INDIAN AMATUER BOXING FEDERATION

Gate No. 28, Room No. 158-A, J.N. Stadium,
New Delhi - 110 003, Tel. No. 011 24 36 5441
Fax : +91 11 2436 35 07, Email : iabf@vsnl.com
website : www.indiaboxing.org

REFEREE / JUDGE'S REGISTRATION FORM

Reg. No. _____ **Date** _____

1 Name :

2 Father's Name :

3 Address :

Passport Size Photograph

4 Date of Birth : __ __ - __ __ - __ __ __ __ **5 Tel.**

6 Email :

7 Fax : **8 Mobile**

9 Permanent Address :

10 Educational Qualification : _____

11 Sports Achievements : _____

12 Whether NIS Qualified Yes / No **Grade** _____ **Place** _____ **Year** _____

13 IBF Judge Qualified **Year** _____ **Place** _____

14 IBF Referee Qualified **Year** _____ **Place** _____

15 ASBC Judge Qualified **Year** _____ **Place** _____

16 ASBC Referee Qualified **Year** _____ **Place** _____

17 AIBA Judge Qualified **Year** _____ **Place** _____

18 AIBA Referee Qualified **Year** _____ **Place** _____

Signature of the Referee/Judge

Secretary ROC

www.indiaboxing.org