



Chhattisgarh Badminton Association

Age Certificate for Players

1. Name in Full: _____

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.



Passport Size
Photograph

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 occupationAND 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/-

Age Verification Medical Certificate

(To be done By Govt. Hospital)

The following parameters under the medical examination shall include radiological examination (Digital X-Ray) and even/M.R.I/ C.T. Scan (as applicable) shall be carried out to ascertain the age:-

(1) X-Ray advised as per requirements depending upon the age group gender:

- a) Shoulder Joint with clavicle: A.P. View
- b) Elbow Joint: A.P. View and Lateral View
- c) Hand with wrist: A.P. View
- d) Pelvis with hip joint: A.P. View

(2) Date of Radiological examination and name of the centre

(3) Name of the Radiologist :

Radiologist findings:

X-Ray undertaken

Bony Findings

Age estimated