



# 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 24363507, Email : iabf@vsnl.com  
Website : www.indiaboxing.org

Form No.

Year

## 'BOXER'S TRANSFER / 2ND UNIT ADDITION FORM'

1 Surname

Name

Father's Name

PASSPORT SIZE PHOTO

Date :

Signature :

I declare that I intend boxing for the unit stated below during the year, for which necessary certificate is issued by the unit hereinbelow.

2 Registration No.

(Quote your registration number)

3 Name of the units

for which player is registered Now

4 Name of the units

for which player intends to box henceforth

### FOR ADDITION

### CERTIFICATE TO BE SIGNED BY UNIT

CERTIFIED that the applicant is a member of our unit and that he /she may play for the unit, if selected. We recommend that his name be registered with our unit.

HON SECRETARY / PRESEDENT  
(UNIT 1)

HON SECRETARY / PRESEDENT  
(UNIT 2)

Date : \_\_\_\_\_

Date : \_\_\_\_\_

### FOR TRANSFER

CERTIFIED that the applicant was regitsered for my / our unit \_\_\_\_\_

\_\_\_\_\_ I / We have no objection to his registration being transferred to \_\_\_\_\_ unit.

HON SECRETARY / PRESEDENT  
(UNIT 1)

HON SECRETARY / PRESEDENT  
(UNIT 2)

