



# BADMINTON ASSOCIATION OF INDIA

(Affiliated to the Badminton World Federation and Badminton Asia Confederation)

**PRESIDENT**  
**DR. HIMANTA BISWA SARMA**  
Minister for Finance,  
Education, Health & Family Welfare  
Government of Assam  
himantabiswa@icloud.com

**HON. GEN. SECRETARY**  
**AJAY KUMAR SINGHANIA**  
+91 9416590009  
ajaysinghaniania003@gmail.com

**HON. TREASURER**  
**DR. ANBUMANI RAMADOSS**  
Member of Parliament  
presiden nba@gmail.com

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**To,**  
**All Affiliated Units**  
**Badminton Association of India**

## **SUB: REVISED NOTICE ON AGE FRAUD ISSUE**

**Dear All,**

Please refer to our earlier circulars regarding age fraud, as per the guidelines issued by Ministry of Youth Affairs and Sports and Sports Authority of India.

As per the circular player whose Date of Birth is not registered with one (1) year with the registering authority, they have to undergo medical tests from the Govt. Hospitals as per the format of SAI.


Badminton Association of India is preparing a list of earlier age group players whose Date of Birth and Date of Registration is not within one year and same will be circulated shortly to all the affiliated units. Those players will be required to submit the medical test reports conducted from Govt. Hospitals and as per proforma of SAI (enclosed). Players whose medical certificates will not be received before 1<sup>st</sup> July 2018 at BAI office will not be allowed to participate in the respective age group tournaments.

For the forthcoming tournament at Tiruppur, Tamil Nadu (U19), players whose Date of Birth and registration is not within one (1) year, they have to submit the above medical forms dully filled at the venue, without which they will not be allowed to participate in the said tournament.

Badminton Association of India will be at liberty to conduct age estimation test in case of players who will not be able to submit the required forms dully filled in.

Considering the importance of the matter, please cooperate.

Best Regards

  
**Ajay Kumar Singhania**  
**Hony. General Secretary**  
**Badminton Association of India**



Encl: Medical test form



ONE HUNDRED AND TEN PERCENT



Passion For Excellence

OFFICIAL PARTNER & EQUIPMENT SUPPLIER

D-6/10, Ground Floor, Vasant Vihar, New Delhi - 110057, India

Phone: +91-11-41450524/5, Email: info@badmintonindia.org, Website: badmintonindia.org

**FORMAT OF IDENTITY CARD**

1.Name:

Photograph

2. Name of the father:

3. Name of the mother:

4. Place & State of birth:

5. Address for communication:

6. Telephone (with STD Code)

7. Identification marks:

a).

b).

8. Date of birth as per documents:

9. Medical age Range :

(As on .....)

10. Signature of the candidate:

Date of issue: .....

(Signature of the Issuing Authority & Stamp)

Place of issue:

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**NOTE :** This Identity Card is exclusively to serve as proof of age for participation & training in age restricted events. The Identity Card will not be serve as a proof of age for any other purpose.

**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 of .....voluntarily 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
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**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 )**