



BADMINTON ASSOCIATION OF INDIA
BAI REGISTRATION FORM FOR NEW PLAYERS

Please paste
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Do not staple

1. Surname in Full (Surname is must
in Capital letters)

Given Name (in capital letters)

2. Gender

Male

Female

3. Father's Name Full

Surname

Given Name

4. Mother's Name Full

Surname

Given Name

5. Date of Birth

Date

Month

Year

6. Place of Birth

Place

District

State

7. Place of Birth Details

Actual Birth Place Details as Name, Address, etc

8. Date of Registration of Birth

Date

Month

Year

9. Two Identification Marks:

a.

b.

10. Communication Address:

Email Address

Mobile No.

11. Age as on 1st January of calendar Year of the date of this certificate

Year

Month

12. In case of students, class in which studying as 1st January of the calendar year of the date of this certificate

13. Give Details of Educational Institution studied as per attached sheet.

We confirm that the above information is true and correct. (Please ensure that the date of certifying this for is filled in space provided below.)

Signature of the Players	Left Hand Thumb Impression of Player	Signature of Parent / Guardian
Signature of Hony. Secretary of the District Association	Signature of Hony. Secretary of the State Association	Signature of the Organisation Head/Gazetted Officer
Seal of the District Association	Seal of the State Association	Seal of the Organisation Head/Gazetted Officer

Date

Date

Date



BADMINTON ASSOCIATION OF INDIA

SCHOOL DETAILS OF PLAYERS

1. **Surname** _____ **Given Name** _____
(Surname is must)

2. **Details of Each School/College from KG to Current:**

Name of School from KG to Current	Postel Address of School	Phone No.	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 for is filled in space provided below.)

Signature of the Players	Left Hand Thumb Impression of Player	Signature of Parents / Guardian
Signature of Hony. Secretary of the District Association	Signature of Hony. Secretary of the State Association	Signature of School Head Master /College Principal
Seal of the District Association	Seal of the State Association	Seal of the School/College

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 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 & 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)