

# भारतीय भारोत्तोलन संघ Indian Weightlifting Federation



Affiliated to: International Weightlifting Federation, Asian Weightlifting Federation,  
Commonwealth Weightlifting Federation and Indian Olympic Association  
Recognised by: Ministry of Youth Affairs & Sports, Govt. of India

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**'URGENT'**

*All affiliated States / Units  
and Executive Members  
of Indian Weightlifting Federation*

**Sub.: Submission of documents for applying National ID card by athletes in Youth and Junior section.**

Dear All,

It has been observed from the quantum of athlete cards applied through online portal of Indian Weightlifting Federation that most of the athletes applying for a Youth and Junior National athlete cards are not complying properly with the directions of Sports Authority of India and Ministry of Youth Affairs & Sports, Government of India. Most of the athletes are uploading MEDICAL FITNESS CERTIFICATE on the portal instead of **AGE ESTIMATION FORM OF SPORTS AUTHORITY OF INDIA**. Moreover, the Age Estimation Form is to be stamped by the Doctor mentioning their Registration number on the Form.

The national athlete cards will be issued only to those athletes who are uploading the AGE ESTIMATION FORM (4 pages) duly signed and stamped by a certified doctor. All Athletes applying for the online card should wait for the payment confirmation page to appear before exiting out of the transaction otherwise the payment will not be reflected in our Bank Account and result in re-submission of the entire process of applying the ID Cards.

Kindly widely circulate the message amongst the WhatsApp groups / gyms / training centres in your State amongst all athletes to avoid confusion.

Yours Sincerely,



**Gp. Capt. Ranjib Sahoo (Retd.)**  
Chief Executive Officer

*Encl. as above.*

**FORMAT OF IDENTITY CARD**

1.Name:

Photograph

2. Name of the father:

3. Name of the mother:

4. Place & State of birth:

5. Address for communication:

6. Telephone (with STD Code)

7. Identification marks:

a).

b).

8. Date of birth as per documents:

9. Medical age Range :

(As on .....)

10. Signature of the candidate:

.....  
Date of issue:

(Signature of the Issuing Authority & Stamp)

Place of issue:  
\_\_\_\_\_

**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 Format**

Space for colour photograph
attested            by Gazetted officer

**A. Informed consent**

**B.**

I ..... S/D/O or Guardian of .....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:

**( Note:Consent by guardian is essential in respect of athletes below 12 years)**

**C. Preamble**

1. Age category.....
2. Sports Discipline.....
3. Events to be participated .....
4. Case Serial No.....
5. Name.....
6. Age as stated (Any documentary evidence like birth certificate)  
.....
7. Sex.....
8. Permanent Address.....  
.....  
.....
9. Corresponding address.....  
.....  
.....
10. Name of school/college/Institute.....

11. Tel. No. & e-mail.....
12. Father's name.....
13. Mother's name.....
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.....
  - 2.....
16. Thumb impression ( right in female and left in male)
17. Signature

## D. General Physical Examination

1. Height ( cm ):
2. Weight (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. )..... ( L t.)  
 ( 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 :

**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 :

Radiological findings:

S.no.	X-ray advised	Findings	Age inference
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**G. 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..... years which is consistent /not consistent with birth certificate/ age document.

Dated :

Signature:

Name:

Designation:

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