or the, Dented & Medzelspl.)

Senior Medical Officer I/c Civil Hospital, SANGRUR. ANNEXURE-I (para 5.1 refers)

JANDI(14353)

FORMAT OF IDENTITY CARD

1. Name: MANOJ SINGH

2. Name of the father: I QBAL SINGH

3. Name of the mother: SHASHI BALA

4. Place & State of birth: JANDI, PUN JAB

5. Address for communication: DIS TRICT AND TE

6. Telephone (with STD Code) 6283838741

7. Identification marks:

a).

b).

8. Date of birth as per documents: 06-08-900 6

9. Medical age Range:

(As on)

10. Signature of the candidate:

Date of issue: 16 02 23

(Signature of the Issuing Authority & Stamp)

Place of issue: Sangues

This Identity Card is exclusively to serve as proof of age for NOTE: 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)

Dr. Har bans Singh
M.B.B.S., M.S. (Orthos PC.)
P.M.C. Regd.
CJCFF Civil Jospin
Operation Days:- Wednesday, Friday

OPD-CRNO-843
Date 16/02/2023
A. Informed consent

B.

I MANOT SINGH. S/D/O or Guardian of IORAL SINGH 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: Rough Singh
(Note: Consent by guardian is essential in respect of athletes below 12 years)

	1.	Age category. YOUTH
	2.	Sports Discipline. LU.F.J.Co.HTLIF.TING
	3.	Events to be participated
		Case Serial No
	5.	Name MANOT SINGH
	6.	Age as stated (Any documentary evidence like birth certificate)
	7.	Sex MALE
	8.	Permanent Address DISTRILT AND TEHSIL GURDAS PUR TANDI, PUN JAB (143533)
	9.	Corresponding address MASTER (0.120NY, OINANAGAR, GALING 2
	10.	Name of school/college/Institute Stru Juru Jobind singh.

11. Tel. No. & e-mail ms ingh 54753 @ gmoul:	Lem
12. Father's name IABAL SINGH	
13. Mother's name SHASHI BALA	
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 MOLE ON LEFT EGEBRO	
2Male. S.M. LEF. T. EARS. 16. Thumb impression (right in female and left in male)	
17. Signature Qury Singh	
D. General Physical Examination	
- 144	
1. Height (cm): 5 4	
2. Weight (kg): 72 (
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) 87654321 12	3 4 5 6 7 8(S)
(Rt.)	(Lt)
i. Dental Data: (S) 8 7 6 5 4 3 2 1 1 2 (Rt.)(S) 8 7 6 5 4 3 2 1 1	2345678(S)
a. Temporary	
b. Permanent	
c. Space for third molar(S)	
d. Partially erupted/completely erupted	. 11 52
203	times age 1 (1)
ii. Dental X- ray : Oral pantogram (OPG)	1111 0
iii. Dental X- ray findings:	1-184
	16-18 yr
Jean in Garg	
Dr. Himanshu Garg	Charma charma
Dr. Himanshu Medical Officer Specialist Medical Medicine) (Internal Medicine)	PCMS-1
CANGRUK	Dr. 13 Dollar Chander
Civil Hospital, SAITO 48795 Regd. No. 48795	Dr. Moder Denial, PCMs- Moder Denial, Chander Comrade Jagdish Chander Civil Hospital, SANGRUR
	Civil Hospita

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:

Dr. Harbans Singh M.B.B.S., MS (Ortho), (PCMS-IN-P.M.C. Regd. No. 3514 CJCFF Civil Hospital, Sangrur Operation Days: Wednesday, Friday

Radiological findings:

S.no.

X-ray advised

Findings

Age inference

1 (i to iv) 223

G. Age Certificate

Dated:

Dr. Hark

Signature:

Dr. Harbans Singh

M.B.B.S., MS (Ortho), (PCMS-i) P.M.C. Regd. No. 35/42 Name:

CJCFF Civil Hospital, Sangrur Operation Days:- Wednesday, Friday Designation:

(All the parameters should be considered for the age estimation.)

Medical Officer Specialist
Medical Officer Medicine)
(Internal Medicine)
(Internal SANGRUR
Civil Hospital, SANGRUR
Regd, No. 48795

Adr Law L