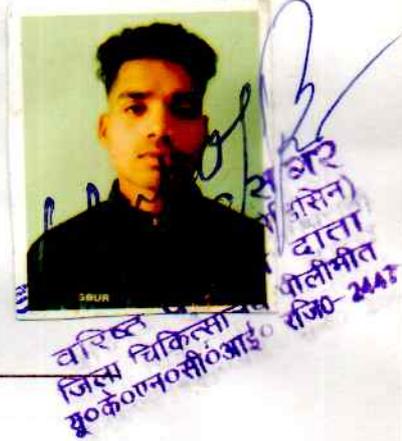




**Player Basic Information Form**



Sports Discipline: **WEIGHTLIFTING**

Full Name (IN CAPITAL LETTER): **VEER PAL**

Date of Birth: **07/2/2006** (DD/MM/YYYY)

Gender: **MALE**

Address: **HEMMATNAGAR PARIY AGRU**  
**PILIBHIT**

State: **UTTAR**

Aadhaar Card Number: **223322075333**

Email Id: **veerpalpbt08@gmail.com** Mobile Number: **9528076733**

Father Name: **RAM PAL** Mother Name: **SOMVATI**

Father/Mother Mobile Number: **9458075354**

Coach Name: **MAHESH KUMAR** Coach Mobile No: **8630610477**

Training Centre Name & Place: **Grandhi Stadium Pilibhit U.P.**

**veer pal**  
(Signature of Player)

- \* **Note:** Attach copies of following documents along with this form  
(a) Aadhaar Card  
(b) Birth Certificate/10<sup>th</sup> Marksheet



## ATHLETE CONSENT FORM

SPORTS DISCIPLINE: WEIGHTLIFTING

DATE OF BIRTH

07/12/2006

MOBILE NO.

9528076733

I, VEER PAL Male / Female (Please tick), is undergoing training in

GRANDHI STADIUM PUNE (name of the present centre /

academy) would like to participate in weightlifting competitions.

Signature: veer pal

Name of Athlete: VEER PAL

Date: 21/1/26

Counter Signature of Parent: राजपाल

(in case of Minor)

CONSENT FORM



Informed Consent

I, RAM PAL.....Father / Mother or Guardian of VEER PAL.....  
..... voluntarily give my consent for complete medical  
examination for the purpose of age estimation. I understand that this examination may  
involve physical examination, dental examination, and radiography. The purpose,  
procedure and use of such examination have been explained to me in the language which I  
understand.

राम पाल  
Signature of the candidate/ guardian

Date: 21/1/2026

Place: PILIBHIT

Note: Consent by guardian is essential in respect of athletes below 14 years (Girls) & 18  
Years (Boys)

Format for Medical Examination

A. General Physical Examination:

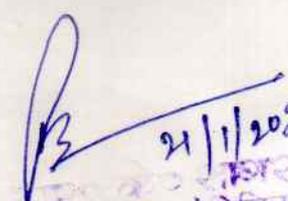
1. Height (cm): 161.5 cm
2. Weight (kg): 60kg
3. Chest girth at the level of nipples: 88 cm
4. Abdominal girth at the level of naval: 70 cm
5. For Calculating Body Development Index (BDI):
  - I. Biacromial breath (cm): 38 cm
  - II. Biliospinale breath (cm): 6 cm
  - III. Forearm circumference (cm) in males: 28 cm
  - IV. Mid thigh circumference (cm) in females:
6. Voice (Hoarseness of voice): NO

  
Signature

Name: Dr. Ankit  
Designation: MBBS

B. Dental Examination

1. 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 -
2. Dental X- ray: Oral pantogram (OPG) -
3. Dental X- ray findings: NAD

  
21/1/2026  
वरिष्ठ चिकित्सक (महेश्वर)  
जिला चिकित्सालय, पीलीभीत  
गोकुलानंदसिंहमार्ग, सजि-2447

  
Signature  
Name: Dr. Sahel  
Designation: (D.B.)

**C. Radiological Examination / X-RAY / 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: 21/1/26

3. Name of the radiographer: Dr. V.K. Verma

Radiological findings:

S.No. X-ray advised Findings Age inference

Growth plates of both shoulder, elbow and wrist, pelvis are partially fused. Bone age corresponds to approximately 18-19 years.

Bone age approx. 18-19 years. A Test

Signature

Name: Dr. V.K. Verma

Designation: M.D.

Age Certificate

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about 19 years which is consistent / not consistent with birth certificate/ age document.

Dated:

*on the hear of Adhoy*

*ASW*  
Signature  
Name: *Dr. Ankish*  
Designation: *M.B.B.S.*  
(Physician)

*Dr. S*  
Signature  
Name: *Dr. Sankar*  
Designation: *(D)*  
(Dentist)

*Dr. Arun*  
Signature  
Name: *Dr. Arun*  
Designation: *एम.डी. (मेडिसिन)*  
(Radiologist)  
*वाराणसी परामर्श दाता*  
*जिला चिकित्सालय पीलीभीत*  
*यूपीकेएनसीआई रजि- 2447*  
*21/1/26*

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

ANNEXURE-IV

CERTIFICATE OF MEDICAL EXAMINATION

Date: 21/1/26

I hereby testify that the General Physical, Dental and Radiology test (X Ray Examination)

of Mr. / Miss (name of the player) VEER SAI Son/Daughter of

Sh Ram Sai in

WEIGHTLIFTING was conducted in my presence.

ms.  
Signature of the Coach/Coordinator /Nominated personnel

[Signature]  
Countersigned by  
(State / District - President / Secretary / Authorized Signatory)

Official Seal  
Gen. Secretary  
Ranjit Kumar Maurya  
District Weight Lifting Association  
Pilibhit (U.P.) Mo. 9412844228

डा० आर० के० रामेश्वर  
एम०डी० (मेडिसिन)  
वरिष्ठ परामर्श दाता  
जिला चिकित्सालय पीलीभीत  
यू०के०एन०सी०आई० रजि० 2447