Injuries among participants of the 51st National Amateur Boxing Championship (Men) at Hisar, Haryana - August 2004

A prospective cohort study

By

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(MAE-FETP Scholar 2003-2004)

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CERTIFICATION

This is to certify that this dissertation, entitled **'Injuries among participants of the 51st National Amateur Boxing Championship (Men) at Hisar, Haryana - August 2004 - A prospective cohort study'** submitted by Dr. Tarun Kumar Tamta, in partial fulfillment of the requirements for the degree of Master of Applied Epidemiology, is the original work done by him and has not been submitted earlier, in part or whole, for any other (Publication or degree) purpose.

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Abstract

Background

Boxers who participate in championships are prone to injuries. Documentation of the frequency and type of injuries in different weight categories may allow recommending protective prevention measures.

Objectives

To measure the incidence and type of acquired injuries among participants of different weight category and review the medical facility in the national event.

Methods

We conducted a prospective cohort study among 610 participants >18 years of age from 37 states of India, in National Amateur Boxing Championship 2004 held at Hisar, Haryana. We used a semi-structured questionnaire to interview all participants examined them to collect information about the number and type of injuries in different weight categories.

Results

All participants were included in the study. Seventy-eight injuries were reported in 2440 minutes play (incidence rate: 3.2 per 100 participants–minute). The incidence among medium and heavy weight boxers (4.1%) were twice as high then among low weight (2.0%) (p=0.03). Soft tissue injury was most common (n=33, 42%), followed by nasal injuries (n=19, 24.6%). Knock out due to head blow and body blow (19.6%), fracture / dislocation (5.1%), and eye injuries were less commen (2.6%). One participant experienced with mild cerebral concussion and recovered after three days of conservative management.

Conclusion

Injuries are common and severe among amateur boxers involved in championships, and medium to heavy weight boxers are at higher risk. Interventions must be implemented to prevent injuries in this population, which may include the use of thumb-attached gloves as per international boxing rules.

Key words Amateur, Boxing, Incidence, Injury, Championship.

1. Introduction

Injuries are common in sports events. The participants in boxing are prone to injuries more than other athletes[1]. Injury rates (injuries per 100 participants per minute of game) ranges from 0.51 in softball to 3.2 in boxing. In various sports events the injury rates[2,3] being 1.27 in soccer, 1.46 in base ball, 1.8 in gymnastic, 2.3 in tackwondo, 2.4 in kick boxing, 3.0 in foot ball, and 3.1 in wrestling. A survey of athletes during and after competition and training sessions suggested that about 60% of injuries go unreported[4]. In boxing, head, face and hand injuries account 50% of all injuries. Lower extremity injuries are less common[5].

Although rare, the potential for head injury exist in almost any sports. Sports related head injury accounts for about one-tenth of all head injuries presenting to hospital and specialized neurosurgical units[6,7]. In most sports, head injury occurs usually as an accidental or indirect consequence of play. Boxing is a combative contact sport in which trauma to the head is common. In boxing, the head is legitimate target for blows. In fact, by encouraging a 'Knockout' as the principal aim of the fight, the head has great importance as a target. Morbidity and mortality are high among boxing than in other sports. According to the British Medical Association study, 361 deaths have occurred in the ring worldwide since 1945. During 1985-1993, six of the 18 boxing deaths reported were amateur boxers[8]. Chronic brain injury in boxers[9] is associated with direct effects of mechanical trauma to the brain or indirect pathological features akin to Alzheimer's disease and Parkinson's disease. Chronic brain injury is found more commonly in professional boxers. Cervical injury in

boxing may be serious but are not common[10]. Serious injuries of eyes may occur in boxing, including injuries of the eyelids, cornea, anterior chamber, lens and retina[11]. Injuries to nose, ears and fractures of bones of the striking fist are common. Other injuries[12] include disturbance of hearing of the balance mechanisms of the ear, cranial and peripheral nerve and contusions of the kidney.

The Indian amateur boxing federation and the state boxing associations do not hold injury record of their boxers. Thus in Indian situations, the incidences of injury among amateur boxers are not recorded. History of injury per individual participant and the events are not available. The nature of deterioration that takes place in chronic brain injury due to boxing is likely to be difficult to trace in the individual sufferer. Thus it is necessary to study the type and frequency of injuries to plan for future protective measures.

2. Justification

National level boxing events have been organized for the past 50 years in the country, but no systematic study has been conducted so far to improve preparedness before, during and after the boxing events.

Despite all precautions boxer are likely to be injuried and to require medical attention. Therefore, it is important to determine the incidence and type of injuries during the boxing event in the context of improving preparedness and preventing boxing injuries.

Boxing injury data are not available in Indian amateur boxing federation and state boxing association offices. Hence, it is important to understand the epidemiology of boxing injuries. For this a country and state based study is necessary.

To the best of investigator's knowledge, no epidemiological study on boxing injury has been documented till date in national level championships in the country. Hence, this study is undertaken to estimate the incidence of boxing injuries and to identify the possible factors responsible for the injuries.

3. Objectives

The objectives of this study were to measure the incidence and types of acquired injuries during boxing events, among the participants of national amateur boxing championship at Hisar, Haryana and to review existing medical facilities and suggest guidelines for management and treatment of injuries; prevention and rehabilitation of the injured boxer during the championship.

4.1. Introduction

Boxing is a contact sport in which two boxers within the same weight category compete against each other, score points by landing blows (punches) with force on their opponent's target areas. It is one of the oldest Olympic sports, derived from ancient military tradition as an arduous form of individual combat. There are two recognized forms of boxing – professional and amateur (olympic-style) boxing. Different scoring methods and rules govern these two types of boxing, making them, in effect, two distinctly different, although closely related sports[13].

4.2. Historical Background

Depicted on the walls of tombs at Beni Hasan in Egypt, dating from about 2000 to 1500 BC, boxing is one of the oldest forms of competition. A part of the ancient Olympic games[14], the sport was exhausting and brutal. The Greeks fought without regard for weight differentials and without interruption, a match ending only when a fighter lost consciousness or raised his hands in resignation. Boxers wound heavy strips of leather around their hands and wrists. Under Roman rule, these thongs (the caestus) were laced with metal, ensuring an abundance of blood. Statues of maimed boxers from late antiquity attest to the carnage. After the demise of the Olympics, boxing survived as a common sport. It persisted at local fairs and religious festivals throughout medieval Europe and was especially popular in the west and north of England, where it was often a combination of wrestling and street fighting.

4.3. The Organization of Boxing

In early 18th-century in England, boxing became organized with the aid of royal patronage in the form of betting or prizes. James Figg, the first British champion (1719-30), opened a School of Arms, which attracted numerous young men to instruction in swordplay, cudgeling, and boxing- the "manly arts of self-defense." After delivering a fatal blow in a bout, Jack Broughton drew up (1743) the first set of rules. Though fights still ended only in knockout or resignation, Broughton's rules moderated the sport and served as the basis for the later London Prize-ring Rules (1838) and Queensbury Rules (1867). The latter called for boxing gloves, a limited number of 3-minute rounds, the forbidding of gouging and wrestling, a count of 10 sec before a floored boxer is disqualified, and various other features of modern boxing.

4.4. Amateur Boxing

Amateur boxing, while not free from debate, has in recent decades taken steps to ensure safety and objective judging. The Golden Gloves national tournament has long been a stepping-stone for young fighters, but the Olympics are the most visible forums for amateurs. Olympic boxers wear ten-ounce gloves, padded headgear, and fight just three rounds of three minute. Judges use electronic devices to record the scoring punches that determine the winner.

Rules are geared to protect the health and safety of the boxer[15]. The rules are uniform in all 190 Association Internationale De Boxe Amateur (AIBA) countries worldwide. Objective to win in on points by landing more correct scoring blows on the opponent's target

area. Knockdowns do not result in extra points; knockouts are accidental and not an objective. Four rounds (Three rounds for females) of two minute each. Shorter rounds for beginners and boxers under seventeen years. Gloves ten oz for competitions, specially designed to cushion the impact. White area denotes striking surface. It must have AIBA approved label. Headgears compulsory for all competitions worldwide since 1984. Singlets (tops) mandatory for males and females. Standing 'eight-count' given to a boxer in difficulty. After three 'Eight-count' in a round or four in total, the bout is stopped. The first priority duty of referee is to protect the boxers, and to enforce the rules in the ring. The referee dose not keeps the score. The bout is stopped when there is much bleeding, cut or swelling around the eye due to an injury. If the boxer is overmatched, and has difficulty defending against a far superior opponent, the referee stops the contest (RSC) by RSC-outclassed. There are 21 fouls (i.e. forbidden, unfair or dangerous tactics), which leads to warnings and point penalties if committed. The boxers disqualified after three warnings.

4.5. Difference between amateur and professional boxing[16]

The differences are numerous. The main objective in amateur boxing is to score points. Fitness, physical conditioning and strategy are more significant factors in determining the outcome of a bout. Equal emphasis is placed on avoiding blows and scoring blows. The force of a particular blow and its effects on one's opponent are not scoring considerations in amateur boxing. Thus, the "knockout" is a by-product rather than a primary objective in this form of the sports.

The knockout, a concussive blow then renders an individual defenseless, is the

primary goal in professional boxing. As is the case with amateur boxing, the boxer who scores a knockout with a legal punch on combination or punches is declared the winner of the bout. Only in professional boxing, added "weight" is given to a scoring blow based on its impact and effect on one's opponent. A knockout down counts for 1 point out of a total of 10 points awarded for a given round. In other words, by knocking his opponent down, a boxer can win a round 10 to 8 rather then 10 to 9, which is how most rounds are scored. In amateur boxing, On the other hand, a knockout punch is worth no more than a clean job, because one punch is scored as 1 point. In addition, in amateur boxing, a standing eight count – a period during which a referee can evaluate a boxer's ability to continue the bout- is given to a boxer who has received a stunning blow. This count is not often used in professional bouts.

The other visible differences include the use of headgear and shirt tops in amateur boxing to reduce the risk of cuts and abrasions (neither is worn in professional bouts). Amateur bouts are shorter (three 3-minute rounds or five 2-minute rounds) than professional bouts (a minimum of 4, 3-minute rounds, and usually 10 or 12 rounds). Professional boxers use lighter gloves, increasing the force of blows landed. Amateurs must use thumb-attached gloves to prevent eye injury.

4.6. Injuries in boxing

4.6.1. Acute brain injury

Common head injuries are subdural hematomas, epidural hematomas and concussions.

4.6.1.1. Subdural hematomas

Subdural hematomas usually occur when the bridging veins between the brain matter and

dura lining are ruptured. The mechanism that causes this effect is acceleration / deceleration that result from the sudden impact of a punch and secondary sudden cessation due to the impact of the brain against the skull. In the former case, stretching and tearing of veins occur. In the latter, both tearing and brain contusion may result. The bleeding and swelling that ensue create an enlarging mass lesion that may lead to symptoms of hemipareisis, seizures, pupillary changes, photophobia, nausea and vomiting, increased blood pressure, decreased pulse and ultimately uncal herniation and death[17].

4.6.1.2. Epidural hematomas

Epidural Hematomas are also not possible, but very uncommon, and rarely seen, except in cases in which skull fractures are involved. This unexpected injury is theoretically possible when a boxer is knocked out and lands outside the ring or strikes his head while falling on the mat (ring) the typical countercoup injury.

4.6.1.3. Concussions

The word concussions derived from the Latin "concussus" meaning, "to shake violently". It is a temporary disturbance of brain function that occurs without structural change to the brain. If a concussion is suspected, baseline information, such as blood pressure, pulse rate and quick neurologic checks of the cranial nerves and motor function tests are imperative. An extremely important indicator of the severity of concussive injury is memory. Most experts use presence or absence of post-traumatic or retrograde amnesia as early warning signs of moderate to severe concussion[18].

In boxing common questions should be asked regarding concussions - What did he hit you with? What do you last remember before being hit? What do you first remember after coming to? These questions are helpful in ascertaining amnesia and indicate more exactly how long the period of unconsciousness lasted - a key factor in determining the seriousness of the injury. In amateur boxing, any knockout warrants a 30 days suspension. When loss of consciousness occurs, the suspension increased to either 90 or 180 days based on the opinion of the attending physician.

4.6.2. Other acute injuries

Acute injuries are abrasions, lacerations, injuries to the nose, fracture / dislocation.

4.6.2.1. Upper extremity injuries

The upper extremity injuries are the most common injuries among boxers next to closed head injuries. The constant blow of punches during extensive training and competition leads to injuries such as rotator cuff strain and tear, sub deltoid or acromial bursitis and tendonitis of the biceps tendon[19]. Power punches that cause explosive acceleration of the glenohumeral joint and rotator cuff may cause an acute dislocation of the shoulder[20]. It most often happens when the punch is missed and deceleration of the structures dose not occur. The elbow joint bear the same trauma from frequent punching and hyperextension strains causing chronic ulnar collateral tearing and laxity[21].

4.6.2.1a. Wrist injuries

Wrist injuries[22] are more chronic than acute. The majority are sprains that, over time, lead to arthritic hypertrophy, or so-called bossing of the carpal bones dorsally.

4.6.2.1b. Metacarpal injuries

Most of the force of the punch should be absorbed normally by the 2nd & 3rd meta carpophalangeal joint, Misdirected punches are causes for fractures of the 5th metacarpal, also known as the boxer's or "Saturday night" Fracture. Metacarpal injuries[23] are easy to diagnose.

4.6.2.1c. Traumatic synovitis

It is common and carrier threatening injury. The inflammation and swelling of which can lead to subluxation and even tearing of the extensor hood mechanism at the meta carpophalangeal joint. This injury poses a threat to the boxer's carrier. An extensive rest period is required to heal this injury and surgery is often indicated.

4.6.2.1d. Tear of the ulnar collateral ligament of thumb

Previously it was quite common, but now have been greatly reduced in boxing when thumb attached gloves are worn.

4.6.2.1e. Rib fracture and chest wall contusion

Rib fractures and chest wall contusions are quite common. Ringside physicians must be particularly aware of symptoms of these injuries. Boxers often try to hide these injuries in pre-competition qualifying examinations[24].

4.6.2.1f. Nasal injuries

Nasal injuries[25] are among the most evident injuries in the ring. The nose is of course a favorite target for boxers, and epistaxis is common. Compound fracture of nasal bone occur, in which case the bout must be stopped to prevent penetrating injury to the cribriform plate. Septal deviations are considered an occupational hazard among boxers.

4.6.2.1g. Eye injuries

Eye injuries[26, 27] such as retinal detachments are of major significance and must be a serious concern for physicians conducting qualifying examinations. Hyphemas are rare but Glaucoma and traumatic cataract do result. Corneal abrasions still occur; even in bouts where thumb attached gloves are used.

4.6.2.1h. Cuts in boxing

Cuts are less common in amateur boxing than in the professional boxing, because of the use of head guards and other protective measures, but cut are still seen in both type of boxing. The general rule regarding cuts in boxing is that a cut may increase the severity of the injury so the bout must be stopped[28]. The following outlines the usual locations of cuts.

Cut (A) rarely causes visual problems. Cut (B) may cause visual problems. If it extends medially, it may injure the supra orbital nerve. Cut (C) caution if the cut extends medially and threatens the infra orbital nerve or the nasal lacrimal duct. Cut (D) cuts on the upper eyelids might cause permanent damage to the tarsal plate. Cut (E) vertical cuts through the vermilion border of lip may extend on subsequent blows. Intra oral cuts are only problematic if they produce excessive intra oral bleeding. Cut (F) cuts on the bridge of the nose must be carefully checked for evidence of compound nasal fracture.

Plate 1

Location of cuts in the face

(A) Cut on the zygomatic bone.
(B) Cut on the supra orbital margin.
(C) Cut on the infra orbital margin.
(D) Cuts on the upper eyelids.
(E) Intra oral cuts.
(F) Cuts on the bridge of the nose.

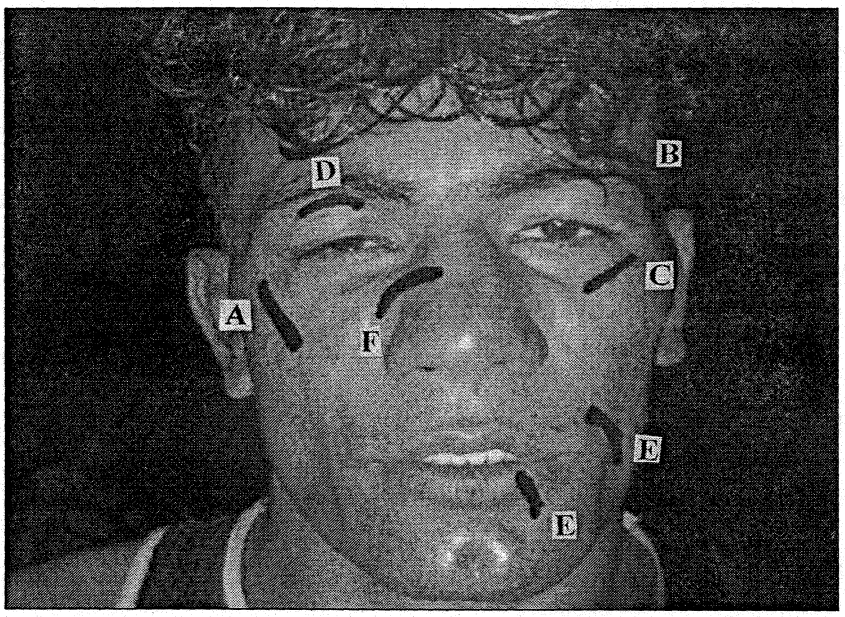

Plate 1

4.6.2.1i. Mandibular fractures

Mandibular fractures are usually caused by an improperly fitted mouthpiece or crooked wisdom teeth that act as a wedge at the angle of the jaw[29].

4.6.2.2. Lower extremity injuries

Lower extremity injuries[30, 31] are rare. Occasionally, knee or ankle sprains occur. Fractures of the lateral malleolus may be seen where a boxer falls unconscious and inverts his ankle. Neck and Back injuries are also rare. Punches to the back of the head and neck (i.e. rabbit punching) and punches to the lower back (i.e. kidney punching) are illegal and related to blunt trauma to renal injury. A blow to the epigastric area affects the neural solar plexus, leading to temporary reflex spasm of the diaphragm and paralysis of respiration.

4.6.3. Chronic brain injuries

This is chronic brain dysfunction (neurologic dysfunction) - dementia pugilistica - punch-drunk syndrome. The condition is manifested by irritability, depression, slurred and monotonous speech slow and unsteady gait, tremulousness headaches and seizures. The physiologic cause of dementia pugilistica is not clear, although most experts believe it is caused by micro hemorrhages of the brain stem and neuronal damage.

4.6.3.1. Second impact syndrome

Other than post-concussion seizures and chronic brain syndromes, second impact syndrome[32] is the most significant yet often unappreciated post concussion syndrome. Under-standing of this potential sequela to head injury can lead to life saving action by the

sports physician.

Schneider first described second impact syndrome[33] in 1973. The syndrome is clearly an important concern in boxing. Sparring and competition both involve head blows, which demand medical screening for any concussive symptoms following head trauma. Physiologic explanation - a first impact causes a cerebral vasomotor paralysis theoretically from cerebral contusion and micro-hemorrhages. The individual then sustain a second head injury, although remarkably minor, before symptoms of the first injury have clear. The seemingly minor second impact on an already compliance compromised brain vasomotor system results in vasomotor paralysis, edema leading to massive swelling and catastrophically increased intracranial pressure. This can occur within a short period as 2-5 minutes. Thus, the extremely important responsibilities for ringside physicians are always perform as a thorough pre-competition physical examination as possible, post-competition physical examination, definitive suspension period after loss of consciousness and prepared to recognize signs. of post concussion syndrome.

4.7. Rules for visual acuity for boxers

The rules for visual acuity are quite specific. If a boxer is totally unsighted (uncorrected vision less then 20/400) in one or both eyes he is prohibited from boxing. In addition, a boxer with corrected visual acuity of less then 20/60 in either eye, regardless of the cause, is not allowed to participate in amateur boxing. Most professional boxing commissions have their own specific rules regarding vision qualifications[34].

4.8. Initial injury management[35, 36]

The PRICES methods should be implemented in the initial treatment of an acute musculo-skeletal injury.

P-Protection – help prevent further injury. Examples include crutches, slings and splints.

R-Rest – varies from complete rest (absolute rest) to partial participation (relative rest) depending on the severity of the injury.

I-Ice – cold therapy decreases pain, swelling and inflammation.

C-Compression – gentle, even pressure used in conjunctions with ice helps to limit swelling.

E-Elevation – placing the injured part above the level of the heart enhance venous return and extra vascular fluid is drained away from the injured area.

S-Support – a functional type of protection, such as taping thumb, finger, wrist, ankle or minor sprain, used when the boxer has a minor injury without any significant symptoms and is going to return bout right away.

4.9. Treatment

4.9.1. Cryotherapy

Cryotherapy is the treatment of an injury with cold (Ice). It is used for the immediate care and rehabilitation of soft tissue injuries and other musculo skeletal problems. It decreases temperature, pain, swelling by producing vasoconstriction and decreases hematoma formation. It also decreases muscle spasm by inhibiting the stretch reflex in the muscle

spindle.

Cryotherapy application by use of ice packs, ice cup massage, ice emersion bath, cryotemp compression, coolant sprays and cryocuff. The optimal temperature is 10-18°C. A general rule is to apply ice 20 minutes out of an hour with a maximum of 30 minutes, followed by at least 30 minutes without cold packs; if a patient has lower cold tolerance, then the treatment duration should be adjusted accordingly[37].

4.9.2. Heat

The main purpose is to increase tissue temperature. Heat will increase the blood flow to the heated area; decrease edema formation; increase elasticity of ligaments; capsular fibers and muscles; increase leucocytes and phagocytes; decrease muscle tone; decrease muscle spasm and tone; accelerate the metabolic process and decrease pain.

Superficial heat is applied in the form of warm whirlpools, contrast baths, paraffin bath and hydroculator packs. It is indicated for the treatment of decreased joint range motion (e.g. due to stiffness, contractures) hematomas and increased pain[38].

4.9.3. Ultrasound

Ultrasound is the use of inaudible, acoustic, mechanical vibrations of high frequency that produce thermal and non-thermal physiologic effect in human tissue.

Continuous ultrasound is used to increase tissue temperature and collagen extensibility, to decrease joint stiffness and spasm / pain and to increase blood flow and produce some mild inflammatory reaction. It is best used for its heating effect. Pulsed ultrasound, because of its non-thermal effect, should be used when swelling is a concern (for

acute injuries). Chronic injuries should receive continuous ultrasound every day. A 1-MHZ sound heat will penetrate 3-5 cm deep and is typically used over fatty areas of deep tissue. The 3-MHZ sound heat is used for superficial injuries and will penetrate approximately 1-2 cm deep[39].

4.9.4. Iontophoresis

Iontophoresis is a process, that uses direct current (DC) to drive an ionized medication through the skin. The most common solution used in the electrode well is dexamethasone combined with xylocaine[40].

4.9.5. Short-wave diathermy

In this high frequency, electromagnetic current is used to induce deep tissue heating by vibration and distortion of the tissue molecules. It typically will heat up to 3-5 cm, but this depends on the wave frequency and the electrical properties of the tissue, most of the heat is dispersed superficially within the subcutaneous fat[40].

4.9.6. Traction

It is used for distraction of vertebral bodies, gliding of the facet joints, tensing of ligaments structure of the spinal segments, widening of the intervertebral foramen, stretching of spinal musculature.

4.9.7. Continuous passive motion

Continuous passive motion involves the application of an external force to take an involved extremity through a preset range of motion. Specific devices are available for both the upper

and lower extremities. Upper body ergometer and stationary bikes also fall into the category as the non-involved extremity is used to apply the external force to move the involved extremity[40].

4.9.8. NSAID

NSAID (Non steroidal anti-inflammatory drug) are widely used for their anti-inflammatory and analgesic properties[41].

4.9.9. Steroid therapy

The most commonly used injections include corticosteroids with or without local anesthetic and saline. Injections refer to the placement of some medication inside a joint, bursa or tendon. However, corticosteroid injections may weaken tendon and result in tendon rupture, so always use under supervision[42].

4.9.10. Massage therapy

Massage or soft tissue manipulation seem to benefit boxer therapeutically, prophylactically, mechanically, physiologically and psychologically. It is used by many boxers both pre and post competition, as well as during competitive rest or breaks. Massage is said to vasodilate (and can be used to 'warm up') extremities, reduce or treat spasm of muscles, reduce swelling or reduce soreness. Massage promotes relaxation, which may promote healing and recovery. Massage is useful in rehabilitation after sprains, strains or contusions and stimulating blood flow, reducing edema preventing or breaking apart undesired fibrosis, and relaxing muscle spasm. Massage relieve discomfort, increase pain threshold, and even improve performance.

4.10. Protective equipment

Protective equipment is utilized not only in prevention of injury but in preventing re-injury to the boxer while allowing safe return to the game, while proper selection, care and maintenance of equipment is necessary to prevent injury, the equipment is often so protective that it allows other injuries to occur[43, 44, 45].

Protective equipment headgear, gum shield, gloves, cup protector / abdomen guard, footwear are mandatory in boxing. Using correct protective equipment can prevent many sports injuries. These are important during training and competition even if the boxer feel that he is superior in skill to his opponent. All protective equipment should be firm, neither tight nor loose, and must be routinely checked for proper fit.

4.10.1. Headgear

Injuries to the head are potential life threatening and the majority of injuries in boxing affect the face and the head. Headgear reduces the power of a punch that landes on the head and prevent head injury, cuts in the ear and auricular hematoma.

4.10.2. Gum shield

The use of properly fitted gum shield reduces the number and severity of dental injuries[46]. It is also effective in reducing of concussive force to the head. The recommended gum shield should 1) fit between the upper and lower teeth without interfering with respiration, 2) remain in a stable, accurate position without external force, 3) be resilient and resistant to deformation from chewing, 4) have an external attaching paint for easy removal and 5) cover all the teeth except the last two molars of boxer over 14 yrs. of age.

4.10.3. Gloves

Boxers are not allowed to wear their own gloves during competitions; gloves supplied by the organizers are as per boxing rules. The gloves must not weigh more than 10 ounces (284 grams) of which the leather portion must not weigh more than half of the total weight and padding not less than half of the total weight. The regular hitting surface must be marked on the gloves with clearly discernible color. The padding of the gloves shall not be displaced or broken. The laces shall be tied on the out-side of the gloves on the back of the wrist. Only a clean and serviceable glove shall be used.

4.10.4. Cup protector

Cup protector is mandatory and is worn to prevent genital and lower abdomen injuries.

4.10.5. Footwear

Many sports injuries can be prevented by using correct footwear. The shoe used in boxing should be soft, firm, made of leather with properly gripped thin flat rubber sole. Always wear tubular cotton socks inside the shoe according to the color of shoes.

4.11. Rehabilitation

Rehabilitation is the process of restoring range of motion, flexibility, strength, endurance, agility and sports skills following an injury or illness. The overall goal is to enable the injured boxer to resume participation at a level of skill and ability similar to that level of performance prior to the injury in a period of time as is safe with respect to the injury[47, 48, 49]. The rehabilitation process is important for three reasons.

First, without rehabilitation following the deconditioning process of an injury, it is difficult for the boxer to return to previous level of performance in a reasonable period of time. The importance of rehabilitation in this sense does depend on the severity of the injury, the other treatment methods being under taken and the pre-existing level of fitness of the boxer.

Second, if a boxer attempts to resume a full level of participation with inadequate rehabilitation, the boxer is at greater risk for reinjury to another area because of the relative conditioning deficit.

Third, if a boxer allows the level of deconditioning following an injury to persist over a long period of time, then the boxer is at greater risk for developing chronic, longer-term problems with regards to that injury.

4.11.1. Components of rehabilitation programme

4.11.1.1. Flexibility

Exercise to improve flexibility might include active assisted, and passive joint range of motion, including joint mobilization, static stretching for the musculotendinous units and a variety of facilitated stretching techniques[50, 51, 52] such as proprioceptive facilitation.

4.11.1.2. Strength

Strength exercise[53, 54] may be done in either isometric, isotonic or isokinetic modes.

4.11.1.2.1. Isometric

Particularly suited to more acute stage because intensity of the exercise can be adjusted by

the injured boxer to avoid creating additional symptoms.

4.11.1.2.2. Isotonic

These exercise are the most common strengthening techniques used in rehabilitation. These involve taping a joint through a specific range of motion against a fixed resistance.

4.11.1.2.3. Isokinetic

These exercise involve moving a joint through a range of motion against a device that controls the speed of movement rather than the resistance. The resistance accommodates to the changes in the biomechanical efficiency of the joint through the range of motion.

4.11.1.3. Endurance

Endurance includes increasing both anaerobic and aerobic muscular capacity as well as aerobic and anaerobic cardiovascular capacity. Increasing individual muscular endurance can be accomplished by adjusting the sets, number of repetitions, resistance and pace of specific strength training activities. Increasing cardiovascular endurance can be accomplished through traditional activities such as running, cycling, stair-stepper machines, upper extremity cycle ergometers and other means.

4.11.1.4. Proprioception

This involves basic activities to regain the ability of an injured muscle and joint to judge position in space. The amount of movement the amount of weight bearing on the injured limb, and complexity of the exercise are advanced, as the injured area is able to tolerate.

4.11.1.5. Agility and skills

This is the more advanced phase of rehabilitation that fine-tunes a boxer's rehabilitation towards specifically the sport and activity that he wishes to resume. This is a process of progressive motor learning and motor re-learning. This can include general sports activities as well as very isolated fundamental and skill of the boxer.

5.1. Setting

National amateur boxing championship was held between August 3 to 8, 2004 at Hisar, Haryana. The city of Hisar is situated 167 km. northwest of Delhi, and lies on the national highway No. 10 in Hisar district of Haryana state.

5.2. Design

Study design was prospective cohort study and review of existing medical facility during the championship.

5.3. Participants

The cohort was all the participants (age ≥ 18 years) in national amateur boxing championship during practice (training) or competition (bout) in the boxing arena at government Mahabir stadium Hisar, Haryana between August 3 to 8, 2004.

5.4. Period

The study period was in between August 3 to 8, 2004.

Plate 2

Location of study area

1. Location of Haryana state in India map.
2. Location of Hisar district in Haryana state map.
3. Location of Hisar city in Hisar district map.

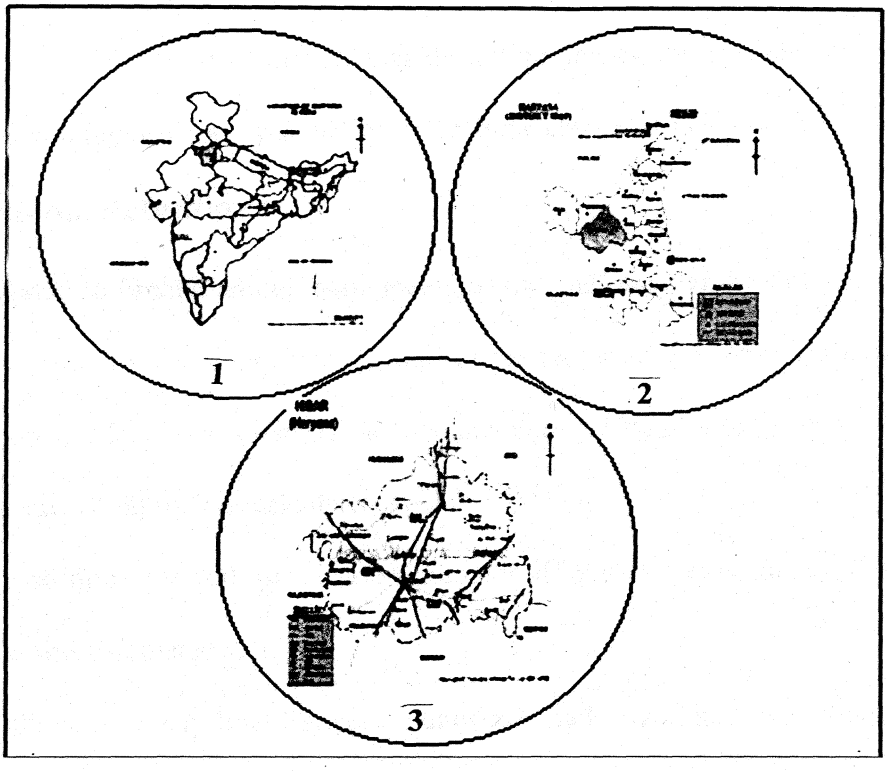

Plate 2

5.5. Team

A four-member team was constituted, which included.

The FETP-Scholar as principal investigator, two medical officers and one male attendant. The managers, administrators, coaches and voluntary workers of the championship assisted in the collection of data and in maintaining discipline among the participants. They also assisted in performing medical examination prior to the competition every day.

5.6. Operational definition

Any injury related to boxing among participants of national amateur boxing championship during practice (training) or competition (bout) in the target area of participants in boxing arena at govrnment Mahabir stadium, Hisar, Haryana during August 3 to 8, 2004.

The incidence rate of injury was calculated as -

Incidence rate of Injury per 100 participants = number of injuries ÷ exposure time × 100.

Exposure time was calculated as –

There were 305 bouts, every bout had four rounds and each round had two minutes so each bout had twelve minutes of play.

Boxing injuries are classified in International Classification of External Causes of Injuries (ICECI) under S1 type of sport / exercise activity, combative sport - boxing 12.02[15].

5.7. Study instruments

We designed a semi-structured questionnaire to interviewing the participants and recorded the data of their medical examination on a form (Annexure 1). The questionnaire had three parts, namely general information, medical examination and result for fit/unfit for boxing.

The data collected included the details of injury, type of injury, condition of the injured participant, type of management / treatment given, whether hospitalized or not, how many days (Annexure 2).

5.8. Data collection procedures

We collected detail medical history of all the participants from their medical book. The principle investigator and two medical officers examined all the participants in the first day of the championship and kept the record in the format given in Annexure-1.

The bouts were conducted in two saperate boxing rings, so that the two medical officers allotted ring one and two for medical coverage after the pre competition medical examination each day. We observed all the bouts and injuries during the competition in both the rings, line listing the injuries occurred during the competition. We categorized injuries occurred during the competition and recorded the same in the format given in Annexure-2.

When the referee called the doctor inside the boxing ring to examine the injured boxer during the bout, after examining the boxer the medical officer decided whether the bout should be continued or stopped, after coming down from the ring the injured boxer managed and treated by doctor in the ringside first-aid post.

The severely injured boxer who was not managed / treated in the ringside first-aid post then the medical officer referred him to higher center to concern specialist for further management and treatment, details of the injury kept by the medical officers in format-2. The injured boxer advised partial / complete rest and take precautionary measure in the presence of his coach, significant findings written in his medical book.

5.9. Data analysis

The collected data for all the individuals were entered in computer. We estimated person-time of exposure and then calculated incidence rate.

6. Results

6.1. Participants

A total of 316 boxers registered in 11 weight categories from all 37 states of India. There were 305 bouts in the championship and in each bout two boxers participated. We examined 610 boxers during the championship (Table- 1).

Table- 1 General information of National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Information	Number
Participants	316
Weight categories	11
Bouts	305
Participating states	37
Examined boxers	610

There were 11 weight categories in the boxing event, championship approved by Indian amateur boxing federation (Rule VI- IABF directory) [56]. However, for the purpose of analysis, we grouped the boxers in three-weight categories as low, middle and heavy as shown (Table-2).

Table- 2 Distribution of boxers by weight category in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Weight category	Weight (in kg.)	Number of participants
Low	48 to 57	130
Middle	58 to 75	122
Heavy	76 and above	64
Total		**316**

6.2. Incidence rate of injuries in boxing

The total exosure time was 2440 minutes of play (bouts) during the championship.

Table-3 Incidence rate of injuries in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Weight category	Bouts	Exposure time (in minutes)	Number of injuries	Incidence rate of injuries
Low	126	1008	20	2.0
Middle	118	944	39	4.1
Heavy	61	488	19	3.9
Total	**305**	**2440**	**78**	**3.2**

The over all incidence rate of injury was 3.2 per 100 participant per minute of play.

The incidence among medium and heavy weight boxers were twice as high then among low weight ($p=0.03$).

6.3. Types and proportion of injuries in boxing

Soft tissue injuries were the commonest type of injuries observed among the boxers (42.3%), then Injuries to the nose were the second most commonly observed injury (24.4%), knock out due to head blow and body blow (19.2%), fracture and dislocation reported less, and injuries to the eyes observed lowest (table- 4).

Table 4 Types and proportion of injuries in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Types of injuries	N (%)
Soft tissue injuries (Lacerations, abrasions, contusions, sprains and strains)	33 (42.3)
Injuries to the nose	19 (24.4)
Knock out due to head or body blow	15 (19.2)
Fractures and dislocations	4 (5.1)
Injuries to the eyes	2 (2.6)
Other injuries	5 (6.4)
Total	**78 (100.0)**

One case of concussion reported by head blows during the bout, suddenly the injured boxer fell down on the ring and vomitted. The boxer was examined at the health post in boxing arena and immediately referred to the neurosurgeon in a private hospital, admitted there for three days for observation; MRI (Magnetic Resonance Imaging) was done and diagnosed as non hemorrhagic contusion. After three days of conservative treatment the

boxer was discharged from the hospital.

The middleweight boxer had maximum number of almost all type of injuries but the eye injuries were observed only in the heavy weight. Injuries by blow on head were found maximum in low weight boxers (Table- 5).

Table 5 Type and percentage of injuries in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Type of injuries	Number of injuries			Total (%)
	Low	Middle	Heavy	
Soft tissue Injuries (Lacerations, abrasions, contusions, sprain and strain)	6	21	6	33 (42.3%)
Injuries to the nose	4	8	7	19 (24.4%)
Knockout due to head or body blow	7	5	3	15 (19.2%)
Fractures and dislocations	0	3	1	4 (5.1%)
Injuries to the eyes	0	0	2	2 (2.6%)
Other injuries	3	2	0	5 (6.4%)
Total	**20**	**39**	**19**	**78 (100%)**

6.4. Site of injuries in boxing

Maxium number of injuries obserbed in the face (66.7%), than the wrist and hands (26.9%) (Table-6).

Table 6 Types and proportion of injuries in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Site of injuries	N (%)
Injuries to the face	52 (66.7)
Injuries to the wrist and hands	21 (26.9)
Injuries to the other part of the body	5 (6.4)
Total	**78 (100.0)**

6.5. Review of medical facility available in the study area

As per the national guidelines, provision of medical facilities and full medical supervision was provided by the Indian amateur boxing federation (IABF) and state boxing associations with IABF panel of medical officers and local health authority (Rule XXIII and Rule XXIV IABF Directory)[56] (Table- 7).

Table 7 Review of medical facility available in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Medical facility recommended by IABF[13]	Availability
Fully equipped first aid medical post at the arena	Yes
Supply of medicines and medical equipment	Yes
Ambulance at arena for transport of injured boxer	Yes
Stretcher at ring side	Yes
Medical officers and para medical staff at the arena	Yes
Medical examination prior to the bout for every boxer	Yes
Observation of every bout by Medical officer	Yes
Medical examination and management of injured boxer during bout by the Medical officer	Yes
Referral facility for injured boxer	Yes
Medical advice regarding rehabilitation of injured boxer by medical officer	Yes

IABF= Indian Amateur Boxing Federation

6.6. Management and treatment of injuries in boxing

The Civil Surgeon, Hisar provided necessary medical services during the championship in boxing arena at Mahabir stadium. The principal medical officer of government hospital, Hisar coordinated all the activities of health teams and providing medical facility for the championship.

Two medical teams were made for two rings and functioned during bouts during the championship. Both the teams had medical specialist, para medical staff with instruments, first aids box, medicines, dressing material and stretcher (Annexure 3).

The national amateur boxing championship event had all the facilities as per the recommendation of IABF (Table- 8).

Table- 8 Management and treatment of injuries in boxing in National Amateur Boxing Championship 2004, 3 to 8 August at Hisar, Haryana.

Facility recommended by medical authority	Availability
Fully equipped minor operation theater	Yes
Emergency medicines and equipment	Yes
Dressing material and medicines	Yes
Medical specialist on call during emergency	Yes
Investigation facility in government / private hospital	Yes

6.7. Prevention and rehabilitation of injuries in boxing

In amateur boxing wearing of headgear, gloves and other protective equipments are mandatory[15]. The IABF provided boxing gloves and headgear, the rest of the equipment managed by boxer. The International amateur boxing associations recommended thumb attached boxing gloves to prevent the injuries but we observed that Indian amateur boxing federation did not providing the same (Table- 9).

Table- 9 Availability of protective equipment in National Amateur Boxing Championship
3 to 8 August 2004, at Hisar, Haryana.

Protective equipment recommended by IABF[13]	Availability
Boxing gloves	Yes
Headgear (head guard)	Yes
Bandages	Yes
Gum shield	Yes
Cup protector	Yes
Foot wear	Yes

IABF= Indian Amateur Boxing Federation

The sports physicians and the coach suggested prevention and rehabilitation methods to the injured boxer at the arena.

7. Discussion

7.1. Incidence rate of injuries in boxing

The over all incidence rate of injuries in this boxing event was 3.2 injuries/ 100 participants/ minute of play, while the most common sports injuries according to Thai[1] and Irish[3] sports study 0.5 to 3.0 injuries/ 100 participants/ minute of play in all events[57]. However, the over all incidence rate was high than the expected level based on the result.

The incidence rate of injuries by weight were high in the middle weight boxers while low in lower weight boxers because the power of punches was more in higher weight boxers. There was only very little difference in incidence rate of injury between middle and heavy weight category boxers. Higher incidence rate of injuries were observed in medium and higher weight boxer in comparison with low weight boxer[1, 3].

7.2. Types and proportion of injuries in boxing

In boxing, the number of injuries were more as compare to the other contact sports[57]. In this study the common types of injuries were soft tissue injuries (lacerations, abrasions, contusions, sprains and strains) followed by nasal bleeding, knock out due to head and body blow, fractures and dislocations, Injuries to the eye and other injuries. Face was the target area so maximum injuries occurred in the face[5]. The second site of injuries was wrist and hand because of hitting by the fist[5]. This finding was consistent with the Thai[1] and Irish study[3].

One case of concussion[18] due to head blow reported during the competition but no

death was noticed, because immediate medical care was provided to the injured boxer at the evant area and in the city.

7.3. Existing medical facility

The existing medical facilities (recommended by Indian amateur boxing federation[56] and provided by the local health authority) were satisfactory.

7.4. Consequences of injuries

In this study all the reported injuries were non-fatal in nature except head injuries, which was timely managed and the boxer recovered.

Hospitalization is considered as one of the important outcomes of injuries indicating severity of injuries. The rate of hospitalization observed in this study was comparable with other studies[6,7,17,18]. The rate of hospitalization depends on the type and severity of injury. In the head injury the hospitalization is 100%. The three days hospitalization was was observed in our study.

Among with these consequences the amateur boxing is safer[15] today than the other contact sports because it is adapting IABF / AIBA rules and regulations, organized under a very careful medical control, proper use of protective equipment and improved refereeing.

7.5. Conclusions

The incidence rate of injuries in boxing was higher. One case of cerebral injury was predominantly mild concussion, which recovered after 3 days of conservative management. Existing medical facilities were satisfactory.

7.6. Recommendations

Indian amateur boxing federation (IABF) follows the boxing rules of Association Internationale De Boxe Amateur (AIBA), which is uniformly available worldwide. However, IABF is still not making mandatory the use of thumb-attached boxing gloves to the boxers. The use of thumb-attached gloves may be restricted to prevent higher incidences of injuries as per international boxing rules.

Further research work are required to study the various epidemiological aspects of injuries during boxing which may include environmental factor like climate, altitude and endogenous factor like age, height and psychological state of the participants.

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9. Annexure

Annexure- 1

Medical Examination of Boxer Prior to Bouts in 51st National Amateur Boxing Championship (Men) 3rd to 8th August 2004 at Hisar, Haryana.

General Information

1. Name-
2. State-
3. Weight (kg) category-
4. Weight (Class) category-

Medical Examination

1. Head and Neck
    A. Eyes
    B. Ear
    C. Teeth
    D. Thyroid
2. Cardio Vascular System
    A. Blood Pressure
    B. Pulse
    C. Auscultation
3. Lungs
4. Abdomen
    A. Liver
    B. Spleen
    C. Hernia
5. Central Nervous System
    A. Knee Jerk
    B. Ankle Clonus (Rt. / Lt.)
6. Articular System
    A. Upper Limb
    B. Lower Limb
    C. Back

Result

Whether Fit for competition Yes / No

Annexure- 2

Medical Examination of Boxer During the Bouts and Details of Injuries in 51st National Amateur Boxing Championship (Men) 3rd to 8th August 2004 at Hisar, Haryana.

S.no	Name	State	Weight (kg) category	Weight (Class) category	Whether Fit / Unfit	Bout Number	Round Number	Details of Injuries

Annexure-3

Existing Medical facility available in the study area

51st National Amateur Boxing Championship (Men) 2004,

3 to 8 August, Hisar, Haryana.

The Civil Surgeon, Hisar provided necessary medical services during the championship in boxing arena at Mahabir stadium. The Principal medical officer of government hospital, Hisar coordinate all the activities of health teams and providing medical facility for the championship.

Two medical teams were made for two rings and functioned during bouts during the championship. Both the teams had medical specialist, para medical staff with instruments, first aids box, medicines, dressing material and stretcher.

A fully equipped first aid post was set up in Mahabir stadium; which include necessary items like beds, instruments, examination table, IV fluids, stitching material, sterilized dressing material, eye pads, cold sponges, oxygen cylinders, suction machine etc. The first aids post functioned during bouts during the championship.

Two ambulances were arranged for the duration of championship provided by Red Cross. One ambulance with driver post at Mahabir stadium during the bouts and other ambulance with driver post at participant's stay area during the night hours.

Two medical officers deputed for medical examination of participants in the morning prior the bouts with necessary instruments at boxing arena. One medical officer with first aids, emergency medicines and ambulance deputed at the participant's stay area during the night hours.

In government hospital, Hisar two rooms in special ward kept vacant to admit emergency case.

The general surgeon, physician, eye surgeon, ENT surgeon, and anesthetist deputed on call duty during the championship.

Special Arrangements at private sector for CT scan, MRI and Neuro surgery in emergency made by the district Administration, Hisar during the championship.

Annexure-4

51st National Amateur Boxing Championship (Men)

Hisar (HARYANA)

Dated: 3rd to 8th August 2004

ORGANISED BY
HARYANA AMATEUR BOXING ASSOCIATION

UNDER THE AUSPICES OF
INDIAN AMATEUR BOXING FEDERATION

Plate 3

51st National Boxing Championship (Men) 2004 at Hisar, Haryana

(A) Entrance of Chaudhary Charan Singh Haryana Agriculture University.
(B) Banner of championship.
(C) Entrance of Mahabir stadium.
(D) Opening ceremonial procession.
(E) President, Indian Amateur Boxing Federation.
(F) Young boxer in pose.
(G) Hand shaking by referee before the bout start.
(H) (I) (J) (K) Boxers in action.
(L) Winner of bout.


A
B
C
UTTARANCHAL
D
E
HEARTIEST WELCOME
PARTICIPANTS & DELEGATES
F
G
DELHI
H
I
J
K
L

Plate 3

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

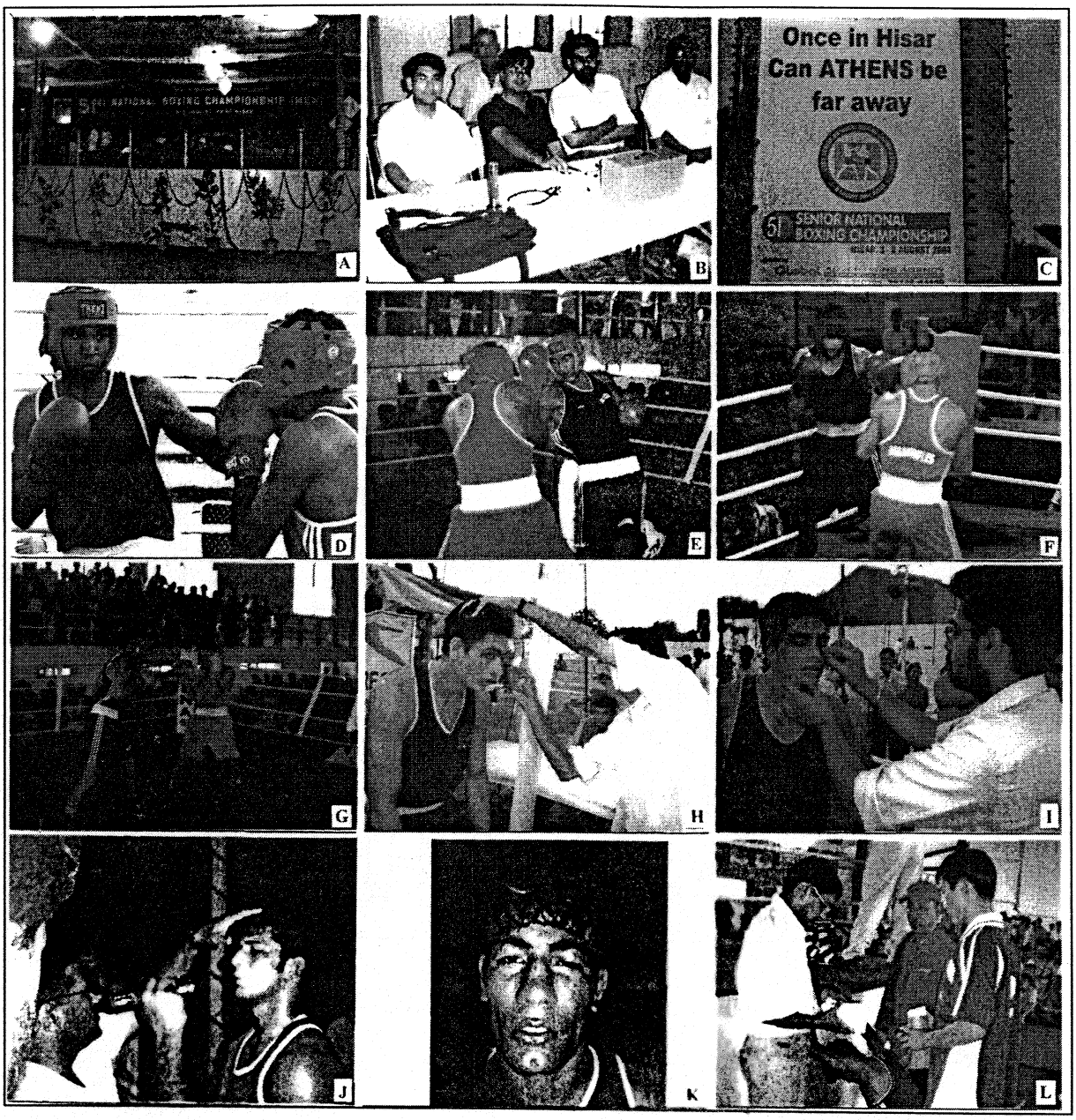
Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

State	Lt Fly	Fly	Bantam	Feather	Light	Lt Welter	Welter	Middle	Lt Heavy	Heavy	Super Heavy	Total
AP	1	1	1	1	1	1	1	1	1	1	1	11
ASM	1	1	1	-	1	1	1	-	1	-	-	7
AR	1	1	1	1	1	1	1	1	1	1	1	11
ARU	1	-	1	1	1	1	-	1	-	-	-	6
AIEB	-	-	-	-	-	-	1	1	1	-	1	4
AIP	1	1	-	1	1	1	1	1	1	1	-	9
BSF	1	1	1	1	1	1	1	1	1	1	1	11
BEN	1	1	1	1	1	1	1	1	-	-	-	8
CHD	1	1	1	1	1	1	1	1	1	1	1	11
CHT	1	1	1	1	1	-	-	1	-	-	-	6
CISF	1	1	1	-	1	1	1	1	1	1	-	9
DEL	1	1	1	1	1	1	1	1	1	1	1	11
GOA	1	1	1	1	1	1	-	1	1	-	-	8
GUJ	1	1	1	1	1	1	1	1	-	1	-	9
HAR	1	1	1	1	1	1	1	-	1	1	1	10
HP	1	1	1	1	1	1	1	-	1	1	-	9
J&K	-	1	1	1	-	1	-	1	-	1	1	7
JHD	1	1	1	1	-	1	1	-	1	-	-	7
KAR	1	1	1	1	1	-	-	1	1	1	1	9
KER	-	1	1	1	1	1	1	1	1	-	-	8
MP	1	1	1	1	1	1	1	-	1	1	-	9
MAH	1	1	1	1	1	1	1	1	1	1	-	10
MAN	1	1	1	1	1	1	1	-	-	1	-	8
MIZ	1	1	-	-	-	1	-	-	-	-	-	3
MEG	1	1	1	1	1	1	-	1	1	-	-	8
NAG	-	1	1	1	1	1	1	1	1	-	-	8
ORI	1	1	1	1	1	1	1	1	1	-	-	9
PUN	1	1	1	1	1	1	1	1	1	1	1	11
RAJ	1	-	1	1	1	1	1	1	1	1	-	9
RSPB	1	1	1	1	1	1	1	1	1	1	1	11
SPSB	1	1	1	-	1	-	-	-	-	-	-	4
SSCB	1	1	1	1	1	1	1	1	1	1	1	11
SKM	1	1	-	1	1	-	1	1	1	1	1	9
TN	1	1	1	1	1	1	1	1	1	-	1	10
TRI	-	-	1	1	1	-	1	1	-	-	-	5
UP	1	1	1	1	1	1	1	1	1	1	1	11
UTR	1	1	1	1	1	1	1	1	1	-	-	9
Total	32	33	33	32	33	31	29	29	28	21	15	316

Plate 4

51st National Boxing Championship (Men) 2004 at Hisar, Haryana

(A) Pavilion in the boxing arena.
(B) Doctors covering medical championship.
(C) Banner of championship.
(D) (E) (F) (G) Boxers in action.
(H) (I) (J) Doctors examine the boxers.
(K) Cut injury on the left infra orbital margin.
(L) Doctor giving instruction to the boxer in front on his coach after getting injury.


Once in Hisar
Can ATHENS be
far away
SENIOR NATIONAL
BOXING CHAMPIONSHIP
A
B
C
D
E
F
G
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I
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K
L

Plate 4

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Tournament Plan

Weight Category	Weight	Total number of Boxers per weights	Tuesday 3-8-04		Wednesday 4-8-04		Thursday 5-8-04		Friday 6-8-04		Saturday 7-8-04	Sunday 8-8-04	Total Bouts
			R1	R2	R1	R2	R1	R2	R1	R2	R1	R1	
Lt Fly	48 kg	32	8	8	-	-	4	4	2	2	2	1	31
Fly	51 kg	33	1	-	8	8	4	4	2	2	2	1	32
Bantam	54 kg	33	-	1	8	8	4	4	2	2	2	1	32
Feather	57 kg	32	-	-	8	8	4	4	2	2	2	1	31
Light	60 kg	33	1	-	8	8	4	4	2	2	2	1	32
Lt Welter	64 kg	31	-	-	7	8	4	4	2	2	2	1	30
Welter	69 kg	29	-	-	7	6	4	4	2	2	2	1	28
Middle	75 kg	29	-	-	6	7	4	4	2	2	2	1	28
Lt Heavy	81 kg	28	-	-	6	6	4	4	2	2	2	1	27
Heavy	91 kg	21	-	-	3	2	4	4	2	2	2	1	20
Super Heavy	91+ kg	15	-	-	-	-	4	3	2	2	2	1	14
Total		**316**	**10**	**9**	**61**	**61**	**44**	**43**	**22**	**22**	**22**	**11**	**305**
Number of Bouts			**1-19**		**20-141**		**142-228**		**229-272**		**273-294**	**295-305**	

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

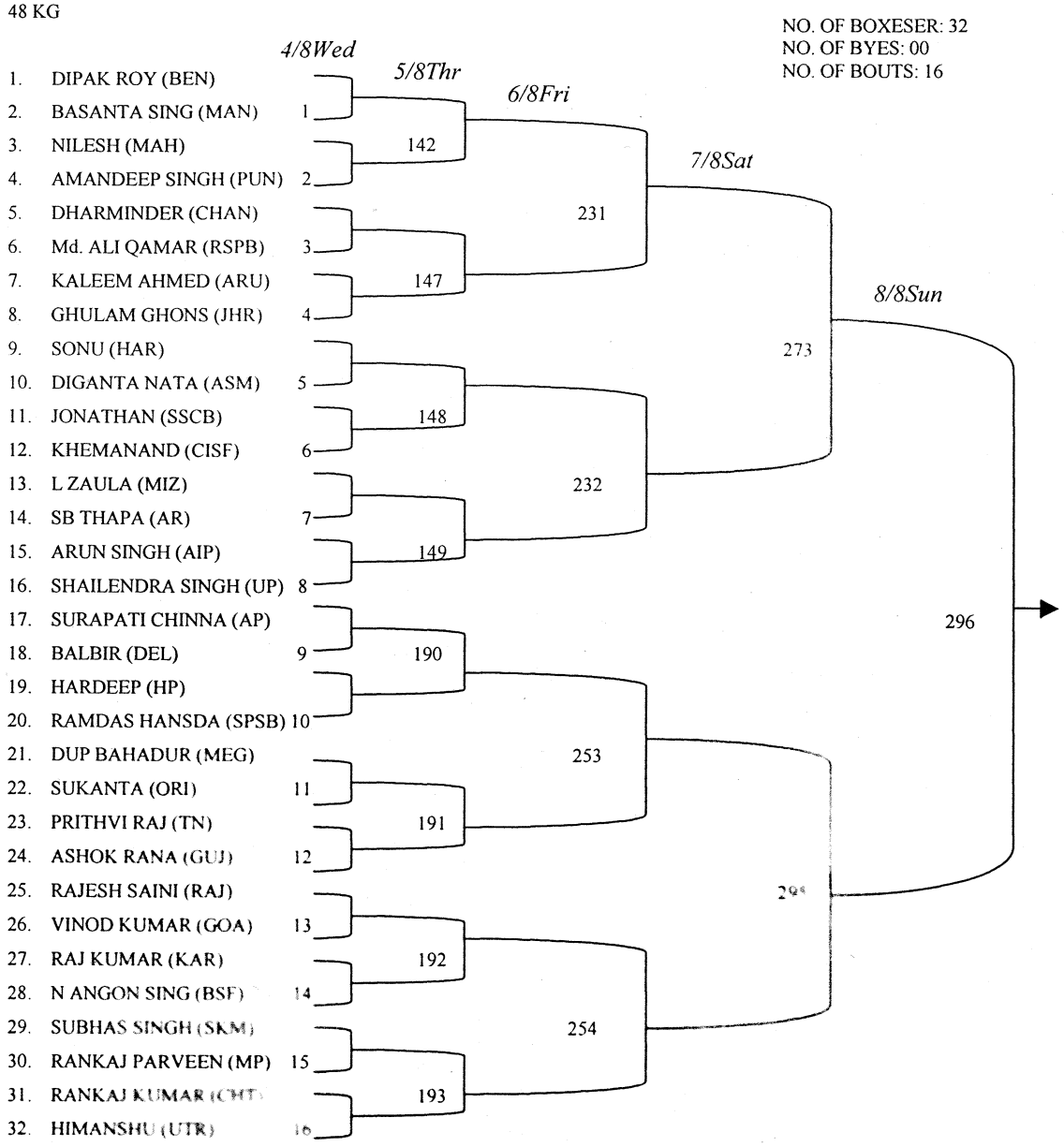
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 48 kg Light Fly Weight

48 KG

NO. OF BOXESER: 32
NO. OF BYES: 00
NO. OF BOUTS: 16



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

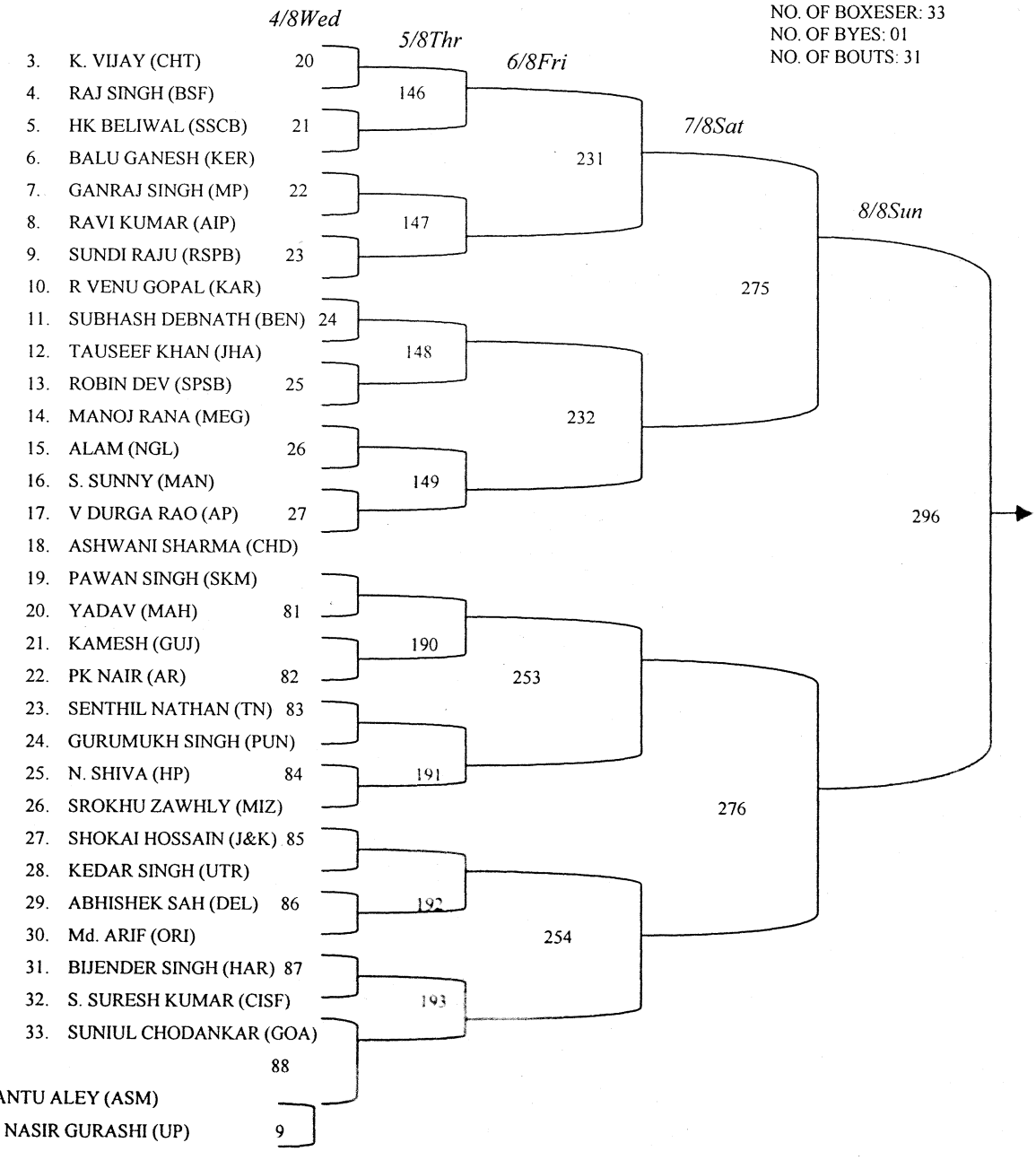
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 51 kg Fly Weight

51 KG

NO. OF BOXESER: 33
NO. OF BYES: 01
NO. OF BOUTS: 31



51st National Amateur Boxing Championship (Men) – 2004

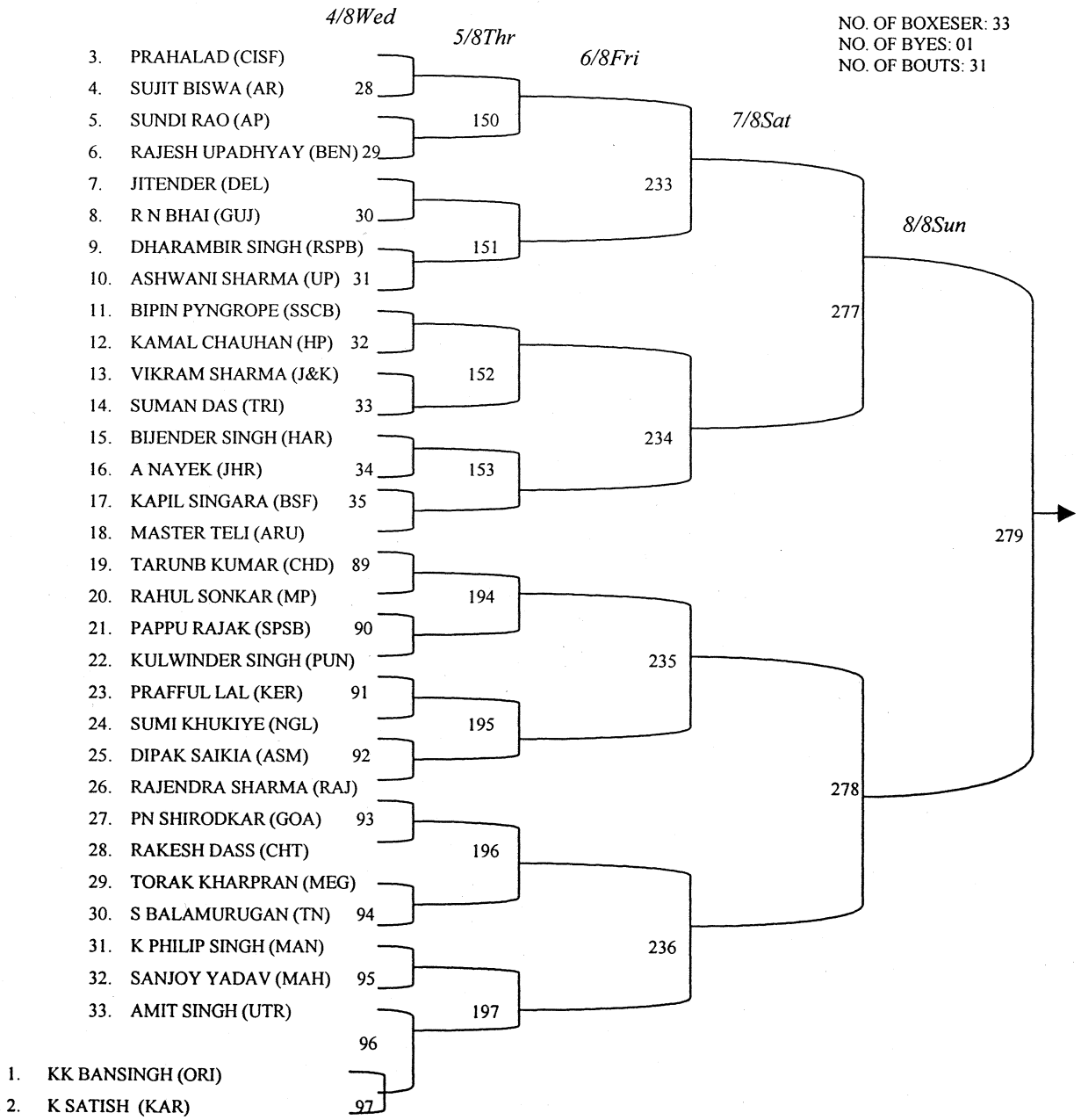
Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 54 kg Bantam Weight

54 KG



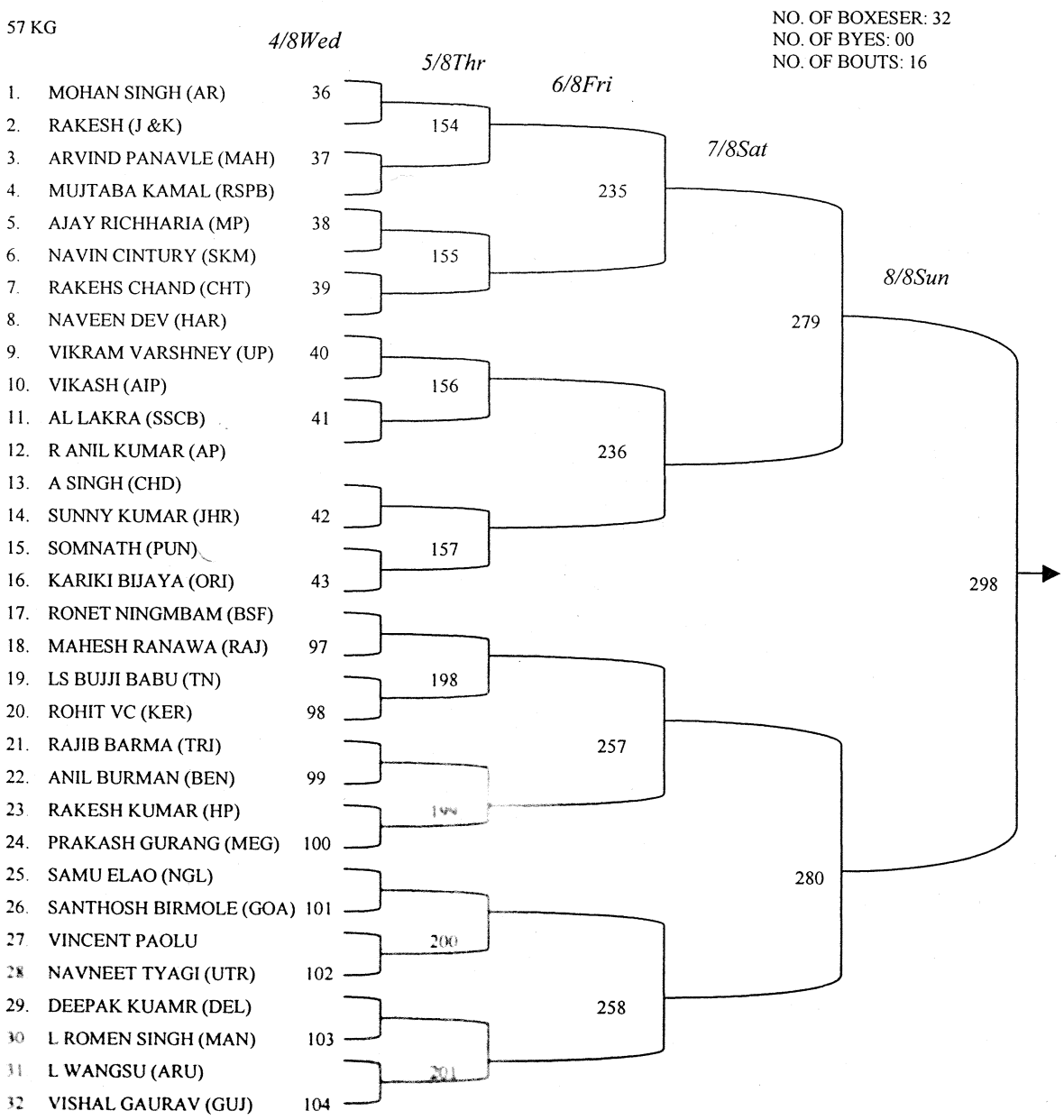
51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 57 kg Feather Weight



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

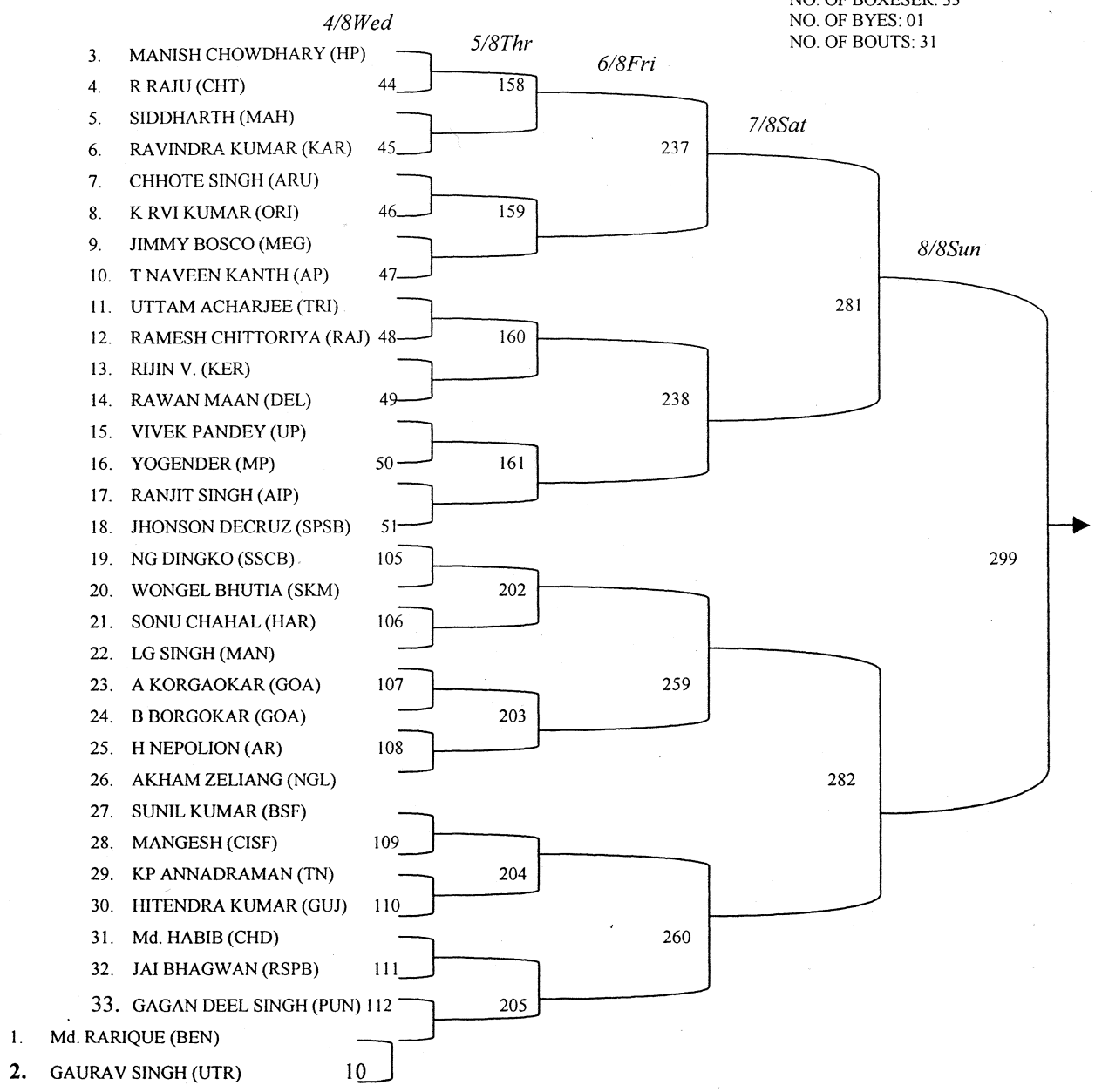
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 60 kg Light Weight

60 KG

NO. OF BOXESER: 33
NO. OF BYES: 01
NO. OF BOUTS: 31



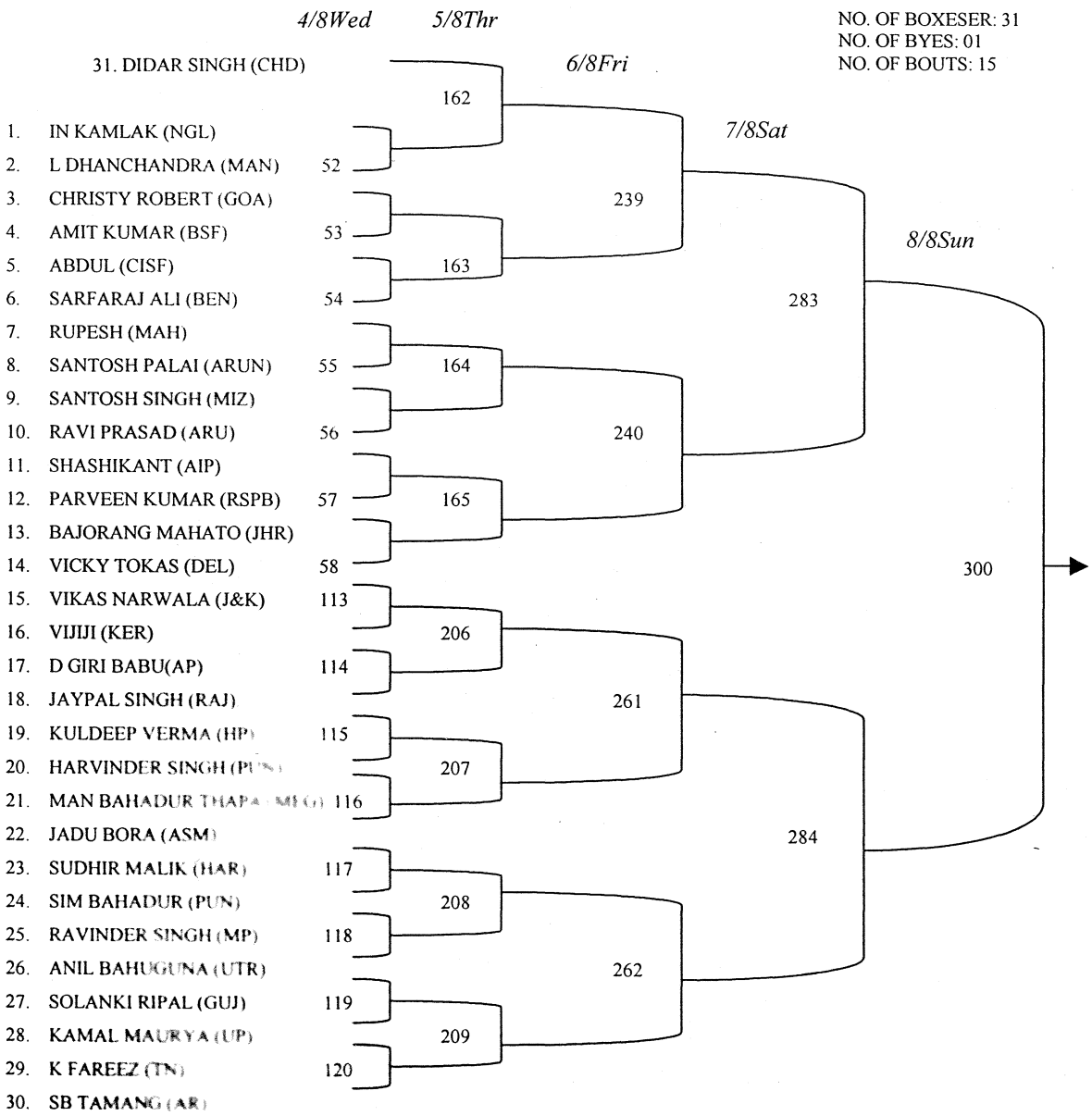
1. Md. RARIQUE (BEN)
2. GAURAV SINGH (UTR) 10

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation
Draw 64 kg Light Welter Weight

64 KG

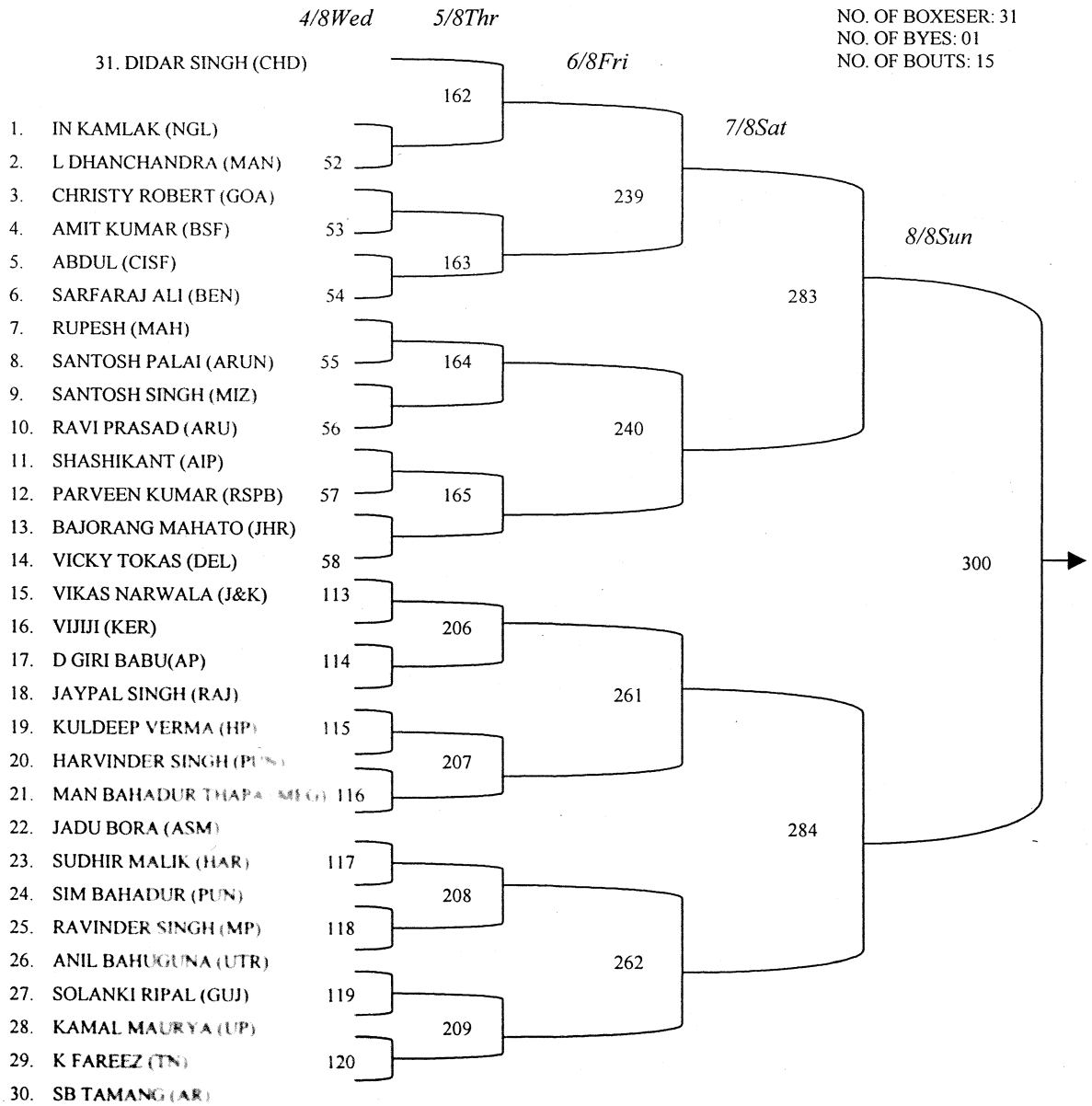


51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation
Draw 64 kg Light Welter Weight

64 KG



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

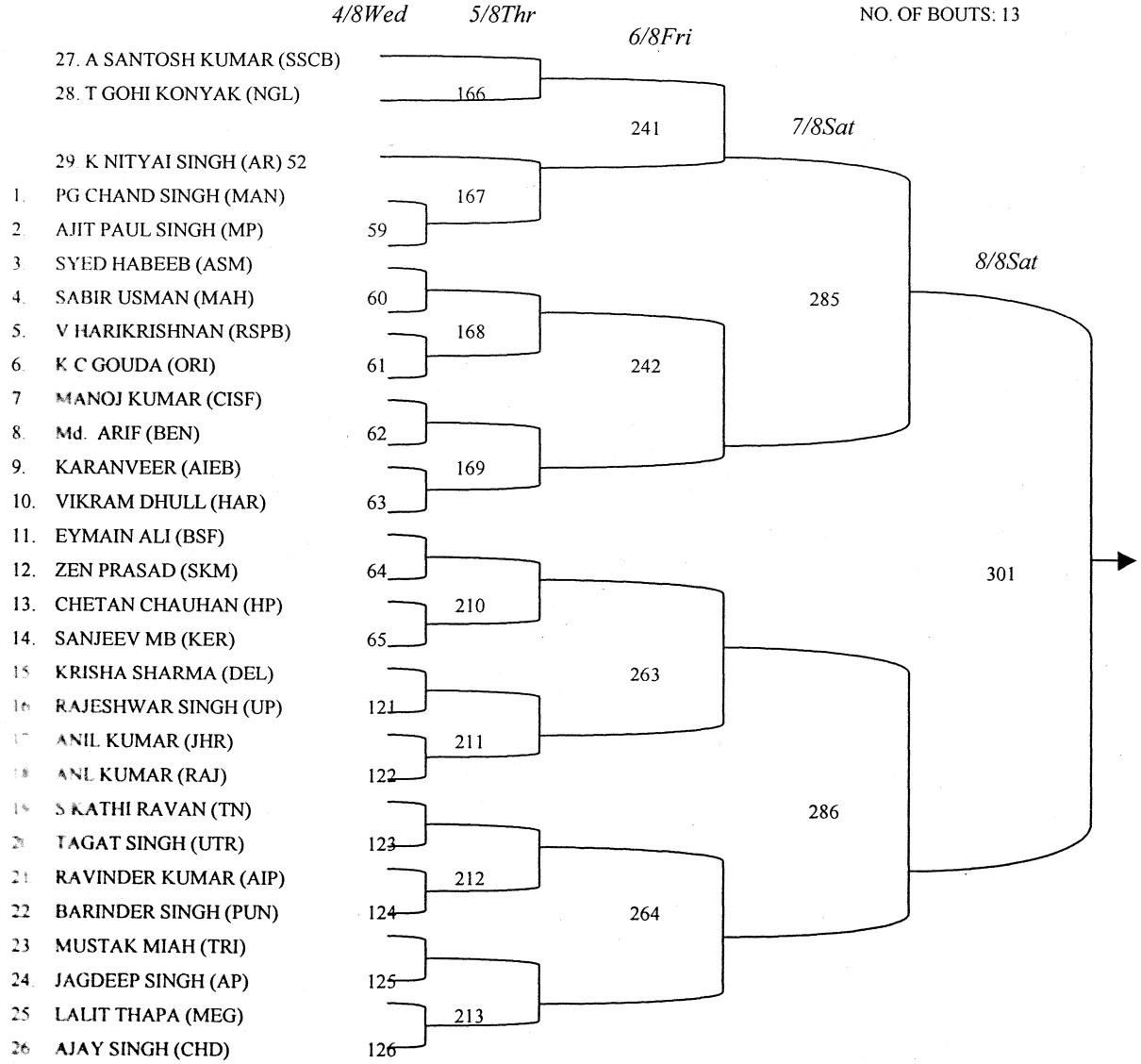
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 69 kg Welter Weight

69 KG

NO. OF BOXESER: 29
NO. OF BYES: 03
NO. OF BOUTS: 13



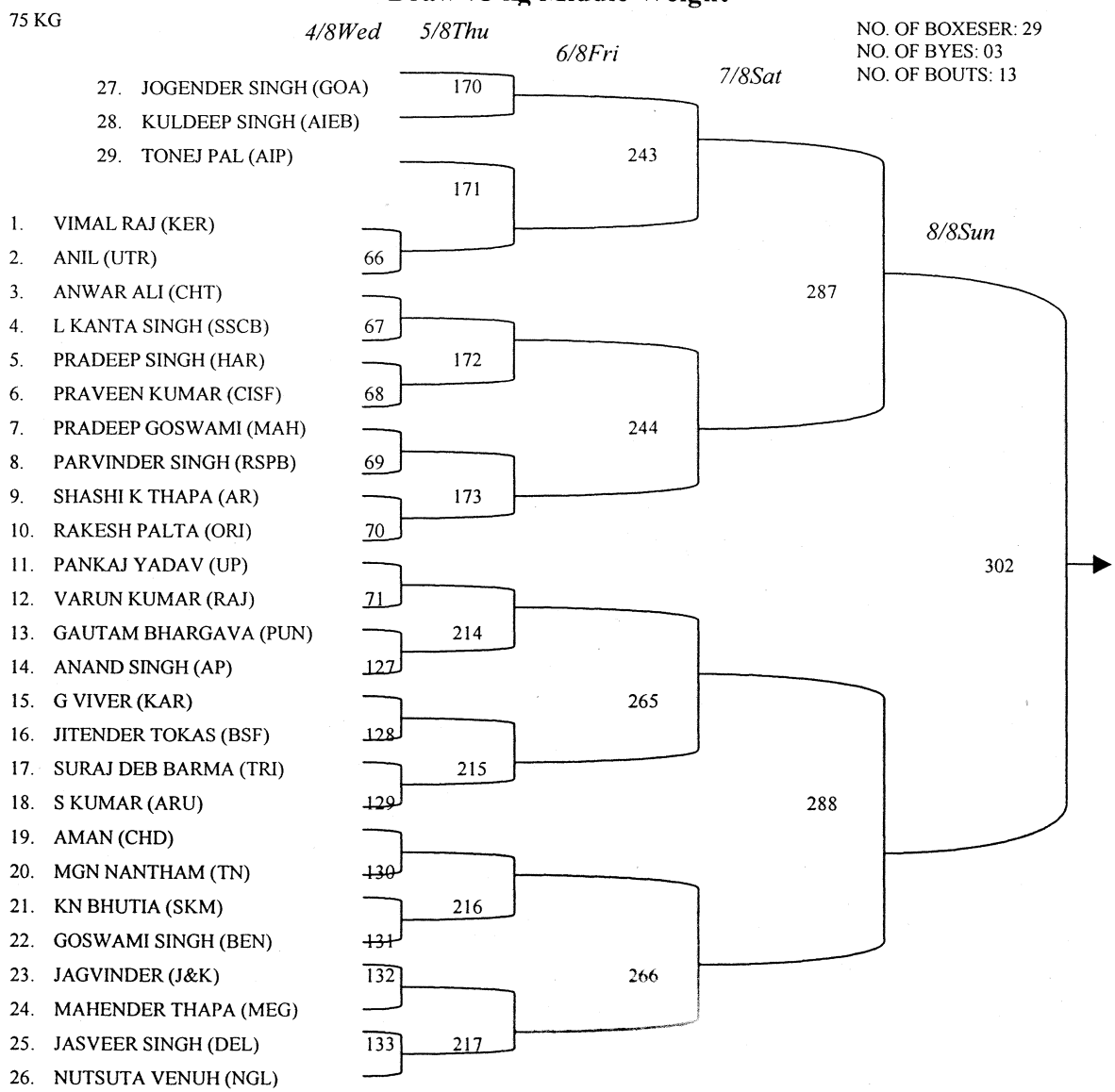
51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 75 kg Middle Weight



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

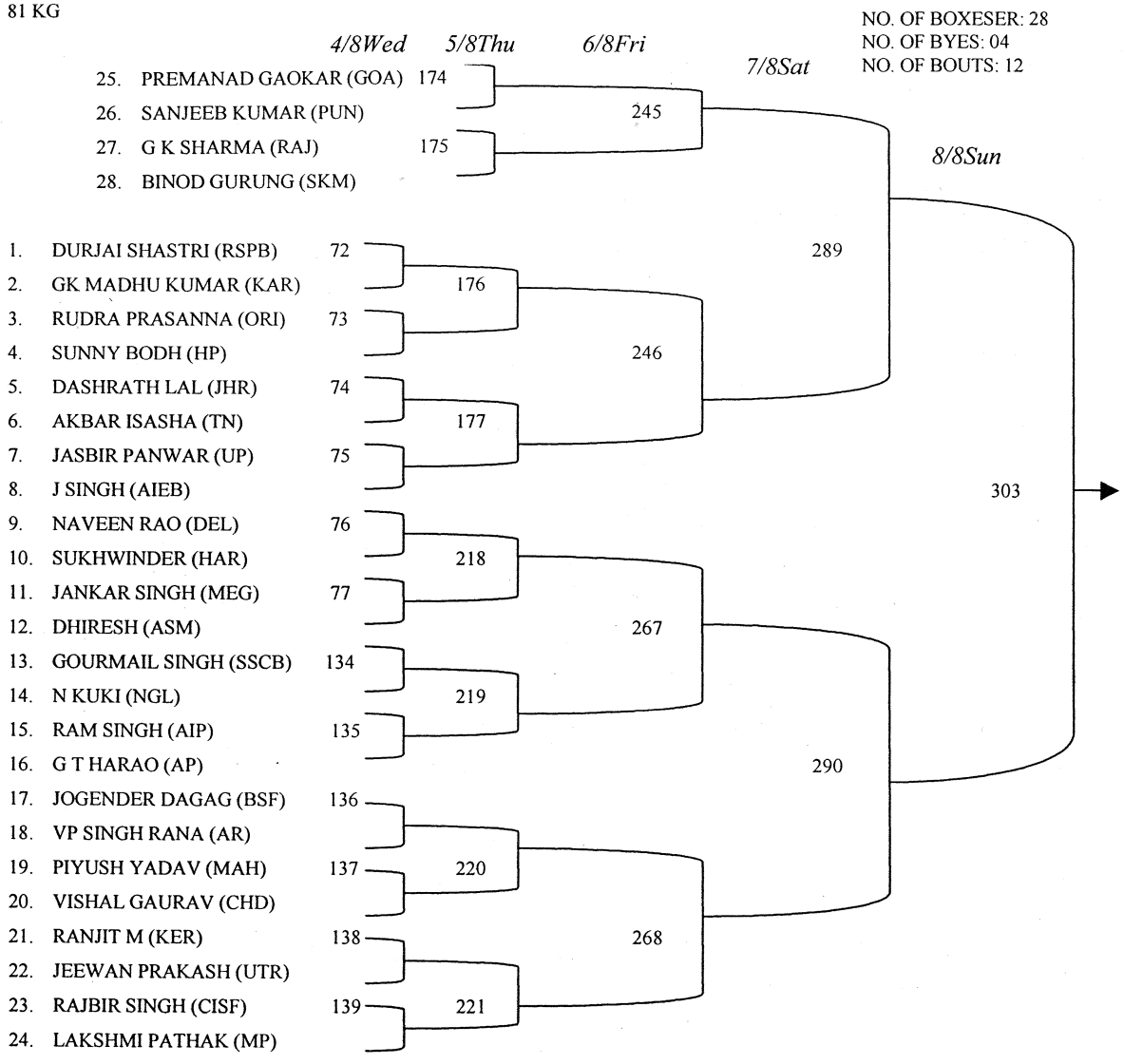
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 81 kg Light Heavy Weight

81 KG

NO. OF BOXESER: 28
NO. OF BYES: 04
NO. OF BOUTS: 12



51st National Amateur Boxing Championship (Men) – 2004

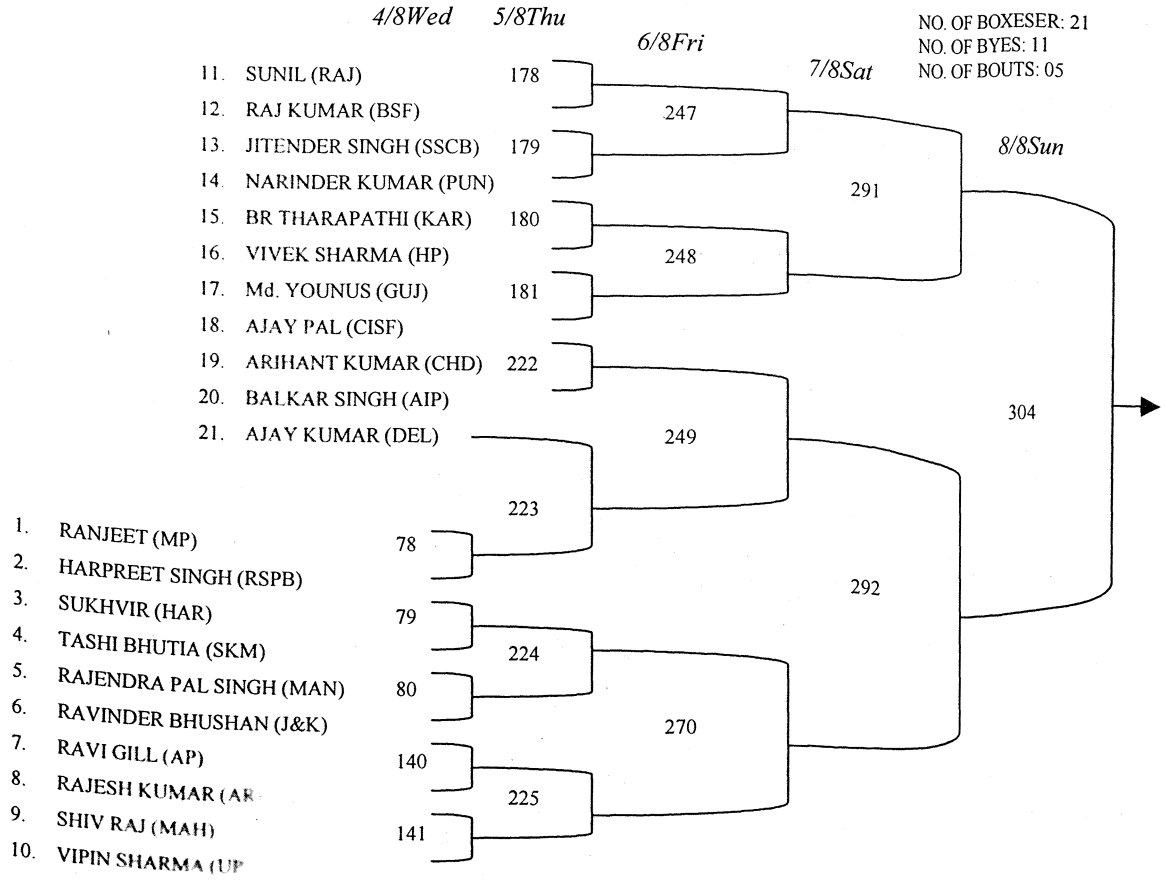
Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 91 kg Heavy Weight

91 KG



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

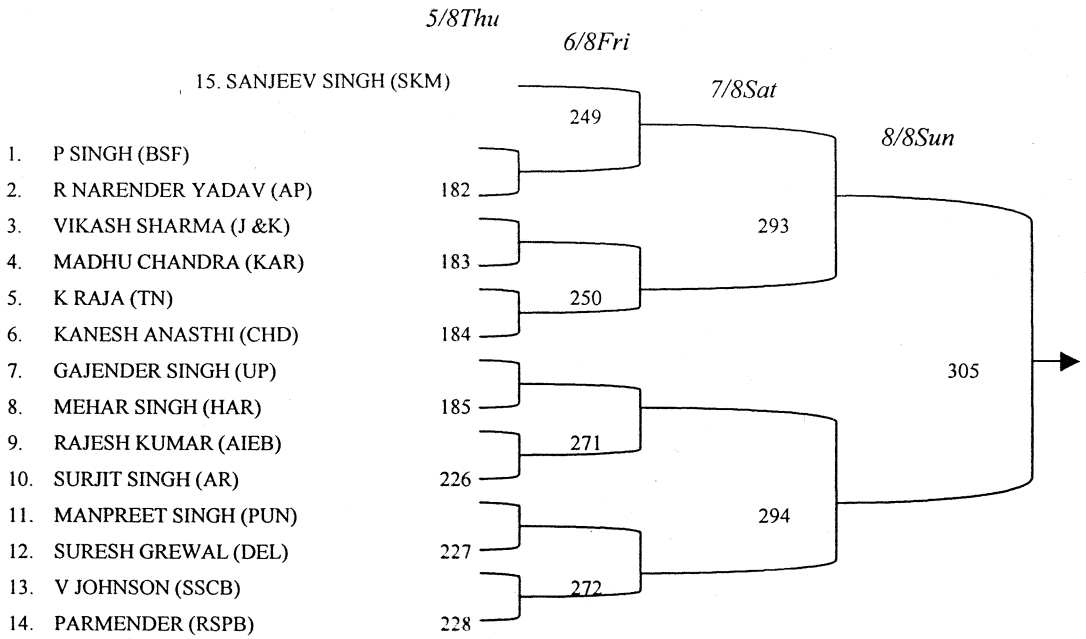
Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Draw 91+ kg Super Heavy Weight

NO. OF BOXESER: 15
NO. OF BYES: 01
NO. OF BOUTS: 07

91+ KG



51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

3rd August 2004

Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
1	48	DIPAK ROY	BEN	BASANTA SINGH	MAN	RED	RSC O/C 1
2	48	NILESH KHUDE	MAH	AMANDEEP SINGH	PUN	BLUE	8-25
3	48	DHARMINDER	CHAN	ALI QUMAR	RSPB	BLUE	RSC O/C 2
4	48	KALEEM AHMED	ARU	GHULAM GHOUS	JHAR	RED	RSC O/S 3
5	48	SONU	HAR	DIGANTA NATH	ASM	RED	RSC O/S 2
6	48	JONATHAN	SSCB	KHEMANAND	CISF	RED	24-10
7	48	L ZUALA	MIZ	SB THAPA	AR	RED	19-18
8	48	ARUN SINGH	AIP	SHAILENDRA SINGH	UP	RED	23-02
9	51	SANTU ALEY	ASM	M NASIR KURASHI	UP	BLUE	RSC O/S 3
10	51	MD TARIQUE	BEN	GAURAV SINGH	UTR	RED	RSC H 1

Ring No. 2

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
11	48	SURAPATI CHINNA	AP	BALBIR	DEL	BLUE	RSC O/S 2
12	48	HARDEEP	HP	RAMDAS HANSDA	SPSB	BLUE	RSC O/S 2
13	48	DUP BDR PUN	MEG	SUKAMTAK DALAI	ORI	RED	16-13
14	48	PRITHVI RAJ	TN	ASHOK RANA	GUJ	RED	RSC O/S 2
15	48	RAJESH SAINI	RAJ	VINOD KUMAR	GOA	RED	13-7
16	48	RAJ KUMAR	KAR	N ANGOU SINGH	BSF	RED	RSC O/S 3
17	48	SUBHASH SINGH	SKM	PANKAJ PARVEEN	MP	BLUE	RSC O/S 2
18	48	PANKAJ KUMAR	CHAT	HIMANSUDI GUPTA	UTR	BLUE	6-9
19	51	K BAN SINGH	ORI	K SATISH KUMAR	KAR	BLUE	RSC O/S 2

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result
4th August 2004
Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
20	51	K VIJAY KUMAR	CHN	RAJ SINGH	BSF	RED	RSC O/C 1
21	51	H K BELIWAL	SSCB	BALU GANESH	KER	RED	RSC O/S 2
22	51	GANRAJ SINGH	MP	RAVI KUMAR	AIP	BLUE	13-18
23	51	SUNDI RAJU	RSPB	R VENU GOPAL	KAR	RED	RSC O/S 2
24	51	SUBHASH DEVNATH	BEN	TAUSEEF KHAN	JHAR	BLUE	19-22
25	51	ROBIN DEV	SPSB	MANOJ RANA	MEG	RED	RSC O/S 3
26	51	ALAM	NGL	S SUNNY LUWANG	MAN	BLUE	6-14
27	51	V DURGA RAO	AP	ASHWINI SHARMA	CHA	BLUE	25-33
28	54	PRALHAD	CISF	SUJIT BISWA	AR	BLUE	RSC O/S 3
29	54	SUNDI RAO	AP	RAJESH UPADHAY	BEN	RED	RTD 1
30	54	JITENDER	DEL	R NAGIN BHAI	GUJ	RED	RTD 1
31	54	DHARAMBIR SINGH	RSPB	A ASHWINI SHARMA	UP	RED	RSC O/S 3
32	54	BIPIN PYNGROPE	SSCB	KAMAL CHAUHAN	HP	RED	36-16
33	54	VIKRAM SHARMA	J&K	SUMAN DAR	TRI	RED	RSC O/C 1
34	54	BIJENDER SINGH	HAR	AVIMANYU NAYAK	JHAR	RED	RC O/S 3
35	54	KAPIL SINGARA	BSF	MASTER TELI	ARU	BLUE	RSC O/C 3
36	57	MOHAN SINGH	AR	RAKESH	J&K	RED	21-17
37	57	ARVIND DANAVLE	MAH	MUJTABA KAMAL	RSPB	BLUE	9-21
38	57	AJAY RICHARIA	MP	NAVIN CINTURY	SKM	BLUE	16-23
39	57	RAKESH CHAND	CHT	NAVEEN DEV	HAR	BLUE	RSC H 1
40	57	VIKRAM VARSHNEY	UP	VIKAS	AIP	BLUE	10-31
41	57	A L LAKRA	SSCB	R ANIL KUMAR	AP	RED	KOB 1
42	57	ARASUDEEP SINGH	CHN	SUNNY KUMAR	JHAR	RED	10-9
43	57	SOMNATH	PUN	KARIKI BIJAYA	ORI	RED	RSC O/C 2
44	60	M CHOUDHARY	HP	R RAJU	CHAT	BLUE	10-44
45	60	SIDDHARTH	MAH	RAVINDRA KUMAR	KAR	BLUE	18-19
46	60	CHOTE SINGH	ARU	K RAVI KUMAR	ORI	RED	17-10
47	60	JIMMY BOSCO	MEG	T NAVEEN KANTH RAMESH CHITTORIA	AP	BLUE	RSC O/S 3
48	60	UTTAM ACHARJEE	TRI	PAWAN MANN	RAJ	BLUE	RSC O/C 1
49	60	RIJINTY	KER	YOGENDRA SINGH	DEL	BLUE	8-13
50	60	VIVAK PANDEY	UP	JHONSON DECRUZA	MP	RED	RSC O/S 3
51	60	RANJIT SINGH	AIP	L DHANA CHANDRA	SPSB	RED	26-4
52	64	INKAMLAK	NGL	AMIT KUMAR	MAN	BLUE	9-16
53	64	CHRISTY ROBERT	GOA	SARAFRAJ ALI	BSF	BLUE	RSC O/C 4
54	64	ABDILL	CISF	SANTOSH PALAI	BEN	BLUE	7-20
55	64	RUPESH	MAH	RAVI PRNSA KPULITI	ORI	RED	RSC O/C 1
56	64	SANTOSH SINGH	MIZ	PARVEEN KUMAR	ARU	RED	O/C
57	64	SHA SHIKANT	AIP	VICKY TOKAS	RSPB	BLUE	RSC 4

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

4th August 2004

Ring No. 1 (Bout 58 to 80) & Ring No. 2 (Bout 81 to 95)

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
58	64	BAJORANG MAHATO	JHA	AJIT PAUL SINGH	DEL	BLUE	RSC 1
59	69	PG CHAND SINGH	MAN	SABIR HSMAN	MP	BLUE	RSC O/C 4
60	69	SYD H MUSTAFA	ASM	KRUSUNA CHANDRA	MAH	RED	16-7
61	69	V HARI KISAN NAN	RSPB	ARIF	ORI	RED	RSC O/C 1
62	69	MANOJ KUMAR	CISF	VIKRAM DHUL	BEN	RED	5-3
63	69	KARAN VEER	AIEB	ZEN PRASAD RAI	HAR	BLUE	WO
64	69	EYMAIN ALI	BSF		SKM	RED	17-2
65	69	CHETAN CHAUHAN	HP	SANJEEV MB	KER	BLUE	KO 3
66	75	VIMAL RAJAN	KER	ANIL	UTR	RED	RSC O/C
67	75	ANNAR ALI	CHD	L KANTA SINGH	SSCB	BLUE	6-29
68	75	PRADEEP SINGH	HAR	PARVEEN KUMAR	CISF	RED	RSC O/C 1
69	75	PRADEEP KUMAR	MAH	PARVINDER SINGH	RSPB	BLUE	KO 1
70	75	SHASHI K THAPA	AR	RAKESH PALTA	ORI	RED	KO 1
71	75	J PANKAJ KUMAR	UP	VARUN KUMAR	RAJ	BLUE	RTO 1
72	81	DUHJAI SASTRI	RSPB	GK MADHU KUMAR	KAR	RED	KO 3
73	81	RUKRA PRASANNA	ORI	SUNNY BODH	HP	RED	RSC O/C 1
74	81	DASHRAT LAL	JHR	AKBAR SASHA	TN	BLUE	RSC O/C 2
75	81	JASBIR PANWAR	UP	J SINGH	AIEB	RED	RSC O/C
76	81	NAVEEN RAO	DEL	SUKHMINDER	HAR	BLUE	7-34
77	81	JANKAR SINGH	MEG	DHIRESH BARDOLAI	ASM	BLUE	RSC O/C 2
78	81	RANJEET	MP	HARPREET SINGH	RSPB	BLUE	RSC O/C 1
79	81	SUKHVIR	HAR	TASHI BHUTIA	SKM	RED	RSC O/C 1
80	81	RAJENDER P SINGH	MAH	RAVINDER BHUSHAN	J&K	RED	RSC O/C 1
81	51	PAWAN SINGH	SKM	YADAV	MAH	RED	27-18
82	51	KAMLESH	GUJ	P K NAIR	AR	BLUE	RSC O/C 2
83	51	SENTH NATHAN	TN	GURMUKH SINGH	PUN	BLUE	5-20
84	51	N SHIVA	HP	HRCHI AWHLY	MIZ	RED	26-18
85	51	SHOKAI NOSAIN	J&K	KEDAR SINGH	UTR	BLUE	RSC I 3
86	51	ABHISHEK SHAH	DEL	M D ARIF	ORI	RED	23-5
87	51	BIJENDER SINGH	HAR	S SURESH KUMAR	CISF	RED	17-16
88	51	SUNIL CHAKANKA	GOA	M NASIR KURESHI	UP	BLUE	RSC O/C 2
89	54	TARUN KUMAR	CHD	RAHUL SANKAR	MP	BLUE	8-28
90	54	PAPPIL RAJAK	SPSB	KULVINDER SINGH	PUN	RED	DIS 2
91	54	PRAFILL LAL	KER	SUMI KHIKIYE	NGL	BLUE	9-19
92	54	DIPAK SAIKIA	ASM	RAJENDER SHARMA	RAJ	RED	19-3
93	54	PANDARINTH	GOA	RAKESH DAS	CHAT	BLUE	RSC O/C 4
94	54	JORAK KORPARAN	MEG	S BALA MURLIGAN	TN	RED	RSC O/S 3
95	54	K PHILIP SINGH	MAN	SANJAY YADAV	MAH	RED	31-14

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result
4th August 2004
Ring No. 2

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
96	54	AMIT K SINGH	UTR	K SATISH KUMAR	KAR	RED	21-7
97	57	RONET NINGAMBAN	BSF	MAHESH RANAVAT	RAJ	BLUE	9-15
98	57	LS BUJJI BABIL	TN	ROHIT	KER	RED	33-26
99	57	RAJIB DEB VERMA	TRI	ANIL BARMAN	BEN	BLUE	RSC O/C 1
100	57	RAKESH KUMAR	HP	PRAKASH GURANT	MEG	BLUE	16-31
101	57	SAMH ELAO	NGL	SANTOSH BIRMCHLE	GOA	RED	12-6
102	57	VINCENT PAOLIH	KAR	NAVNEET TYAGI	UTR	RED	12-9
103	57	DEEPAK KUMAR	DEL	L ROMAN SINGH	MAN	BLUE	15-18
104	57	L WANGSU	ARU	VISLAB GURANG	GUJ	RED	25-6
105	60	NG DINGO SINGH	SSCB	WONGAL BHATIA	SIR	RED	RSC I
106	60	SONU CHAHAL	HAR	L G SINGH	MAN	RED	RTD 3
107	60	A KORGAOKAR	GOA	B BORGOHAN	ASM	RED	RSC O/S 3
108	60	H NEPCLICN	AR	AKHAM ELINANG	NGL	RED	RSC I 4
109	60	SUNIL KUMAR	BSF	MANGESH KAMBLI	CISF	RED	11-9
110	60	KO ANANADRA MAN	TN	C HITENDRA	GUJ	RED	RSC O/C 1
111	60	MD HABIB	CHD	JAI BHAGWAN SINDH	RSPB	BLUE	7-24
112	60	GANDEEP SINGH	PUN	MD TARIQUE	BEN	RED	19-8
113	64	VIKAS NARKALA	J &K	VIJIG	KER	RED	KOB 2
114	64	D GIRI	AP	JAIPAL SINGH	RAJ	BLUE	14-16
115	64	KULDEEP VERMA	HP	HARVINDER SINGH	PUN	BLUE	7-15
116	64	M BAHADUR THAPA	MEG	JADU BORA	ASM	RED	15-7
117	64	SUDHIR MALIK	HAR	SOM B PUN	SSCB	BLUE	18-8
118	64	RAVINDER SINGH	MP	ANIL K BAHUGUNA	UTR	BLUE	12-18
119	64	SOLANKI RIPAL	GUJ	KAMAL MAURYA	UP	BLUE	RSC O/C 1
120	64	K FIROJ	TN	S B TAMANG	AR	BLUE	KO 1
121	69	KRISHAN SHARMA	DDEL	RAJSWAR SINGH	UP	RED	RSC O/C 1
122	69	SUNIL KUMAR	JHA	ANIL KUMAR	RAJ	BLUE	RSC O/C 1
123	69	S KATHI RAVAN	TN	JAGAT S BELAL	UTR	BLUE	RSC O/C 1
124	69	RAVINDER KUMAR	AIP	BARIDER SINGH	PUN	BLUE	RSC O/S 2
125	69	MUSRAK MIAH	TRI	JAGDEEP SINGH	AP	BLUE	RTD 1
126	69	LALIT THAPA	MEG	AJAY SINGH	CHD	RED	RSC I 2
127	75	GAUTAM BHARGAV	PUN	ANAND SINGH	AP	RED	RSC O/C 1
128	75	G VIVER	KAR	JITENDRA TOKAS	BSF	RED	W/O
129	75	SURAJ DEV BERMA	TRI	S KUMAR	ARU	BLUE	RSC O/C 1
130	75	AMAN	CHD	N G N NANTHAM	TN	RED	KO 1
131	75	KUNGA N BHUTIYA	SKM	GOSWAMI SINGH	BEN	RED	RSC O/C 1
132	75	JASBEER SINGH	DEL	NUTSUUA VENUH	NGL	RED	RSC O/C 3
134	81	GOURMAIL SINGH	SSCB	NGULKHOGIN KUKI	NGL	RED	RSC O/S 3
135	81	RAM SINGH	AIP	G THRINA HA RAO	AP		
136	81	JOGENDER DAGAG	BSF	VIJAY PAL SINGH	AR	RED	30-4
137	81	PIYUSIT YADAV	MAH	VISHAL GAURAV	CHD	BLUE	8-28
138	81	RANJIT M	KER	JEEVAN PRAKASH	UTR	BLUE	RSC O/C2
139	81	JASBIR SINGH	CISF	LAKSHMI PATHAK	MP	BLUE	11-19
140	91	RAVI GILL	AP	RAJESH KUMAR	AR	RED	25-5
141	91	SHIV RAJ	MAH	VIPIN K SHARMA	UP	BLUE	27-41

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result
5th August 2004
Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
142	48	DEEPAK ROY	BEN	AMANDEEP SINGH	PUN	BLUE	3-22
143	48	MD. ALI QUMAR	RSPB	KALEEM AHMED	AUR	RED	RTD 3
144	48	SONU	HAR	JONATHAN	SSCB	BLUE	15-33
145	48	L ZUALA	MIZ	ARUN SINGH	AIP	RED	W/O
146	51	VIJAY KUMAR	CHT	H K BELWAL	SSCB	BLUE	RSC O/C 2
147	51	RAVI KUMAR	AR	SUNDI RAJU	RSPB	BLUE	RSC O/C 3
148	51	TANSEEF KHAN	JHA	ROBIN DEV	SPSB	BLUE	RSC O/C 3
149	51	S SUNNY	MAN	ASHWANI SHARMA	CHD	BLUE	12-20
150	54	SUJIT BISWA	AR	SUNDI RAO	AP	BLUE	5-26
151	54	JITENDER	DEL	DHAREDENDER SINGH	RSPB	BLUE	12-24
152	54	BIPIN P	SSCB	VIKRAM SHARMA	J&K	RED	KO 1
153	54	BIJENDER SINGH	HAR	MASTER TELI	AUR	RED	KOH 1
154	57	MOHAN SINGH	AR	MUJTAFA KAMAL	RSPB	BLUE	6-19
155	57	NAVEEN	SKM	NAVEEN DEV	HAR	BLUE	RSC O/C 2
156	57	VIKAS	AIP	A L LAKRA	SSCB	BLUE	RSC O/C 3
157	57	ARASU DEEP SINGH	CHD	SOMNATH	PUN	BLUE	5-27
158	60	R RAJU	CHT	RAVINDER KUMAR	KAR	BLUE	5-16
159	60	CHOTTE SINGH	ARU	T NAVEEN KUMAR	AP	BLUE	RSC O/C 3
160	60	RAMESH CHHITORIA	RAJ	PAWAN MANN	DEL	BLUE	RSC O/C 3
161	60	VIVAK PANDEY	UP	RANJIT SINGH	AIP	BLUE	8-18
162	64	DIDAR SINGH	CHD	L DHANA CHANDRA	MAN	RED	17-4
163	64	AMIT KUMAR	BSF	SARAFRAJ ALI	BEN	RED	48-43
164	64	RUPESH	MAH	SANTOSH SINGH	MIZ	BLUE	14-18
165	64	PARVEEN KUMAR	RSPB	VICKY TOKAS	DEL	RED	21-8
166	69	A SANTOSH KUMAR	SSCB	T GOHI KONYAK	NGL	RED	KOH 2
167	69	K NITYA SINGH	AR	AJIT PAL SINGH	MP	BLUE	8-25
168	69	SAYEED HABEEB M	ASM	V HARIKISAN	RSPB	BLUE	RSC O/C 2
169	69	MANOJ KUMAR	CISF	VIKRAM DHULL	HAR	BLUE	W/O
170	75	JOGINDER SINGH	GOA	KULDEEP SINGH	AIEB	RED	RTD 1
171	75	TENJ PAL	AIP	ANIL	UTR	BLUE	RSC (I) 1
172	75	L KANTA SINGH	SSCB	PRADEEP SINGH	HAR	RED	16-10
173	75	PARVINDER SINGH	RSPB	SHASHI THAPA	AR	RED	24-4
174	81	PARMANAND G	GOA	SANJEEB KUMAR	PUN	BLUE	12-29
175	81	G K SHARMA	RAJ	VINOD GURANG	SKM	RED	6-6
176	81	DURJAI SASTRY	RSPB	SUNNY	HP	RED	RSC O/C 2
177	81	AKBAR ISHA	TN	JASBEER PANWAR	UP	BLUE	RSC O/C 3
178	91	SUNIL	RAJ	RAJ KUMAR	BSF	BLUE	RSC O/C 1
179	91	JITENDER SINGH	SSCB	NARENDER KUMAR	PUN	BLUE	18-26
180	91	B R TRIPATHI	KAR	VIVAK SHARMA	HP	RED	32-9
181	91	M D YOUNUS	GUJ	AJAY PAL	CISF	BLUE	RSC (H) 1
182	91+	RAVINDER SINGH	BSF	R NARENDRA YADAV	AP	RED	20-8
183	91+	VIVAK SHARMA	J&K	MADHU CHANDRA	KAR	BLUE	RSC O/C 3
184	91+	K RAJA	TN	KAMLESH AWASTHI	CHD	BLUE	RSC (H) 1
185	91+	GAJENDER SINGH	UP	MAHAR SINGH	HAR	BLUE	RSC O/C 1

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result
5Th August 2004
Ring No. 2

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
186	48	BALBIR	DEL	RAMDAS HASANDA	SPSB	RED	31-17
187	48	DUP BAHADUR PUN	MEG	PRITHIVI RAJ	TN	RED	11-2
188	48	RAJESH K SAINI	RAJ	RAJ KUMAR	KAR	BLUE	10-10, 39-52
189	48	PANKAJ PARVEEN	MP	HIMANSU GUPTA	UTR	BLUE	18-22
190	51	PAWAN SINGH	SKM	PK NAIR	KAR	RED	10-10, 55-40
191	51	GURMUKH SINGH	PUN	N SHIVA	HP	RED	13-9
192	51	KEDAR SINGH	UTR	ABHISHEK SHAH	DEL	BLUE	6-16
193	51	BIJENDRA SINGH	HAR	M NASIR QURESHI	UP	RED	16-23
194	54	RAHUL SONKAR	MP	PAPPU RAJAK	SPSB	RED	14-6
195	54	SUMI KHUKIYE	NGL	DEEPAK SAKIA	ASM	RED	7-6
196	54	RAJESH DAS	CHT	TORAK KHARPRAN	MEG	BLUE	RSC (H) 3
197	54	K PHILIP SINGH	MAN	AMIT KUMAR SINGH	UTR	RED	19-14
198	57	MAHESH RANAWAT	RAJ	L S BUJJI BABU	TN	BLUE	14-16
199	57	ANIL BURMAN	BEN	PRAKASH GURANG	MEG	RED	23-20
200	57	SAMUAL AO	NGL	VINCENT PAOLU	KAR	RED	15-8
201	57	L ROMEN SINGH	MAN	L WANGSU	ARU	RED	10-5
202	60	NG DINGO SINGH	SSCB	SONU CHAHAL	HAR	BLUE	11-12
203	60	A KARGAOKAR	GOA	H NEPOLION	AR	RED	25-17
204	60	SUNIL KUMAR	BSF	K P ANANADRAMAN	TN	RED	RSC O/C 1
205	60	JAI BHAGWAN SINGH	RSPB	GAGANDEEP SINGH	PUN	RED	13-10
206	64	VIKAS NARWALA	J&K	JAI PAL SINGH	RAJ	BLUE	2-20
207	64	HARVINDER SINGH	PUN	MAN BAHADUR THAPA	MEG	BLUE	15-6
208	64	SOM BAHADUR PUN	SSCB	ANIL KUMAR	UTR	RED	RSC O/S 3
209	64	KAMAL MAURYA	UP	S B TAMANG	AR	BLUE	RTD 3
210	69	EYMAN ALI	BSF	SANJEEV	KER	RED	11-3
211	69	KRISHA SHARMA	DEL	ANIL KUMAR	RAJ	RED	RSC O/C 4
212	69	JAGAT SINGH BELAL	UTR	BARINDER SINGH	PUN	BLUE	13-25
213	69	JAGDEEP SINGH	AP	LALITH THAPA	MEG	RED	DISQ 3
214	75	VARUN KUMAR	RAJ	GAUTAM BHARGAV	PUN	BLUE	RSC O/C 1
215	75	G VIVER	KAR	S KUMAR	ARU	RED	15-6
216	75	MG NITHIA NANTHAM	TN	KUNGA N BHUTIA	SKM	RED	RSC O/C 4
217	75	MAHINDER THAPA	MEG	JASVEER SINGH	DEL	RED	5-5, 29-19
218	81	SUKHVINDER	HAR	DHIRESH BORDALI	ASM	RED	18-11
219	81	GURMAIL SINGH	SSCB	RAM SINGH	AIP	RED	20-12
220	81	JOGINDER DAGAG	BSF	VISHAL GAURAV	CHD	BLUE	RSC (I) 1
221	81	JEEVAN PRAKASH	UTR	LAXMI TATHY	MP	RED	12-8
222	91	ARHINTH KUMAR	CHD	BALKAR SINGH	AIP	BLUE	KOB
223	91	AJAY KUMAR	DEL	HARPREET SINGH	RSPB	RED	11-7
224	91	SUKHVEER	HAR	R PAL SINGH	MAN	RED	27-20
225	91	RAVI GILL	AP	VIPIN K SHARMA	UP	RED	RSC O/C 1
226	91+	RAJESH KUMAR	AIEB	SUJJITH SINGH	AR	BLUE	RSC O/C 1
227	91+	MANPREET SINGH	PUN	SURESH GREWAL	DEL	RED	13-7
228	91+	V JOHNSON	SSCB	PARMINDER	RSPB	RED	19-13

51st National Amateur Boxing Championship (Men) – 2004

Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

6th August 2004

Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
229	48	AMANDEEP SINGH	PUN	MD. ALI QAMAR	RSPB	BLUE	14-20
230	48	JONATHAN	SSCB	L ZNALA	MIZ	RED	15-2
231	51	H K BELIWAL	SSCB	SUNDI RAJU	RSPB	RED	RSC O/C 3
232	51	ROBIN DEV	SPSB	ASHWANI SINGH	CHD	RED	25-20
233	54	SUNDI RAO	AP	DHARAMBIR SINGH	RSPB	BLUE	12-22
234	54	BIPIN PYNG ROPE	SSCB	BIJENDER SINGH	HAR	BLUE	21-29
235	57	MUJTABA KAMAL	SRPB	NAVEEN DEV	HAR	RED	17-13
236	57	A L LAKRA	SSCB	SOMNATH	PUN	RED	27-7
237	60	RAVINDER KUMAR	KAR	T NAVEEN KANTH	AP	RED	23-16
238	60	PAWAN MANN	DEL	RANJIT SINGH	AIP	BLUE	13-18
239	64	DIDAR SINGH	CHD	SARAFRAJ ALI	BEN	BLUE	14-17
240	64	SANTOSH SINGH	MIZ	PARVEEN KUMAR	RSPB	BLUE	23-37
241	69	A SANTOSH KUMAR	SSCB	AJIT PAL SINGH	MP	RED	RSC O/C 3
242	69	V HARI KRISHNAN	RSPB	VIKRAM DHULL	HAR	RED	36-12
243	75	JOGENDER SINGH	GOA	ANIL	UTR	RED	RSC O/C 3
244	75	L KANTA SINGH	SSCB	PARVINDER SINGH	RSPB	BLUE	12-12 1-54
245	81	SANJEEB KUMAR	PUN	G K SHARMA	RAJ	RED	22-21
246	81	DURJAY SASTRY	RSPB	JASBIR PAWAR	UP	RED	RSC O/C 2
247	91	RAJ KUMAR	BSF	NARENDER KUMAR	PUN	RED	18-17
248	91	B R TRIPATHI	KAR	AJAY PAL	CISF	BLUE	RSC O/C 2
249	91+	SANJEEV SINGH	SKM	PARMINDER SINGH	BSF	RED	10-7
250	91+	MADHU CHANDRA	KAR	KANESH AWASTHI	CHD	RED	RSC (I) 3

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Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

6th August 2004

Ring No. 2

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
251	48	BALBIR	DEL	DUP BAHADUR PUN	MEG	RED	KO 1
252	48	RAJ KUMAR	KAR	HIMANSU	UTR	RED	22-7
253	51	PAWAN SINGH	SKM	GURMUKH SINGH	PUN	BLUE	3-9
254	51	ABHISHEK SHAH	DEL	BIJENDER SINGH	HAR	RED	14-12
255	54	RAHUL SONKAR	MP	SUMI KHUKIYE	NGL	BLUE	13-27
256	54	TORAK KHARPRAN	MEG	K PHILIP SINGH	MAN	RED	17-8
257	57	L S BUJJI BABU	TN	ANIL BURMAN	BEN	BLUE	8-25
258	57	SAMUL RAO	NGL	L ROMAN SINGH	MAN	BLUE	9-12
259	60	SONU CHAHAL	HAR	A KORGAOKAR	GOA	RED	12-10
260	60	SUNIL KUMAR	BSF	JAI BHAGWAN SINGH	RSPB	BLUE	9-14
261	64	JAIPAL SINGH	RAJ	HARVINDER SINGH	PUN	BLUE	RSC O/C 3
262	64	SOM BAHADUR PUN	SSCB	S B TAMANG	AR	RED	30-13
263	69	EYMAIN ALI	BSF	KRISHAN SHARMA	DEL	BLUE	9-16
264	69	BIRENDER SINGH	PUN	JAGDEEP SINGH	AP	RED	15-11
265	75	GAUTAM	PUN	G VIVER	KAR	RED	RSC (I) 2
266	75	AMAN	CHD	MAHENDRA THAPA	MEG	BLUE	8-23
267	81	SUKHVINDER	HAR	GURMAIL SINGH	SSCB	RED	21-14
268	81	VISHAL GAURAV	CHD	JEEWAN PRAKASH	UTR	RED	DISQ
269	91	BALKAR SINGH	AIP	AJAY KUMAR	DEL	BLUE	3-11
270	91	SUKHVEER	HAR	RAVI GILL	AP	BLUE	18-30
271	91+	MEHAR SINGH	HAR	SURJIT SINGH	AR	RED	27-7
272	91+	MANPREET SINGH	PUN	V JOHANSON	SSCB	BLUE	RSC O/C 1

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Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

7th August 2004

Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
273	48	MD. ALI QUMAR	RSPB	JONATHAN	SSCB	BLUE	13-15
274	48	BALBIR	DEL	RAJ KUMAR	KAR	RED	30-6
275	51	H K BELIWAL	SSCB	ROBIN DEV	SPSB	RED	23-8
276	51	GURMUKH SINGH	PUN	ABHISHEK SHAH	DEL	RED	8-6
277	54	DHARAMVEER SING	RSPB	BIJENDER SINGH	HAR	BLUE	14-18
278	54	SUMI KHUKIYE	NAG	TORAK KHARORAN	MEG	BLUE	KO 2
279	57	MUJTAFA KAMAL	RSPB	A L LAKRA	SSCB	BLUE	8-13
280	57	ANIL BURMAN	BEN	L ROMAN SINGH	MAN	BLUE	12-16
281	60	RAVINDRA KUMAR	KAR	RANJIT SINGH	AIP	BLUE	WO
282	60	SOMU CHAHAL	HAR	JAI BHAGWAN SINGH	RSPB	BLUE	15-28
283	64	SARAFRAJ ALI	BEN	PRAVEEN KUMAR	RSPB	BLUE	RSC O/S
284	64	HARVINDER SINGH	PUN	SOM BAHADUR PUN	SSCB	BLUE	7-27
285	69	A SANTOSH KUMAR	SSCB	V HARIKRISHNAN	RSPB	BLUE	8-15
286	69	KRISHAN SHARMA	DEL	BARINDER SINGH	PUN	BLUE	20-24
287	75	JOGENDRA SINGH	GOA	PARVINDER SINGH	RSPB	BLUE	RSC O/S
288	75	GAUTAM BHARGAVA	PUN	MAHENDRA THAPA	MEG	RED	23-12
289	81	SANJEEB KUMAR	PUN	DURJAI SASTRI	RSPB	BLUE	9-21
290	81	SUKHVINDER	HAR	VISHAL GAURAV	CHD	RED	23-7
291	91	RAJ KUMAR	BSF	AJAY PAL	CISF	RED	RTD 2
292	91	AJAY KUMAR	DEL	RAVI GILL	AR	RED	RSC O/C 2
293	91+	SANJEEV SINGH	SKM	MADHU CHANDRA	KAR	RED	23-11
294	91+	MEHAR SINGH	HAR	V JOHNSON	SSCB	BLUE	11-17

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Dated: 3rd to 8th August 2004

Hisar (Haryana)

Organized by Haryana Amateur Boxing Association under the Auspices of Indian Amateur Boxing Federation

Day Result

8th August 2004

Ring No. 1

B.No.	Wt.	Red	Unit	Blue	Unit	Winner	Decision
295	48	JONATHAN	SSCB	BALBIR	DEL	BLUE	
296	51	H K BELIWAL	SSCB	GURMUKH SINGH	PUN	RED	16-12
297	54	BIJENDER	HAR	TORAK KHARORAM	MEG	RED	24-13
298	57	A L LAKRA	SSCB	L ROMAN SINGH	MAN	RED	RSC OC 3
299	60	RANJEET SINGH	AIP	JAI BHAGWAN SINGH	RSPB	BLUE	1-15
300	64	PRAVEEN KUMAR	RSPB	SOM BAHADUR PUN	SSCB	BLUE	3-17
301	69	HARIKISHAN	RSPB	BIJENDER	PUN	RED	9-5
302	75	PARMINDER	RSPB	GOUTAM BHARGAVA	PUN	RED	16-9
303	81	DURJAY SASTRI	RSPB	SUKHWINDER	HAR	RED	28-17
304	91	RAJ KUMAR	BSF	AJAY KUMAR	DEL	BLUE	RSC (I) 2
305	91+	SANJEEV SINGH	SKM	V JOHNSON	SSCB	BLUE	WO

51st National Amateur Boxing Championship (Men) – 2004

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Hisar (Haryana)

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Medal list

MEDAL	NAME	UNIT	MEDAL	NAME	UNIT
LIGHT FLY WEIGHT (48 KG)			**LIGHT WELTER WEIGHT (64 KG)**		
CHAMPION	BALBIR	DEL	CHAMPION	SOM BAHADUR PUN	SSCB
SILVER	JONATHAN	SSCB	SILVER	PRAVEEN	RSPB
BRONZE	MD. ALI QAMAR	RSPB	BRONZE	SARAFRAJ ALI	BEN
BRONZE	RAJ KUMAR	KAR	BRONZE	HARVINDER SINGH	PUN
FLY WEIGHT (51 KG)			**WELTER WEIGHT (69 KG)**		
CHAMPION	H K BELIWAL	SSCB	CHAMPION	HARI KISHAN	RSPB
SILVER	GURMUKH SINGH	PUN	SILVER	BIRENDER	PUN
BRONZE	ROBIN DEV	SPSB	BRONZE	A SANTOSH KUMAR	SSCB
BRONZE	ABHISHEK SHAH	DEL	BRONZE	KRISHAN SHARMA	DEL
BANTAM WEIGHT (54 KG)			**MIDDLE WEIGHT (75 KG)**		
CHAMPION	BIJENDER	HAR	CHAMPION	PARMINDER	RSPB
SILVER	TORAK KHARORAM	MEG	SILVER	GAUTAM BHARGAV	PUN
BRONZE	DHARAMVEER	RSPB	BRONZE	JOGENDER SINGH	GOA
BRONZE	SUMI KHUKIYE	NAG	BRONZE	MAHENDRA THAPA	MEG
FEATHER WEIGHT (57 KG)			**LIGHT HEAVY WEIGHT (81 KG)**		
CHAMPION	A L LAKRA	SSCB	CHAMPION	DURJAY SASTRY	RSPB
SILVER	L ROMAN SINGH	MAN	SILVER	SUKHVINDER	HAR
BRONZE	MUJTAFA KAMAL	RSPB	BRONZE	DURJAY SASTRY	RSPB
BRONZE	ANIL BURMAN	BEN	BRONZE	VISHAL GAURAV	CHD
LIGHT WEIGHT (60 KG)			**HEAVY WEIGHT (91 KG)**		
CHAMPION	JAI BHAGWAN SINGH	RSPB	CHAMPION	AJAY KUMAR	DEL
SILVER	RANJEET SINGH	AIP	SILVER	RAJ KUMAR	BSF
BRONZE	RAVINDER KUMAR	KAR	BRONZE	AJAY PAL	CISF
BRONZE	SONU CHAHAL	HAR	BRONZE	RAVI GILL	AR
			SUPER HEAVY WEIGHT (91+ KG)		
			CHAMPION	JOHNSON	SSCB
			SILVER	SANJEEV SINGH	SKM
			BRONZE	MADHU CHANDRA	KAR
			BRONZE	MEHAR SINGH	HAR

	NAME	UNIT
BEST BOXER	H K EELWAL	SSCB
BEST LOSER	GURMUKH SINGH	PUN
MOST PROMISING BOXER		

TEAM CHAMPIONSHIP	UNIT	POINTS
	RSPB	49
	SSCB	45
	HAR	28

WP	KO	RSC (I)	RSC (H)	RSC (O/C)	RSC (O/S)	RTD	DISQ	W/O	CCL	TOTAL
173	14	10	3	55	31	9	3	6	1	305