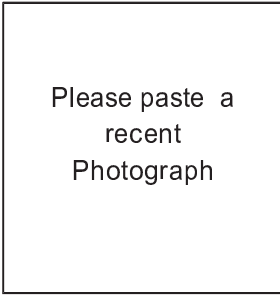


APPLICATION FORM FOR REGISTRATION

(Please submit this form in Triplicate, through affiliated District Organisation)

THE HON. SECRETARY
KERALA BADMINTON (SHUTTLE) ASSOCIATION
'MURALIKA', CHENAKKAL
CALICUT UNIVERSITY P.O.



Date:

Sub: **Registration of Players under KBSA**

I, Shri/ Smt/ Kum..... of
(Address)

.....
hereby apply for KBSA player registration. My personal details are given below.

I shall observe and be bound by the Rules and Bye-Laws of the Association and I
enclose the registration fee of Rs.100/- for the year 20.... –

PLAYER DETAILS		
1	Name of the Player	
2	Name of Father	
3	District	
4	BAI ID (if any already allotted)	
5	KBSA ID (if any already allotted)	
6	Date of Birth (DD/MM/YY)	
7	Gender	Male / Female
8	Contact No. (Land & Mobile)	
10	Email ID	

I hereby declare that the details given above by me are true and correct to the best of my knowledge and belief and that if found wrong, the KBSA has the full authority to take disciplinary action whatsoever against me.

Signature of the Player

I have verified the relevant records to prove the above details given by the player are found correct and I recommended for the registration.

HON. SECRETARY
DISTRICT BADMINTON (SHUTTLE) ASSOCIATION

(Seal)



BADMINTON ASSOCIATION OF INDIA

AGE CERTIFICATE FOR PLAYERS

1. Name in full: (in Block letters. Surname a Must.)	_____	_____	Photograph duly Attested by the School Head Master / College Principal /Head of organization or Gazetted Officer
2. Male / Female:	_____	_____	
3. Father's name in full: (in Block letters. Surname a Must.)	_____	_____	
4. Mother's name in full: (in Block letters. Surname a Must.)	_____	_____	
5. Date of Birth: (Please attach attested copy of birth certificate from the Birth Registering Authority)	_____	_____	_____
6. Place of Birth:	_____	_____	_____
7. Two identification marks:	_____		
a)	_____		
b)	_____		
8. Communication address:	_____		
& Contact Number:	_____		
9. Details of School / College / Organisation:	_____		
a) Name:	_____		
b) Postal address:	_____		

c) E-mail address:	_____	d) Phone number:	_____
8. Age as at 1st January of the calendar year of the date of this certificate	_____	_____	_____
	(Years)	(Months)	
9. In case of students, class in which studying as at 1st 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 District Association	Signature of Hon. Secretary of the State Association	Signature of School Head Master / College Principal / Organisation Head / Gazetted Officer
Seal of the District Association Date: Place:	Seal of the State Association Date: Place:	Seal of the School / College / Organisation Date: Place: