryana Pro Commission
Ph 9999899589
Mr. Bhim Thakran, Director, The Punch Fight Night
Ph. 9953004977
Organizing Secretary Mr. Arif Khan Ph. 9999992994
Mr. Rajeev Godara, Technical Director Ph 9999921269
- CASH PRIZE** : Cash Prize each weight category:-
Champion = 11000/- Runner = 5100/-
Team Champion = Rs. 11,000/-
- ENTRY CLOSE** : April 05, 2026 (By Name)

- BOXER AGE ELIGIBILITY:** A Boxer between the age of 19 years and below the age 40 years according to their year of birth are eligible to participate in the competition.
- WEIGHT CATEGORIES :** The Men following Five (5) Weight Categories will be contested:
Weight Category: Flyweight: 50 Kg, Featherweight: 57 Kg, Lightweight: 61 Kg, Middleweight: 72 Kg & Light Heavyweight: 79 Kg.
- The Women following Three (3) Weight Categories will be contested:
Weight Category: Bantamweight: 53 Kg, Featherweight: 57 Kg & Welterweight: 66 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.
- REFEREE & JUDGE :** Three (3) R/J IBA-IABF qualified will be allowed per team.
- MEDICAL & WEIGH-IN :** General weigh-in & face of and medical examination of boxers will be held at the venue from 7 to 8 PM
- SCORING :** IABF scoring system shall be followed.
- RULES :** Fight Night will be conducted as per IABF rules.
- RECORD UPDATE :** Boxer/ Promoter / Trainer Record updating in BoxRec
- 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:** Boxers who are already registered with IABF shall carry their Record Book otherwise they should carry their original Municipality birth Certificate & Mark Sheet.
- Signed Conditions of Participation Form for each Boxer
- 2 Photo (3.5 X 4.5 cm White Background) & 4 Action Photo
- Other mandatory documentation includes: boxer card, participation form, recent medical certificate (within 3 months), and non-pregnancy declaration for women.
- In IABF Competitions, only one (1) Boxer per Weight Category per Unit is allowed to compete
- 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.


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

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

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


	<p align="center">INDIAN AMATEUR BOXING FEDERATION Registered Under Society Registration Act. XXI of 1860 Affiliated with: Asian Boxing Confederation (ASBC) & International Boxing Association (IBA) E-mail: iabf@indiaboxing.in www.indiaboxing.in</p>
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14th THE PUNCH FIGHT NIGHT

HARYANA V/S DELHI

SCHEDULE

DATE	VENUE	TIME	EVENT
11-04-2026	Faridabad	16:00	Arrival of Fighter, Trainer, Supervisor and Officials
		16:00-17:00	Technical official Meeting /Clinic
		1700-18:00	General Medical & Weigh-In
			Face-off
			Press Conference
12-04-2026	Faridabad	14:00-15:00	Technical official Clinic
		15:00-16:00	Cultural & Internment Program
		16:00-17:00	Opening Ceremony
		17:00-23:00	Fight
12-04-2026			Departure

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14th THE PUNCH FIGHT NIGHT

HARYANA V/S DELHI

HEAD COACH	HEAD COACH
Mr. Rajeev Godara	Mr. Sandeep Malik
Ph. 9999921269	Ph. 94680 11293

Team Name _____

IABF Registration No.	Weight Category	Name
	W 53 Kg	
	W 57 Kg	
	W 66 Kg	
	M 50 Kg	
	M 57 Kg	
	M 61 Kg	
	M 72 Kg	
	M 79 Kg	
Name of Team Coach		Ph.
Name of Team Coach		
Referee & Judge		
Referee & Judge		
Referee & Judge		

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HARYANA V/S DELHI

Boxer Registration Form

IABF Registration No; _____ Team Name _____

Name Ms. Mr. _____

Father's Name _____

PHOTO
3.5 X 4.5 cm
White Background

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 and School Certificate
Medical Report
Pregnancy report is mandatory for female boxer.

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HARYANA V/S DELHI

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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HARYANA V/S DELHI

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 any 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: