

Medical Board
(ortho, Dental & Medical/spl.)

Senior Medical Officer
I/c Civil Hospital, SANGRUR.

ANNEXURE-I
(para 5.1 refers)

FORMAT OF IDENTITY CARD

1. Name: MANOJ SINGH

2. Name of the father: IQBAL SINGH

3. Name of the mother: SHASHI BALA

4. Place & State of birth: JANDI, PUNJAB

5. Address for communication: DISTRICT AND TEI

6. Telephone (with STD Code) 6283838741

7. Identification marks:

a).

b).

8. Date of birth as per documents: 06-08-2006

9. Medical age Range :

(As on

10. Signature of the candidate:



JANDI (143533)

Manoj Singh

Date of issue: 16/02/23

.....
(Signature of the Issuing Authority & Stamp)

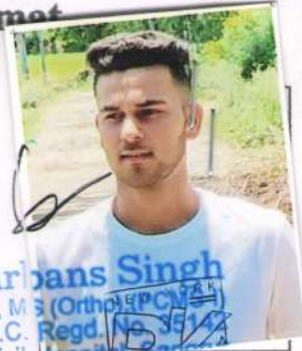
Place of issue: Sangrur

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 Form



Dr. Harbans Singh
M.B.B.S., M.S. (Ortho) P.C.M.A.
P.M.C. Regd. No. 3512
CJCF Civil Hospital
Operation Days:- Wednesday, Friday

OPD-CR No. 843
Date 16/02/2023

A. Informed consent

B.

I MANOJ SINGH S/D/O or Guardian of IQBAL 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: Manoj Singh
(Note: Consent by guardian is essential in respect of athletes below 12 years)

C. Preamble

1. Age category..... YOUTH
2. Sports Discipline..... WRESTLING
3. Events to be participated NATIONAL
4. Case Serial No.....
5. Name..... MANOJ SINGH
6. Age as stated (Any documentary evidence like birth certificate)
..... 16 Year 6 Month
7. Sex..... MALE
8. Permanent Address..... DISTRICT AND TEHSIL GURDASPUR
JANDI, PUNJAB (143533)
9. Corresponding address..... MASTER COLONY,
DINANAGAR, GALI No= 2
10. Name of school/college/Institute..... Shri Guru Gobind Singh
College, Sec 26 Chandigarh.

11. Tel. No. & e-mail... msingh 54753 @ gmail . com
12. Father's name... JARAL 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 eye BROW
2. Mole on LEFT EARS
16. Thumb impression (right in female and left in male)
17. Signature *Ranj Singh*

D. General Physical Examination

1. Height (cm): 5'4"
2. Weight (kg): 72 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 :

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

8T
Estimated age of Pt is 16-18 yr
Dr. Sanjeev Sharma
M.O. (Dental), PCMS-I
Comrade Jagdish Chander
Civil Hospital, SANGRUR

