

### Army BA Tournament Record Sheet

Date :	Name of Club:	Association:	Venue:
Supervisor:		Assistant Supervisor:	Medical Officer:

Bout No.	Reg No	Name	Unit / Club	DOB	KG	Bout Type			RNDS 4X2 3X2 3X3	PTS Unan Split	Won	Lost	RSC	RSC (I)	ABAND	KO	DQ	INJ EYES NOSE EARS	Suspension period
						M OR F	J Y E	DEV ELITE											
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

This form must be completed in **BLACK INK** and signed by the Supervisor or Medical Officer.

Print .....

Signed .....

Designation .....