IWLF

Player Basic Information Form

Sports Discipline: WEIGHTLIFTING

Full Name (IN CAPITAL LETTER): SRIKAKOLLA PAVITHRA

Date of Birth: 06/10/2018 (DD/MM/YYYY) Gender: Female

Address: 12-155/58/1/d/1/e, near bc hostel, srinivasanagar, kodad, Suryapet Dist

State: Telangana Aadhaar Card Number: 6613 6184 4148

Email Id: Mobile Number: 9381162152

Father Name: Paripurnachary Mother Name: Swathi

Father/Mother Mobile Number: 9381162152

Coach Name: pagolla kumar Coach Mobile No: 8096474366

Training Centre Name & Place: kyathi sports academy kodad, Suryapet Dist

S. Pavi
(Signature of Player)

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

IWLF

ATHLETE CONSENT FORM

SPORTS DISCIPLINE: WEIGHTLIFTING

DATE OF BIRTH	MOBILE NO.
04/10/2010	9381162152

I, Srikakolla pavithra Male / Female (Please tick), is undergoing training in

Kyathi Sports Academy Kaddd, Suryapet (Name of the present centre / academy) would like to participate in weightlifting competitions.

Signature: S. Pavi

Name of Athlete: S. Pavithra

Date: 04 October 2025

Counter Signature of Parent: J. Sruthi

(In case of Minor)

ANNEXURE-I

CONSENT FORM

Informed Consent

I, T. Sunithi Father / Mother or Guardian of S. Parithira 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.

T. Sunithi

Signature of the candidate/ guardian

Date: 04/10/2025

Place: Kadad

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

ANNEXURE-II

Format for Medical Examination

A. General Physical Examination:

1. Height (cm): 5' 8 inch
2. Weight (kg): 57 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. Biacromial breadth (cm):

II. Biiliospinale breadth (cm):

III. Forearm circumference (cm) in males:

IV. Mid thigh circumference (cm) in females:

6. Voice (Hoarseness of voice): Normal

Signature

Name: Dr [illegible]

Designation:

ASSISTANT PROFESSOR
GOVERNMENT GENERAL HOSPITAL
KHAMMAM

B. Dental Examination

1. Dental Data: (8) 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 (8)
(Rt) ________________________ (Lt)
(8) 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 (8)

a. Temporary
b. Permanent ✓
c. Space for third molar(8) ✓
d. Partially erupted/completely erupted

NAD

2. Dental X- ray: Oral pantogram (OPG)

3. Dental X- ray findings:

Signature

Name: Dr. S. Thanmaya Rani

Designation: Associate Prof

Associate Professor
I/C HOD
Dept. of Dental Surgery
Govt. General Hospital
Khammam

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 requirement):

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:

Radiological findings:

S.No. X-ray advised Findings Age inference

Signature
Name: N Pushpa Latha
Designation: Senior Resident

Duty Medical Officer
Government General Hospital
Khammam

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 14 yrs years which is consistent / not consistent with birth certificate/ age document.

Dated:

Signature	Signature	Signature
Name: [illegible]	Name: Dr. C. [illegible]	Name: [illegible]
Designation (Physician): [illegible]	Designation (Dentist): [illegible]	Designation (Radiologist): Senior resident

ASSISTANT PROFESSOR
GOVERNMENT GENERAL HOSPITAL
KHAMMAM

Associate Professor
I/C HOD
Dept of Dental Surgery
Govt. General Hosp
Khammam

Duty Medical Officer
Government General Hospital
Khammam

[illegible] parameters should be considered for the age estimation

ANNEXURE-IV

CERTIFICATE OF MEDICAL EXAMINATION

Date: 04/10/2015

I hereby testify that the General Physical, Dental and Radiology test (X Ray Examination) of Mr. / Miss (name of the player) srikakolla pavithra Son/Daughter of Sh. srikakolla Paripurna chary. in **WEIGHTLIFTING** was conducted in my presence.

Signature of the Coach/Coordinator /Nominated personnel

R. Praful.

Countersigned by
(State / District – President / Secretary / Authorized Signatory)

T. [illegible]

Official Seal

Reg. No.

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TSVSAB 0297899

FORM 5

[illegible]

GOVERNMENT OF TELANGANA

DEPARTMENT OF MUNICIPAL ADMINISTRATION

[illegible]

MEDICAL & HEALTH DEPARTMENT

[illegible]

BIRTH CERTIFICATE

Certificate Id: 548-B-52824

[illegible] 1969, 12/17 [illegible] 1999, 8/13 [illegible]

(Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules 1999)

[illegible]

This is to certify that the following information has been taken from the original record of birth which is in the register for (local area / local body): **KODAD MUNICIPALITY OF SURYAPET DISTRICT OF STATE OF TELANGANA .** [illegible]

[illegible] / Name	SRIRAMOLLA PRUTVIKA
[illegible] / Sex	FEMALE
[illegible] / Date of Birth (DD/MM/YYYY)	[illegible] ZERO [illegible] ONE ZERO TWO ZERO ONE ZERO
[illegible] / Place of Birth	ST MARYS HOSPITAL [illegible] SREERANGAPURAM 508206
[illegible] / Name of Mother	SRIRAMOLLA [illegible]
[illegible] / Name of the Father/Husband	SRIRAMOLLA [illegible] CHARY
[illegible] / Address of the parents at the time of Birth of Child	KODAD KODAD NALGONDA DISTRICT
[illegible] / Permanent Address of parents	SRINIVASANAGAR KODAD SURYAPET DISTRICT
[illegible] / Registration Number	2470
[illegible] / Date of Registration (DD/MM/YYYY)	04/12/2010
[illegible] / Remarks	
[illegible] / Date Of Issue (DD/MM/YYYY)	22/08/2019

NA - Not Available.

Certified By

Application No:

CDMA021908442891?

Name : Gopu Malla Reddy
Registrar of Births & Deaths
KODAD MUNICIPALITY
SURYAPET DISTRICT

Date : 22/08/2019

Verified by :

Note : [illegible]

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