



Player Basic Information Form



Sports Discipline: WRESTLING

Full Name (IN CAPITAL LETTER): KAKANI VIJAYA

Date of Birth: 05/04/2003 Gender: Female

Address: 3-89, Mangal Thanda, Kadali Mandal
Suryapet Dist.

Date: Telangana Aadhaar Card Number: 5097 1399 4597

Email: viyajiya@gmail.com Mobile Number: 6309409605

Father Name: K. Nagaiah Mother Name: K. Nagalaxmi

Father/Mother Mobile Number: 9063615443

Coach Name: Prapolla Kumar Coach Mobile No: 8096477366

Training Centre Name & Place: Kyath Sports Academy Kodad, Suryapet Dist

K. Vijiya
(Signature of Player)

* Note: Attach copies of following documents along with this form

- (a) Aadhaar Card
- (b) Birth Certificate/ P. Marathi



ATHLETE CONSENT FORM

SPORTS DISCIPLINE: WEIGHTLIFTING

DATE OF BIRTH

05/04/2004

MOBILE NO.

6309409605

Kakani Vijaya

Male / Female (Please tick) is undergoing training at

Kyathi Sports Academy Kodak, Sulya Pet, Dist name of the present centre.

academy consent the to participate in weightlifting competitions.

Signature: K. Suresh

Name of Athlete: Kakani Vijaya

Date: 04/10/2025

Coach Signature of Parent: _____

(In case of Minor)

ANNEXURE-I

CONSENT FORM



Informed Consent

I, KAVANI MANOJ KUMAR Mother / Guardian of _____
KAVANI NISHA 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.

Ch. Manoj Kumar
Signature of the candidate/ guardian ✓

Date: 02/10/2019

Place: Kodavur

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): 5'3" male
 2. Weight (kg): 62 kg
 3. Chest girth at the level of nipples
 4. Abdominal girth at the level of navel
 5. For Calculating Body Development Index (BDI):
- I. Bicuspidal breadth (cm)
 - II. Malar breadth (cm)
 - III. Forearm circumference (cm) in males
 - IV. Mid High circumference (cm) in females
 6. Voice (Measurement of voice)

B. Dental Examination

1. Dental Data: (S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
(R) _____ (L)
(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 Radiographs

Name:
Designation:

Assistant Professor
GOVERNMENT GENERAL HOSPITAL
KHAMMAM

NAD

Name:
Designation:

Associate Professor
UD HOD
Dept. of Dental Surgery
Govt. General Hospital
Khammam

C. Radiological Examination / X-RAY / MRI / CT Scan (as applicable)

Note: A single view of hand and wrist is sufficient for age below 13 years. Whenever radiological examination is not indicated MBUCT Scan may be done.

1. X-ray advised (as per requirements)

- Shoulder joint: A.P view
- Elbow joint: A.P and lateral view
- Hand with wrist: A.P view
- Pelvis with hip joint: A.P view

2. Date of radiological examination:

3. Name of the radiographer:

Radiological findings: *Normal*

S.No. X-ray advised Findings Age reference

Name:
Designation:



N. Pushpa Laxmi
Senior Resident
Duty Medical Officer
Government General Hospital
Khamonari

ANNEXURE-III



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 15 1/2 years which is consistent / not consistent with birth certificate/ age document.


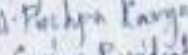
Date:

Signature: 
Name: Dr. Anjan
Designation: 
(Physician)

ASSISTANT PROFESSOR
GOVERNMENT GENERAL HOSPITAL
KHAMMAM

Signature: 
Name: Dr. Anjan
Designation: 
(Dentist)

ASSOCIATE PROFESSOR
DEPT. OF DENTAL SURGERY
GOVT. GENERAL HOSPITAL
KHAMMAM

Signature: 
Name: Dr. N. Pushpa Kanya
Designation: 
(Radiologist)

SENIOR RESIDENT
Duty Medical Officer
GOVERNMENT GENERAL HOSPITAL
KHAMMAM

ANNEXURE-IV

CERTIFICATE OF MEDICAL EXAMINATION

Date: 04/10/2025

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

of Mr. / Miss (name of the player) Kakani Vijaya Son/Daughter of ✓

Mr. Kakani Nagaiyah Mr.

WEIGHTLIFTING was conducted in my presence.

Signature of the Coach/Certification /Nominated personnel

B. Prabal.

Witnessed by

(State / District - President / Secretary / Authorized Signatory)

Official Seal

P. Kishore





Board of Secondary Education

TELANGANA STATE, INDIA

TSBH 520932



SECONDARY SCHOOL CERTIFICATE

REGULAR P000H32744218749

CERTIFIED THAT **KAKANI VIJAYA**
ACTUAL NAME **KAKANI NAGAIKH**
OTHER NAME **KAKANI NAGALAKSHI**
ROLL NO **2230108284**
DATE OF BIRTH **06/04/2007 (SIX FIVE APRIL TWO ZERO ZERO SEVEN)**
SCHOOL **TALLA PADMAO HIGH SCHOOL, CHIBRALA, SURYAPET DISTRICT**
MEDIUM **TELUGU**

Has appeared and passed the EXAMINATION held on **MAY 2022**

THE CANDIDATE SECURED THE FOLLOWING GRADE AND GRADE POINTS IN CURRICULAR AREAS :

SUBJECT	GRADE 1A	GRADE 1A	OVERALL GRADE	GRADE POINT
FIRST LANGUAGE (1) TELUGU	A1	B3	B1	88
FIRST LANGUAGE (2) ENGLISH	B1	B3	B2	87
MATHEMATICS	A3	A3	A2	88
SCIENCE	B1	C2	C1	86
SOCIAL STUDIES	A3	B2	B2	87
SECOND LANGUAGE (1) HINDI	A1	B2	B1	88

Cumulative Grade Point Average (CGPA) :  **7.5**

CO-CURRICULAR AREAS :

SUBJECT	GRADE	SUBJECT	GRADE
VALUE EDUCATION & LIFE SKILLS	A+	WORK & COMPUTER EDUCATION	A+
ART & CULTURAL EDUCATION	A+	PHYSICAL & RECREATION EDUCATION	A+

Marks of Identification : 1. **A MOLE ON THE RIGHT HAND PALM**
 2. **A MOLE BELOW THE NOSE**



Head of Institution
with School Stamp: 

Date of Issue : **30/06/2022**



SECRETARY
BOARD OF SECONDARY EDUCATION,
TELANGANA STATE, HYDRABAD



All concerned persons/ institutions will have to verify the details of the candidate.
 Any discrepancy/errata in the certificate will lead to cancellation of certificate.
 The grades will be valid only when the candidate appears in the subsequent examination.

2022



