

भारतीय भारोत्तोलन संघ Indian Weightlifting Federation

Affiliated to: International Weightlifting Federation, Asian Weightlifting Federation,
Commonwealth Weightlifting Federation and Indian Olympic Association
Recognised by: Ministry of Youth Affairs & Sports, Govt. of India



Sahdev Yadav
President

S.H. Anande Gowda
Secretary General

File No.: IWLF-Cir./2024-25/ **239**

Date: 9 September 2024

*All affiliated States, Union Territories and Departmental Boards
of Indian Weightlifting Federation*

**Sub.: Conduct of Technical Official examination - International Category-1 & 2,
National Category-1 on 11th January 2025 at Brahmapur, Odisha.**

Dear All,

The Technical Official theory examination will be conducted at Brahmapur, Odisha on 11th January 2025 for International Category-1 & 2, National Category-1. Examination Fee for International Referees - Rs. 6,000/-, National Referees - Rs. 4,000. Interested candidates should deposit the examination fee in the Bank Account of Indian Weightlifting Federation and also fill the application form for registration purpose which will be duly verified from the State Associations / Departmental Boards:-

Name of Beneficiary	-	Indian Weightlifting Federation
Name of Bank	-	HDFC Bank Limited
Address	-	B-222-223, Sector-16, Noida, U.P. 201301
Account No.	-	50100477267200
IFSC Code	-	HDFC0001351
MICR Code	-	110240154

The last date of registration fee will be **30th December 2024.**

Yours Sincerely,

[S.H. Anande Gowda]
Secretary General

Encl. as above.

APPLICATION FOR APPEARING IN REFEREE EXAMINATION

Tick whichever is applicable ____ Int'l Cat-1 ____ Int'l Cat-II, ____ N'L Cat-1 or ____ N'L Cat-2

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1	Name in CAPITAL Letters		
2	Father's Name / Husband Name		
3	Date of Birth		
4	WhatsApp Mobile no.		
5	Email id		
6	Postal Address with pin code		
7	Educational Qualification		
8	Affiliated unit you belong to		
9	Sports Qualification, if any		
10	Old Card no. & licence renewal upto (if applicable) (Enclose front and back side of Referee card)		
11	Details of examination fee remitted		

Signature of Appearing Candidate

Signature _____
Name of Secretary _____
State Association / Departmental Board
With Seal and stamp