



# BADMINTON ASSOCIATION OF INDIA

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

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## Notice

### KIND ATTENTION: JUNIOR PLAYERS

Who have not registered their Date of Birth within 12 months from their birth have to undergo for the Medical Examination as enclosed by the BAI letter dated: - February 9<sup>th</sup>, 2017 & September 4<sup>th</sup> 2015.

The following parameters under the medical examination shall include radiological examination (Digital X-ray) and even/ M.R.I/C.T Scan (as applicable) shall be carried out to ascertain the age:-

1. X-Ray advised as per requirements depending upon the age group gender
  - (i) Shoulder Joint with clavicle: A.P. View
  - (ii) Elbow Joint : A.P. View and Lateral View
  - (iii) Hand with wrist : A.P. View
  - (iv) Pelvis with hip Joint : A.P. View
2. Date of Radiological examination and name of the centre

3. Name of Radiologist :

Radiologist findings:

X-Ray undertaken

Bony Findings

Age

Estimated

The report in original has to be submitted to the undersigned within 30 days from the issue of the letter to BAI Head Office, Delhi.

(ANUP NARANG)

Hony. Genl. Secretary

Badminton Association of India



ONE HUNDRED AND TEN PERCENT



Passion For Excellence

OFFICIAL PARTNER & EQUIPMENT SUPPLIER

383-384, Double Storey, New Rajinder Nagar, New Delhi - 110060, India

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



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04.09.2015

To,  
All affiliated associations/units of B.A.I.

Subject :- B.A.I.- I.D.Requirements.

Dear All,

This is to bring to your kind notice that to be in line with the Sports Code of D.Y.A.S. GOI guidelines on Age fraud and directions of Delhi High Court in the case of Lokniti Foundation vs. Union of India and others following conditions are to be followed by all state associations in determination of age of the players being recommended for B.A.I. I.D.

It is necessary not to blindly rely exclusively on birth certificate/documents submitted by the players. This is to ensure creating a level playing field for the players of a particular age group and thus have fair play within the same age group. Hence all are advised to implement the requirements before recommending any player for BAI ID.

Conditions as under are must which have been conveyed earlier also :-

- (a) Enclosed please find the amended I.D. form for players.
- (b) Date of birth registration certificate has to be dated and signed by appropriate authorities in the same year as of birth of the player.
- (c) Medical check up of all participants in the age category of Under 13, Under 15 and Under 17 during the state championships shall be carried out by a three member medical commission of medical doctors.
- (d) On a protest received for Under 19, medical check up by a three member doctors' commission, and the following parameters under the Head of medical board constituted which shall include radiological examination(Digital X-ray) and even /M.R.I./C.T. Scan (as applicable) shall be carried out to ascertain the age:-

Official Partner & Equipment Supplier



Partner For Excellence



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**(I) X-Ray advised as per requirements depending upon the age group and gender :-**

- (i) Shoulder Joint with Clavicle: A.P. View
- (ii) Elbow joint : A.P. View and Lateral View
- (iii) Hand with wrist : A.P. View
- (iv) Pelvis with hip joint : A.P. View

**(II) Date of radiological examination and name of the centre**

**(III) Name of the Radiologist :**

Radiological findings:

S. No.	X-Ray undertaken.	Bony Findings.	Age estimated.
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**Conclusion:-**

(A) Every player participating the competition of the state/zonal/national under any three categories would be required to undergo a medical examination in addition to the age documentation that he/she provides.

(B) The medical examination will be carried out by the board of three doctors', the radiological exam X-ray /M.R.I./C.T.Scan (as applicable) indicated in Annexure - II of the National Code. It would be decided by the medical board to adopt any particular examination that it feels necessary for particular players in different age groups. Apart from the radiological examination, the board shall, as normally carried out shall, also conduct a Dental assessment for ascertaining the age of the concerned player.

(C) Once the age is determined in the manner indicated above, that would be maintained and entered in the database of the B.A.I. and will be strictly adhered to by the B.A.I. throughout the entire career of that player.

**B.A.I. is committed to fair play and has zero tolerance for age fraud and the players found abusing the same, strict disciplinary action as per National Sports Code will be taken.**

**This has the approval of President, Badminton Association of India.**

**TPS Puri**

**Vice-President(Admn.)**

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Tel.: +91 11 41450524, Fax: +91 11 41450525 Email: info@badmintonindia.org Website: badmintonindia.org

## REGISTRATION OF PLAYERS:

1. The Players will have to submit the 'Registration Documents' in form of Birth Certificates as per BAI Regulations (Form as given below) for registering the Player's Profile and allotment of Player – ID.

The Regulations of BAI for Proof of Age are as under;

- a) *The eligibility of Juniors and Veterans shall be supported by a 'Certificate' unless the 'Date of Birth' is registered with BAI and is appearing in the approved list. The following shall be the Guidelines for verification of the Date of Birth / Eligibility;*
  
  - b) *When the Student has passed the High School / Matriculation examination, the proof of 'Age' shall be in form of the photocopy of the Certificate of Passing given by the High School / Matriculation Board containing the 'Date of Birth' duly certified by the Hon. Secretary of the Affiliated Unit.*
  
  - c) *In case of Non-Matriculate Students, proof of 'Age' must be certified by the Principal or Head Master of the College or School to which the student belongs.*
  
  - d) *For uneducated Juniors, personal 'Medical Examination' will be undertaken on the recommendation of the Referee and the Tournament Committee.*
  
  - e) *Proforma of 'Age Certificate' must be correctly completed by the Juniors who are non- Matriculates with the necessary photo attached and all entries correctly signed as required. Specimen of proforma of the 'Age Certificate' should be as specified.*
2. In respect of the Players who have been allotted a 'Player ID', however, have not submitted their 'Birth Certificates / Proof of Age' as per BAI Regulations, must submit it for acceptance of entry in a Tournament.

You can identify whether the 'Proof of Age' has been submitted or not by visiting to the BAI Website. Under Ranking section you have option of Player Identification Number and Date of Birth. You can see following legends marked against each name.

- # - As per BAI register.
- \* - As per Birth Certificate in appropriate format verified.
- @ - As per School Nationals Records.
- & - As per Birth Certificate but not in prescribed format.
- % - As per the Bio-data sheets signed by the player.
- \$ - Variation as per BAI records.

Once you have \* or # against a player's name, then the player is properly registered with BAI. In that situation, the player is not required to resend the proof of age.

If either of these two marks are not made against the name, please submit, in original, the 'Birth Certificate' in the prescribed format to BAI.

3. The BAI Office will allot the Player ID and update it on the BAI Website, under the same option.
4. Only on allotment of the 'Player ID' the Player will be able to enter in a Tournament.

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BADMINTON ASSOCIATION OF INDIA		
AGE CERTIFICATE FOR PLAYERS		
1. <b>Name in full:</b> (in Block letters, Surname a Must)	_____ (Name)	Photograph duly Attested by the School Head Master / College Principal / Head of organization or Gazetted Officer
2. <b>Male / Female:</b>	_____	
3. <b>Father's name in full:</b> (in Block letters, Surname a Must)	_____ (Name)	
4. <b>Mother's name in full:</b> (in Block letters, Surname a Must)	_____ (Name)	
5. <b>Date of Birth:</b> (Please attach attested copy of birth certificate from the Birth Registering Authority)	_____ (Date) _____ (Month) _____ (Year)	
6. <b>Place of Birth:</b>	_____ (Place) _____ (District) _____ (State)	
7. <b>Place of Birth details:</b> (Please give details of actual place such as name of hospital, if at home, address, etc.)	_____ (Actual Birth Place Details as name, address, etc.)	
8. <b>Two identification marks:</b>		
a)	_____	
b)	_____	
9. <b>Communication address:</b>	_____	
<b>E-mail address:</b>	_____	<b>Phone number:</b> _____
10. <b>Age as at 1<sup>st</sup> January of the calendar year of the date of this certificate</b>	_____ (Years)	_____ (Months)
11. <b>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</b>	_____	
12. <b>Give details of educational institutions studied as per attached sheet.</b>	_____	
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 Hon. Secretary of the State Association	Signature of School Head Master / College Principal / Organization Head / Gazetted Officer
Seal of the District Association Date: Place:	Seal of the State Association Date: Place:	Seal of the School / College / Organization Date: Place:



## BADMINTON ASSOCIATION OF INDIA

### AGE CERTIFICATE FOR PLAYERS

**1. Name in full:**

(in Block letters Surname & Must)

(Surname)

(Name)

**2. Details of each School / College / Organization from KG**

**Onwards:**

Name	Postal Address	Phone Numbers	Studied in years		Class Studied	
			From	To	From	To

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 Hon. Secretary of the State Association	Signature of current School Head Master / College Principal / Organization Head / Gazetted Officer
Seal of the District Association	Seal of the State Association	Seal of the School / College / Organization
Date: Place:	Date: Place:	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 herby 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)