



Chhattisgarh Badminton Association

Age Certificate for Players

1. Name in Full:	_____	Passport Size Photograph
2. Male/Female	_____	
3. Father's Name in Full	_____	
4. Mother's Name in Full	_____	
5. Date of Birth	_____	
6. BAI Player ID (if allotted)	_____	
7. Proof Attached	Yes / No	
8. Communication Address:	_____ _____	
Email Address	_____	Phone No. (Residence) _____ (Mobile) _____
9. Age as at 1st January of the calendar year of the date of this certificate.	_____	
10. In case of students, class in which studying as at 1st January of the calendar year of the date of this certificate.	_____	

We confirm that the above information is true and correct.

(please ensure that the date of certifying this form is filled in space provided below)

Signature of the player	Signature of the Hon. Secretary of the State Association	Signature of the parent (in case of minor)
Signature of the Hon. Secretary of the District Association		Signature of school Head master /College principal (in case of student)
Seal of the District Association Date: place:	Seal of the State Association Date: Place:	Seal of the school/college Date: Place:

*Providing birth certificate is compulsory (as per BAI norms)

*Providing school marksheet & notarized stamp paper is compulsory in case of student.

*Notarized stamp paper is not required for those player having BAI player ID.

*Registration fees Rs 500/- as DD in favour of Chhattisgarh Badminton Association Raipur.

*Bone age is compulsory for those whose registration year in birth certificate is not within the year of birth.(as per BAI norms)

Affidavit

WE SRI son of aged about years by occupation AND SMT. Wife of aged about years by occupation, both being residents of under Police Station District having Pin Code No. and both being (set out Religion) of Indian Domicile do hereby jointly and severally solemnly affirm, declare and undertake as under:

1. That following our lawful marriage in accord with religious Rites and customs followed by registration of marriage onday of we have been blessed with a son/daughter born on at (Name & Address of the Hospital/Nursing Home), who has since been named as "....." and birth of the child has duly been registered with (name of Municipality/District Birth Registration Office/Panchayet) being the Registering Authority on A true authentic copy of the Birth Certificate issued by the Registering Authority dated is annexed hereto as ANNEXURE "A".

2. We jointly and severally hereby undertake and assure that the above Date of Birth of our child "....." is true, correct and authentic and we have not suppressed or concealed or manipulated the date of Birth or any fact AND agree to indemnify and hereby keep the ----- District Badminton Association and its every Official duly indemnified of all or any prejudice if any suffered or caused on being detected any fraud or suppression or concealment or fudging of the date of Birth of our above Child and we undertake and warrant to accept any decision of the District Association & State Association including damages, costs and consequences arising there from.

3. The statements made in the foregoing paragraphs are true to our respective knowledge and nothing material has been suppressed.

IDENTIFIED BY ME

DEPONENTS

ADVOCATE

(Attention : Birth certificate to be attached with notary sign)

Note : To be printed on the stamp paper of RS:50/-

ANNEXURE-I
(para 5.1 refers)

FORMAT OF IDENTITY CARD

1.Name:

Photograph

2. Name of the father:

3. Name of the mother:

4. Place & State of birth:

5. Address for communication:

6. Telephone (with STD Code)

7. Identification marks:

a).

b).

8. Date of birth as per documents:

9. Medical age Range :
(As on)

10. Signature of the candidate:

.....
Date of issue:

(Signature of the Issuing Authority & Stamp)

Place of issue:

NOTE : This Identity Card is exclusively to serve as proof of age for participation & training in age restricted events. The Identity Card will not be serve as a proof of age for any other purpose.

ANNEXURE-II

(para 7.1.1 refers)

Age Estimation Format

Space for colour
photograph

attested by
Gazetted officer

A. Informed consent

B.

I S/D/O or Guardian of voluntarily give my consent for complete medical examination for the purpose of age estimation. I understand that this examination may involve physical examination including genital examination, dental examination and radiography. The purpose, procedure and use of such examination have been explained to me in the language which I understand.

Signature of the candidate/ guardian:

Signature of the accompanying person/witness:

(Note:Consent by guardian is essential in respect of athletes below 12 years)

C. Preamble

1. Age category.....
2. Sports Discipline.....
3. Events to be participated
4. Case Serial No.....
5. Name.....
6. Age as stated (Any documentary evidence like birth certificate)
.....
7. Sex.....
8. Permanent Address.....
.....
.....
9. Corresponding address.....
.....
.....
10. Name of school/college/Institute.....

11. Tel. No. & e-mail.....
12. Father's name.....
13. Mother's name.....
14. Name of the person accompanying.....
15. Date and Time of examination.....
16. Place of examination.....
17. Marks of identification (Scar/mole/deformity,etc.) :
 - 1.....
 - 2.....
16. Thumb impression (right in female and left in male)
17. Signature

D. General Physical Examination

1. Height (cm):
2. Weight (kg):
3. Chest girth at the level of nipples:
4. Abdominal girth at the level of naval:
5. For calculating Body development index (BDI) :
 - I. Biacromial breath(cm):
 - II. Biliospinale breath (cm):
 - III. Forearm circumference(cm) in males:
 - IV. Mid thigh circumference(cm) in females:
6. Voice (Hoarseness of voice):

E. Dental Examination

- i. Dental Data:

(S)	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	(S)
	(Rt.).....		(L t.)
	(S)	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 (S)
- a. Temporary
- b. Permanent
- c. Space for third molar(S)
- d. Partially erupted/completely erupted
- ii. Dental X- ray : Oral pantogram (OPG)
- iii. Dental X- ray findings :

F. Radiological Examination/MRI/CT Scan (as applicable)

Note : A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT Scan may be done.

1. X-ray advised (as per requirements):
 - i. Shoulder joint : A.P view
 - ii. Elbow joint : A.P and lateral view
 - iii. Hand with wrist : A.P view
 - iv. Pelvis with hip joint : A.P view
2. Date of radiological examination:
3. Name of the radiographer :

Radiological findings:

S.no.	X-ray advised	Findings	Age inference
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G. Age Certificate

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about..... years which is consistent /not consistent with birth certificate/ age document.

Dated :

Signature:

Name:

Designation:

(All the parameters should be considered for the age estimation)