



# MADHYA PRADESH BADMINTON ASSOCIATION

## AGE CERTIFICATE FOR PLAYERS

**BAI ID** (If issued)

**1. Name in full:**

(in Block letters. Surname a Must.)

(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. 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 1<sup>st</sup> January of the calendar year of the date of this certificate**

(Years)

(Months)

**9. In case of students, class in which studying as at 1<sup>st</sup> 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 Date: Place:	Seal of the District Association Date: Place:	Seal of the School / College / Organisation Date: Place:

Mandatory Documents to be attached : Birth Certificate & Affidavit



## **MADHYA PRADESH BADMINTON ASSOCIATION**

### **AGE CERTIFICATE FOR PLAYERS**

- 1) Name in Full : \_\_\_\_\_  
(in Block letters Surname a must)
- 2) Details of each School / College/ Organization from KG

Name	Postal Address	Phone Numbers	Studied in Year	Class Studied

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 Date: Place:	Seal of the District Association Date: Place:	Seal of the School / College / Organisation 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 on .....day 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)