



**INDIAN AMATEUR BOXING FEDERATION**  
**India Professional Boxing League (IPBL)**  
**Registration Form**



NAME: .....IABF Registration No.....

SEX: MALE  FEMALE  BLOOD GROUP .....

DATE OF BIRTH .....

EDUCATION QUALIFICATION .....

WEIGHT CATEGORY.....

PERFORMANCE AS A BOXER .....

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MOBILE No.:.....E-MAIL:.....

ADDRESS:.....

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SIGNATURE OF TRAINER

SIGNATURE OF BOXER

**ELIGIBILITY CRITERIA**

1. Applicants should have Participated in State Boxing Championship.
2. Medical Fitness certificate.
3. Applicants should have attached photocopy of Certificates.
4. Registration Fee: Rs. 2000 (Rupees Two Thousand only) Cash/Chque/DD in Organising secretary
5. Application form sent with all copy of their valid certificates to:-

Mr. M. Baskara Seliyan  
Chairman  
Professional Boxing Commission  
Indian Amateur Boxing Commission  
24, First Floor, Dr. Thangaraj Salai 4th Cross St. Near Govt. Law College, K.K. Nagar,  
Madurai-20 Tamilnadu Phone: 8056405533, 9865471144  
E-mail: mbaskaraseliyan12@gmail.com Website: www.soldiersboxingacademy.com