

BADMINTON ASSOCIATION OF INDIA AGE CERTIFICATE FOR PLAYERS		
1. Name in full: <small>(in Block letters, Surname a Must.)</small>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Surname) (Name) </div>	<div style="border: 1px solid black; padding: 5px;"> Photograph duly Attested by the School Head Master / College Principal / Head of organization or Gazetted Officer </div>
2. Male / Female:	<div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; padding: 5px;"> Photograph duly Attested by the School Head Master / College Principal / Head of organization or Gazetted Officer </div>
3. Father's name in full: <small>(in Block letters, Surname a Must.)</small>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Surname) (Name) </div>	
4. Mother's name in full: <small>(in Block letters, Surname a Must.)</small>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Surname) (Name) </div>	
5. Date of Birth: <small>(Please attach attested copy of birth certificate from the Birth Registering Authority)</small>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Date) (Month) (Year) </div>	
6. Place of Birth:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Place) (District) (State) </div>	
7. Place of Birth details: <small>(Please give details of actual place such as name of hospital, if at home, address, etc.)</small>	<div style="border-bottom: 1px solid black; height: 20px;"></div> <small>(Actual Birth Place Details as name, address, etc.)</small>	
8. Two identification marks: a)	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
b)	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
9. Communication address:	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
E-mail address:	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
10. Age as at 1st January of the calendar year of the date of this certificate	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> (Years) (Months) </div>	
11. In case of students, class in which studying as at 1st January of the calendar year of the date of this certificate	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
12. Give details of educational institutions studied as per attached sheet.	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
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 Date: Place:	Seal of the State Association Date: Place:	Seal of the School / College / Organization 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)

TO WHOME SOEVER IT MAY CONCERN

BONAFIDE CERTIFICATE

This is to certify that Shri/ Kumari
_____ S/o / D/o Shri _____
is studying in class _____ for the academic year _____ is a
Bonafide Student of our School. He/she bears a good moral character.

According to the School admission his/her Date of Birth is
_____.

(Principal)

Signature with Stamp

Date:

Place: