

	<p><b>INDIAN AMATEUR BOXING FEDERATION</b>  Registered Under Society Registration Act. XXI of 1860  Affiliated with: Asian Boxing Confederation (ASBC)  &amp; International Boxing Association (IBA)  E-mail: iabf@indiaboxing.in   www.indiaboxing.in</p>
---	--

**“SAGI RAMAKRISHNAM RAJU TROPHY-2026”**

**OPEN U-23 MEN & WOMEN BOXING CHAMPIONSHIP FROM 19-22, MARCH, 2026  
AT SRKR ENGINEERING COLLEGE, CHINNAMIRAM, CHINAMIRAM RURAL, ANDHRA PRADESH**

**COMPETITION SCHEDULE**

DATE	TIME	EVENT
Wednesday 18 <sup>th</sup> March, 2026		Arrivals of Teams & Officials
	12:00-16:00	Registration & Issue Boxer Record Book & Accreditations Card
	14:00-14:30	Team Manager Meeting
	15:30-16:00	Technical official Meeting
	16:00-18:00	Draw
Thursday 19 <sup>th</sup> March, 2026	08:00-09:00	Medical & Weigh-In
	12:00-13:00	Opening Ceremony
	13:00-14:00	Preliminaries Bouts
	14:00-15:00	Lunch
	15:00-20:00	Preliminaries Bouts
Friday 20 <sup>th</sup> March, 2026	08:00-09:00	Medical & Weigh-in
	12:00-14:00	Quarterfinals Bouts
	14:00-15:00	Lunch
	15:00-20:00	Quarterfinals Bouts
Saturday 21 <sup>st</sup> March, 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 22 <sup>nd</sup> March, 2026	08:00-09:00	Medical & Weigh-in
	12:00-14:00	Finals Bouts
	14:00-15:00	Lunch
	15:00-20:00	Closing Ceremony
Monday 23 <sup>rd</sup> March, 2026	Morning	Departures

	<p><b>INDIAN AMATEUR BOXING FEDERATION</b>  Registered Under Society Registration Act. XXI of 1860  Affiliated with: Asian Boxing Confederation (ASBC)  &amp; International Boxing Association (IBA)  E-mail: <a href="mailto:iabf@indiaboxing.in">iabf@indiaboxing.in</a>   <a href="http://www.indiaboxing.in">www.indiaboxing.in</a></p>
---	---

**“SAGI RAMAKRISHNAM RAJU TROPHY-2026”**

**OPEN U-23 MEN & WOMEN BOXING CHAMPIONSHIP FROM 19-22, MARCH, 2026  
AT SRKR ENGINEERING COLLEGE, CHINNAMIRAM, CHINAMIRAM RURAL, ANDHRA PRADESH**

U-23 Men Team Name \_\_\_\_\_

Weight Categories					
S.No	Registration No.	Weight Category	Over	to Kg	Name
1		Minimum weight	46	48	
2		Flyweight	48	51	
3		Bantamweight	51	54	
4		Featherweight	54	57	
5		Lightweight	57	60	
6		Light Welterweight	60	63.5	
7		Welterweight	63.5	67	
8		Light Middleweight	67	71	
9		Middleweight	71	75	
10		Light Heavyweight	75	80	
11		Cruiserweight	80	86	
12		Heavyweight	86	92	
13		Super Heavyweight	92	-	
14	Team Coach				
15	Team Manger				

President / General Secretary Name

Signature

Stamp

Please send this form to the Organising Secretary  
**NOT LATER THAN 10<sup>th</sup> MARCH, 2026**

	<p><b>INDIAN AMATEUR BOXING FEDERATION</b>  Registered Under Society Registration Act. XXI of 1860  Affiliated with: Asian Boxing Confederation (ASBC)  &amp; International Boxing Association (IBA)  E-mail: <a href="mailto:iabf@indiaboxing.in">iabf@indiaboxing.in</a>   <a href="http://www.indiaboxing.in">www.indiaboxing.in</a></p>
---	---

**“SAGI RAMAKRISHNAM RAJU TROPHY-2026”**

**OPEN U-23 MEN & WOMEN BOXING CHAMPIONSHIP FROM 19-22, MARCH, 2026  
AT SRKR ENGINEERING COLLEGE, CHINNAMIRAM, CHINAMIRAM RURAL, ANDHRA PRADESH**

U-23 Women Team Name \_\_\_\_\_

S.No.	Registration No.	Weight Category	Name
1		Minimum weight 45-48	
2		Light Flyweight 48- 50	
3		Flyweight 50- 52	
4		Bantamweight 52- 54	
5		Featherweight 54- 57	
6		Lightweight 57- 60	
7		Light Welterweight 60- 63	
8		Welterweight 63- 66	
9		Light Middleweight 66- 70	
10		Middleweight 70- 75	
11		Light Heavyweight 75- 81	
12		Heavyweight 81 -	
14	Team Coach		
15	Team Manger		

President / General Secretary Name    Signature

Stamp

Please send this form to the Organising Secretary  
**NOT LATER THAN 10<sup>th</sup> MARCH, 2026**



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](mailto:iabf@indiaboxing.in) | [www.indiaboxing.in](http://www.indiaboxing.in)

### 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  
Medical Report  
Pregnancy report is mandatory for female boxer.



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](mailto:iabf@indiaboxing.in) | [www.indiaboxing.in](http://www.indiaboxing.in)

### 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. \_\_\_\_\_

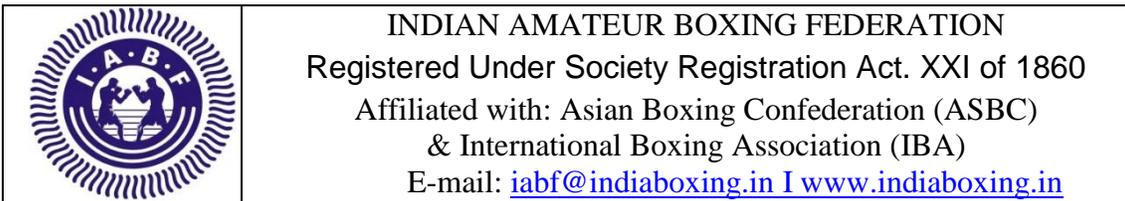
Competition Name \_\_\_\_\_

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 \_\_\_\_\_



**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)



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](mailto:iabf@indiaboxing.in) | [www.indiaboxing.in](http://www.indiaboxing.in)

### 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: