

BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

| 1. | Name in full: | | | Photograph duly |
|---|---|--|---|------------------------|
| | (in Block letters. Surname a Must.) | (Surname) (Name | e) | 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 | e) | organization or |
| | Mother's name in full: | | | Gazetted Officer |
| | (in Block letters. Surname a Must.) | (Surname) (Name | e) | |
| | 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. | Two identification marks: | | | |
| a) | | | | |
| • | | | | |
| b) | | | | |
| ĺ. | | | | |
| 8. | Communication address: | | | |
| | 9 Contact Namehous | | | |
| | & Contact Number: | | | |
| 9. Details of School / College / Organisation: | | | | |
| a) Name: | | | | |
| | | | | |
| b) | Postal address: | | | |
| | - | | | |
| | | | | |
| | _ | | | |
| c) | E-mail address: | d) Phone number: | | |
| | _ | | – ′ | |
| 8. | Age as at 1st January of the calenda | r year of the date of this certificate | | |
| | · | • | (Years) | (Months) |
| 9. 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 | Left Hand Thumb impression of player | Signature of Paren | t (In case of Minor) |
| | | | | |
| | | | | |
| | Signature of Hon. Secretary | Signature of Hon. Secretary | Signature of Sch | ool Head Master / |
| | of the District Association of the State Association | | College Principal / Organisation Head / | |
| | | | Gazette | d Officer |
| | | | | |
| | | | | |
| | | | | |
| _ | Seal of the District Association | Seal of the State Association | | College / Organisation |
| Dat | | Date: | Date: | |
| Pla | ce: | Place: | Place: | |