

GENERAL INSTRUCTIONS ABOUT ALLOTMENT OF MP PLAYERS ID:

1. The Allotment of Player ID is a mandatory pre-requisite for all registered & unregistered (new) MP Badminton Players.
2. Each player has to submit his details in prescribed format of MPBA.
3. All correspondence related with MPBA/BAI ID shall be made at following email id:
mpbaentries@gmail.com
4. The fees for registration of players is 500/-

PROCEDURE OF ALLOTMENT OF MP PLAYERS ID:

1. Collect ID form from your District Secretary.
2. Fill in the Blank columns with Black Ballpoint pen in capital letters, all points are compulsory.
3. Write the BAI ID at appropriate place, if already issued.
4. Paste a Pass Port photo facing camera without sun glasses/goggles and caps.
5. Annex the all required documents duly attested by Gazette Officer as follows:
 - a. Birth certificate issued from Nursing Home.
 - b. Certificate of Registration of Birth from Nagar Nigam/ District Birth Registration Office/ Panchayat). Date of registration of birth should be within one year of birth.
 - c. Mark Sheet of High school if literate
6. Get the signature and seal of School/ Educational institution (Where applicable) at appropriate location in the form.
7. Get the signature of Secretary of Local or Club Badminton Body within your District.
8. Get the signature of District Badminton Secretary of MPBA - Affiliated district badminton association.
9. All documents will be verified and checked at the level of MPBA office and the ID will be issued only after the scrutiny.



MADHYA PRADESH BADMINTON ASSOCIATION

AGE CERTIFICATE FOR PLAYERS

BAI ID (If issued)

1. Name in full: (in Block letters. Surname a Must.)	_____ (Surname) (Name)	Photograph duly Attested by the School Head Master / College Principal /Head of organization or Gazetted Officer
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. Two identification marks: a) _____ b) _____		
8. Communication address: Contact Number & E-mail ID : _____		
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 calendar 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 Parent (In case of Minor)
Signature of Hon. Secretary of the Local/Club Association	Signature of Hon. Secretary of the District Association	Signature of School Head Master / College Principal / Organisation Head / Gazetted Officer
Seal of the Local/Club Association	Seal of the District Association	Seal of the School / College / Organisation
Date: Place:	Date: Place:	Date: Place:

Mandatory Documents to be attached : Birth Certificate & Affidavit

