INDIA

BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

1.	Name in full:				Photograph duly					
	(in Block letters, Surname a Must.)	(Surname)	(Name)		Attested by the					
2.	Male / Female:				School Head					
					Master / College					
3.	Father's name in full:				Principal /Head of					
	(in Block letters. Surname a Must.)	(Surname) (Name)			organization or					
4.	Mother's name in full: (in Block letters, Surname a Must.)	(Surname)	(Name)		Gazetted Officer					
_	D (CD) (I									
5.	Date of Birth: (Please attach attested copy of birth certificate from the Birth Registering Authority)	(Date)	(Month)	(Year)						
6.	Place of Birth:									
		(Place)	(District)	(State)						
7.	Place of Birth details: (Please give details of actual place such as name of hospital, if at home, address, etc.)	(Actual Birth Pla								
8. a)	Two identification marks:									
b)										
9.	Communication address:									
				445						
	•	é								
	E-mail address:			Phone number:	-					
10	Age as at 1st January of the calend	ar year of the date of thi	s cartificate							
10.	rige as at 1 standary of the calend	(Years)	(Months)							
11.	1. In case of students, class in which studying as at 1st January of the calendar year of the date of this certificate									
12	Give details of educational institut	ions studied as ner attac	hed sheet							
12.	Give details of educational institut	ions studied as per attac	neu sneet.							
We	confirm that the above information is	s true and correct. (Please ens	ure that the date of certify	ving this form is filled in spa	ce provided below.)					
	Signature of the Player	Left Hand Thumb imp	pression of player	Signature of Parer	nt (In case of Minor)					
	Signature of Hon. Secretary of the District Association	Signature of Ho of the State As		Signature of School Head Master / College Principal / Organisation Head / Gazetted Officer						
	*									
fair	d T									
	Soal of the Dietrict Accessor	Seal of the State	Association	Seal of the School	College / Organisation					
Dat	Seal of the District Association		ASSOCIATION	Date:	Conege / Organisation					
Dat Pla		Date: Place:		Place:						
1 10	ov.	1 Iacc.		1400.						

INDIA

BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

1.	Name in full:										
	(in Block letters, Surnan	ne a Must.)	(Surname) (Name		Name)						
2.	Details of each School / College / Organisation from KG Onwards:										
	Name Postal Add		ress Phone Numbers		Studied in years			Class Studied			
					From To		То	From	То		
-							***************************************				
								-			
					-						
We co	nfirm that the above	information is true a	nd correct. (Pl	ease ensure that the date of certi	fying this	form is	filled in spac	e provided belo	ow.)		
			4			su!					
	Signature of the Player			Left Hand Thumb impression of player			Signature of Parent (In case of Minor)				
			*					··········			
	Signature of Hon. Secretary of the District Association			Signature of Hon. Secretary of the State Association			Signature of current School Head Master / College Principal / Organisation Head / Gazetted Officer				
Seal of the District Association			Seal of the State Association			Seal of the School / College / Organisation					
Date:			Date:			Date:					
Place:			Place:			Place	e:				