



# UTTAR PRADESH BADMINTON ASSOCIATION

BBD U.P. Badminton Academy, Vipin Khand, Gomti Nagar,  
Lucknow-226001, Ph.: 0522-3270400

## PLAYERS REGISTRATION FORM

UPBA ID

BAI ID (if any)

1. Name in full: \_\_\_\_\_  
(Surname) (Name)

2. Gender:  Male  Female 3. Age:

4. Date of Birth

5. Place of Birth: \_\_\_\_\_  
(Place) (District)

6. Father's name in full: \_\_\_\_\_  
(Surname) (Name)

7. Mother's name in full: \_\_\_\_\_  
(Surname) (Name)

8. Two identification marks: (a) \_\_\_\_\_ (b) \_\_\_\_\_

9. Address: \_\_\_\_\_  
(Pin) \_\_\_\_\_

10. E-mail ID: \_\_\_\_\_ Mobile: \_\_\_\_\_

11. Details of School / College / Organisation: (a) Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_

(c) E-mail ID: \_\_\_\_\_ (d) Contact No.: \_\_\_\_\_

11. Age as at 1st January of the calendar year of the date of this certificate \_\_\_\_\_  
(Year) (Months)

12. In case of students, class in which studying as at 1st January of the calendar year of the date of this certificate \_\_\_\_\_

We confirm that the above information is true and correct. (Please ensure that the date of certifying this form is filled in space provided below.)

Signature of the Player	Left Hand Thumb Impression of Player	Signature of Parent (in case of Minor)
signature of Hon. Secretary of the District Association	Signature of Hon. Secretary of the State Association	Signature of School Head Master/College Principal/Organisation Head/Gazetted Officer
Seal of the District Association Date: _____ Place: _____	Seal of the State Association Date: _____ Place: _____	Seal of the School/College/Organisation Date: _____ Place: _____

Photograph duly  
Attested by the  
Gazetted Officer