



BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

1. Name in full: (in Block letters. Surname a Must.)	_____	_____	Photograph duly Attested by the School Head Master / College Principal / Head of organization or Gazetted Officer
	(Surname)	(Name)	
2. Male / Female:	_____		
3. Father's name in full: (in Block letters. Surname a Must.)	_____	_____	
	(Surname)	(Name)	
4. Mother's name in full: (in Block letters. Surname a Must.)	_____	_____	
	(Surname)	(Name)	
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 Place Details as name, address, etc.)		
8. Two identification marks:			
a)	_____		
b)	_____		
9. Communication address:	_____		

E-mail address:	_____		Phone number: _____
10. Age as at 1st January of the calendar year of the date of this certificate	_____		(Years) (Months)
11. 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 institutions studied as per attached sheet.	_____		

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 / Organization Head / Gazetted Officer
Seal of the District Association	Seal of the State Association	Seal of the School / College / Organization
Date: Place:	Date: Place:	Date: Place:



BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

1. Name in full:

(in Block letters. Surname a Must.)

(Surname)

(Name)

2. Details of each School / College / Organization 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 / Organization Head / Gazetted Officer
Seal of the District Association	Seal of the State Association	Seal of the School / College / Organization
Date: Place:	Date: Place	Date: Place

To be printed on the stamp paper of Rs:50/-

AFFIDAVIT

WE SRI son of aged about years by occupation
AND 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 & State 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 therefrom.

3. The statements made in the foregoing paragraphs are true to our respective knowledge and nothing material has been suppressed.

IDENTIFIED BY ME

ADVOCATE.

DEPONENTS.

(Attention : Birth certificate to be attached with notary sign)