

BOXING INDIA

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2 Photographs Passport Size

BOXER REGISTRATION FORM

Unit Name																							
Name																							
Father's Name																							
Mother's Name																							
Date of Birth	D	D	IV	1 1		Y	/ Y	·	Y G	ende	er M	F	Blo	ood G	roup	A+	A-	B+	B-	0+	0-	AB+	AB-
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Email																							
Mobile											Land	dline											
Two Prominent (1)																							
marks on the body (2)																							
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Boxer Signature												Presi	ident /	& Stam Secre	tary								
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School / College / In Name of In School / C Date of Admission Present Class	Colleg	e / Ins	stitute				Admi	ssion	No							I cer men	rtify t	ed is v	verific	ed an	d cor	rect	
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Signature & Stamp of Registration Official Email: bi@proglogix.com | Phone: 011-43090582 | Website: www.proglogix.com