

Pakistan professional boxing association (PPBA)

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APPLICATION FOR PROFESSIONAL REFEREE, JUDGE & PROMOTERS FOR LICENSE

EACH APPLICANT S	HOULD ANSWER THE FOLLOW	/ING
Registration No		
NameFirst	Last	photo
AddressStreet no.	City	
State	ZIP o	code
Telephone/Mobile:	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 / Ur	niversity
Gender: male/female	Marital Status C	Occupation
Blood Group	Nationality	
s granted to me, I agree to adh	iven above is true and correct in e ere strictly to and abide by the rul REE, JUDGE and PROMOTER LICEN	es of PPBA for the time being in
A medical certificate or official's.	form must be properly answered. f good health is required to be sub	
4. CNIC copy must be atta		if involved in any criminal activity
Signature of Applicant:	D	ate: