



NEPAL PROFESSIONAL BOXING COMMISSION

BOXERS LISENCE APPLICATION (FEE

Photo

Date _____

(PLEASE FILL THE REQUIRED INFORMATION COMPLETELY)

Surname _____ First name _____ Middle _____

Boxers Ring Name _____ Passport No. _____

Mailing Address _____

Telephone _____ Mobile _____

Email _____

Weight _____ Height _____ Hair _____ Eyes _____

Age _____ Date of Birth _____ Place of Birth _____

Citizenship _____
Manager _____

Promoter _____
Trainer _____

Have you been suspended by a Sports Authority? [] Yes [] No

If Yes where and when

Have you ever been convicted of a felony or misdemeanor? [] Yes [] No

Complete Professional Boxing Record

Win _____ Loses _____ Draw _____ No Contest _____
KO's _____

Applicant's Signature