



PUNJAB BADMINTON ASSOCIATION

(Affiliated to the Badminton Association of India)

AGE CERTIFICATE FOR PLAYERS

1.	Name in full: (in Block letters. Surname a Must.)	<div style="display: flex; justify-content: space-between;"> (Surname) (Name) </div>	Photograph duly Attested by the School Head Master / College Principal /Head of organization or Gazetted Officer
2.	Male / Female:		
3.	UIDAI/AADHAAR NO. (Should be linked with mobile No.)		
4.	Father's name in full: (in Block letters. Surname a Must.)	<div style="display: flex; justify-content: space-between;"> (Surname) (Name) </div>	
5.	Mother's name in full: (in Block letters. Surname a Must.)	<div style="display: flex; justify-content: space-between;"> (Surname) (Name) </div>	
6.	Date of Birth: (Please attach attested copy of birth certificate from the Birth Registering Authority)	<div style="display: flex; justify-content: space-between;"> (Date) (Month) (Year) </div>	
7.	Place of Birth:	<div style="display: flex; justify-content: space-between;"> Place (District) (State) </div>	
8.	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)	
9.	Two identification marks:		
a)			
b)			
10.	Communication address:		
	& Contact Number:		
a)	E-mail Address		
11.	DEMAND DRAFT IN FAVOUR OF :- → PUNJAB BADMINTON ASSOCIATION PAYBAL AT :- → JALANDHAR D.D NO. _____ AMOUNT _____ BANK _____ DATE _____		
12.	Age as at 1st January of the calendar year of the date of this certificate		
		(Years)	(Months)
13.	In case of students, class in which studying as at 1st January of the calendar year of the date of this certificate		
14.	Give details of educational Institutions Studied as per Sheet attached		

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 School Head Master / College Principal / Organisation Head / Gazetted Officer
Seal of the District Association Date: Place:		Seal of the School / College / Organisation Date: Place:

Mandatory Attachments: 1. Birth Certificate, 2. Affidavit, 3. Attested copy of Aadhaar card with mobile no. linked, 4. Attested copy of Matriculation certificate. (in Case of Vetrans & Seniors) (Matter for affidavit attached).



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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 Number	Studied in Years	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 District Association		Signature of School Head Master / College Principal / Organisation Head / Gazetted Officer
Seal of the District Association Date: Place:		Seal of the School / College / Organisation Date: Place:

Mandatory Attachments: 1. Birth Certificate, 2. Affidavit, 3. Attested copy of Matriculation certificate. (in Case of Veterans & Seniors)

Matter for affidavit attached.

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

E-STAMP PAPER NO. AFFIDAVIT

WE Mr..... son of aged about years by occupation *AND* Mrs. 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 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 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

DEPONENTS.

ADVOCATE.

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