

PAKISTAN PROFESSIONAL BOXING ASSOCIATION (PPBA)

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APPLICATION FOR PROFESSIONAL BOXERS LICENSE

	T SHOULD ANSWER Legistration No				
				photo	
NameFirst		Last		prioto	
RING Name					
AddressStreet no.		Ci	ty	_	
State		ZIP code E.Mail:			
WhatsApp Number		Father's Name			
Father's Occupation		Father's Contact No			
Date of Birth,	Place of Birth Age				
Education Qualifications	School	/ College / Uni	versity		
Gender: male/female	Marital Status	3	_ Occupation	on	
Normal Weight	Ring Weight Blood G		roup		
Nationality	CNIC/B Form Number:			Expiry Date	
Coach Name:	Name of Gym o	r Club where yo	ou train:		
Address of Gym or Club wh	ere you train:				
Current Record or Achievem	ent				
Date of Last Bout:	Res	ult of Last Bou	t:		
Location of Last Bout:					
Have you held a Profession	nal Boxing License previ	iously? Yes	f	No	
If YES. Name of Sanctionin	a bodv				

	Name of Manager	CITY/STATE WHERE CONTRACT WAS FILED			
Jndert al	king:				
I here	by confirm that all the above information pr	rovided by me is correct, I do hereby			
solem	nly undertake that:				
1.	I shall abide by the rules and regulations i boxing association (PPBA) at present, or v future.	·			
2.	I shall not through my acts, speech, or gestures, incite any feeling, which are derogatory to any sect, ethnic group, caste, religion, creed, or place of origin.				
3.	I shall not indulge in any political activities including unionism or political groupings.				
4.	I shall abide by the rules and regulations i (WADA) / National Anti-Doping Agency.	mplemented by World Anti-Doping Agency			
5.	In case I do not follow the above-mention be suspended or cancelled.	ned points (from 1 to 5) my registration may			
Signatuı	re of Player:	Date:			