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:		21		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		
_	Date of Biuth.						
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)	_		
		(riace)	(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 Place Details as name, address, etc.)					
8.	Two identification marks:						
a)							
L							
b)							
9.	Communication address:						
				44.5			
	•	4	1-3				
	E-mail address:			Phone number:	-		
10	Age as at 1st January of the calend	ar year of the date of t	his certificate				
10.	Age as at 1 sandary of the calcula	ar year or the date or t	ans certificate	(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						
13		:	a ala al ala ast				
12.	Give details of educational institut	ions studied as per att	acned sneet.				
Wa	confirm that the above information is	trans and correct (D)		in this fame is filled in any			
VVC	commit that the above information is	strue and correct. (Please	ensure that the date of certify	ing this form is fined in spa	ce provided below.)		
	Signature of the Player	Left Hand Thumb in	mpression of player	Signature of Parer	nt (In case of Minor)		
	er en		- Proposition Proposition		(**************************************		
	Signature of Hon. Secretary of the District Association	Signature of F of the State		College Principal	nool Head Master / Organisation Head / ed Officer		
	· d						
hai							
	Soal of the Dietrict Accessor	Seal of the Sta	ta Association	Seal of the School /	College / Organisation		
Dot	Seal of the District Association	Date:	ic Association	Date:	Conege / Organisation		
Dat Pla		Place:		Place:			
1 10	ov.	11100.		1400.			

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AGE CERTIFICATE FOR PLAYERS

1.	Name in full:									
	(in Block letters, Surnan	ne a Must.)	(Surnai	ne) ((Name)		-			
2.	Details of each Onwards:	School / College	/ Organis	ation from KG				•		
	Name Postal Addr		ess Phone Numbers		Studied in years			Class Studied		
					Fro	m	То	From	То	
We con	nfirm that the above	information is true a	nd correct. (Pl	ease ensure that the date of certi	fying this	form is fill	led in space	e provided belo	w.)	
						su's				
Signature of the Player			Left Hand Thumb impression of player			Signature of Parent (In case of Minor)				
							<u>'</u>	villioi)		
				*						
	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 o	Seal of the State Association			Seal of the School / College /			
Date:			Date:			Date:	Org	ganisation		
Place:			Place:			Place:				

<u>To Be Printed in Rs. 50/- Stamp Paper</u> <u>UNDERTAKING</u>

WE S	SRI son of aged
about	years by occupation
SMT.	Wife of
aged	about years by occupation, both being residents
of	under Police Station
Distric	et having Pin Code No and both
being	(set out Religion) of Indian Domicile do hereby jointly and
severa	lly 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 on
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
	herby keep the West Bengal 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 State Body including damages,
	costs and consequences arsing therefrom.
3.	The statements made in the foregoing paragraphs are true to our
	respective knowledge and nothing material has been suppressed.

DEPONENTS.

IDENTIFIED BY ME