



IABF PRO BOXING LEAGUE
JULY 6-10, 2026 AT TALKATORA
INDOOR STADIUM, NEW DELHI

ACCREDITATION FORM

Last Name: _____ First Name _____

Father's/ Husband Name _____ PHOTO

Date of Birth _____

Mobile No. _____

E-mail _____

Name of the Organization: _____

Designation _____

Occupation _____

Address _____

Education _____

Role of Participant: Boxer * Team Coach * Doctor * Technical Official

* Organising Committee Member * IABF Family * Press/Media * Volunteer

Social Media Account Instagram _____

Facebook _____

YouTube _____

X _____

Website: www. _____

Date:

Venue:

Signature

Attach: Address Prof