



# BADMINTON ASSOCIATION OF INDIA

## AGE CERTIFICATE FOR PLAYERS

1. <b>Name in full:</b> (in Block letters. Surname a Must.)	_____	_____	Photograph duly Attested by the School Head Master / College Principal /Head of organization or Gazetted Officer
2. <b>Male / Female:</b>	_____	_____	
3. <b>Father's name in full:</b> (in Block letters. Surname a Must.)	_____	_____	
4. <b>Mother's name in full:</b> (in Block letters. Surname a Must.)	_____	_____	
5. <b>Date of Birth:</b> (Please attach attested copy of birth certificate from the Birth Registering Authority)	_____	_____	_____
6. <b>Place of Birth:</b>	_____	_____	_____
7. <b>Place of Birth details:</b> (Please give details of actual place such as name of hospital, if at home, address, etc.)	_____		
8. <b>Two identification marks:</b>	_____		
a)	_____		
b)	_____		
9. <b>Communication address:</b>	_____		
	_____		
<b>E-mail address:</b>	_____	<b>Phone number:</b>	_____
10. <b>Age as at 1<sup>st</sup> January of the calendar year of the date of this certificate</b>	_____	_____	_____
	(Years)	(Months)	
11. <b>In case of students, class in which studying as at 1<sup>st</sup> January of the calendar year of the date of this certificate</b>	_____		
12. <b>Give details of educational institutions studied as per attached sheet.</b>	_____		

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	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 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: Place:	Date: Place:	Date: Place:



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## AGE CERTIFICATE FOR PLAYERS

**1. Name in full:**

(in Block letters. Surname a Must.)

(Surname)

(Name)

**2. Details of each School / College / Organisation from KG Onwards:**

Name	Postal Address	Phone Numbers	Studied in years		Class Studied	
			From	To	From	To

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	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: Place:	Date: Place:	Date: Place: