

ANNEXURE-II

(para 7.1.1 refers)

Age Estimation Format

Space for colour
photograph

attested by
Gazetted officer

A. Informed consent

B.

I S/D/O or Guardian ofvoluntarily give my consent for complete medical examination for the purpose of age estimation. I understand that this examination may involve physical examination including genital examination, dental examination and radiography. The purpose, procedure and use of such examination have been explained to me in the language which I understand.

Signature of the candidate/ guardian:

Signature of the accompanying person/witness:

(Note:Consent by guardian is essential in respect of athletes below 12 years)

C. Preamble

1. Age category.....
2. Sports Discipline.....
3. Events to be participated
4. Case Serial No.....
5. Name.....
6. Age as stated (Any documentary evidence like birth certificate)
.....
7. Sex.....
8. Permanent Address.....
.....
.....
9. Corresponding address.....
.....
.....
10. Name of school/college/Institute.....

11. Tel. No. & e-mail.....
12. Father's name.....
13. Mother's name.....
14. Name of the person accompanying.....
15. Date and Time of examination.....
16. Place of examination.....
17. Marks of identification (Scar/mole/deformity,etc.) :
 - 1.....
 - 2.....
16. Thumb impression (right in female and left in male)
17. Signature

D. General Physical Examination

1. Height (cm):
2. Weight (kg):
3. Chest girth at the level of nipples:
4. Abdominal girth at the level of naval:
5. For calculating Body development index (BDI) :
 - I. Biacromial breath(cm):
 - II. Biliospinale breath (cm):
 - III. Forearm circumference(cm) in males:
 - IV. Mid thigh circumference(cm) in females:
6. Voice (Hoarseness of voice):

E. Dental Examination

- i. Dental Data: (S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
 (Rt.)..... (Lt.)
 (S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
- a. Temporary
- b. Permanent
- c. Space for third molar(S)
- d. Partially erupted/completely erupted
- ii. Dental X- ray : Oral pantogram (OPG)
- iii. Dental X- ray findings :

F. Radiological Examination/MRI/CT Scan (as applicable)

Note : A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT Scan may be done.

- 1. X-ray advised (as per requirements):
 - i. Shoulder joint : A.P view
 - ii. Elbow joint : A.P and lateral view
 - iii. Hand with wrist : A.P view
 - iv. Pelvis with hip joint : A.P view
- 2. Date of radiological examination:
- 3. Name of the radiographer :

Radiological findings:

| S.no. | X-ray advised | Findings | Age inference |
|-------|---------------|----------|---------------|
|-------|---------------|----------|---------------|

G. Age Certificate

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about..... years which is consistent /not consistent with birth certificate/ age document.

Dated :

Signature:

Name:

Designation:

(All the parameters should be considered for the age estimation)