

**Shuttle Masters
Admission Form**

Date of Application Form :

1	Name (In Block Letters. Surname a Must)	Surname			Passport Size Photo
		Name			
2	Male / Female				
3	Father's Name (In Block Letters. Surname a Must)	Surname			
		Name			
4	Mother's Name (In Block Letters. Surname a Must)	Surname			
		Name			
5	Date of Birth (Please attach attested copy of Birth Certificate from the Birth Registering Authority)				
		Date	Month	Year	
6	Place of Birth				
		Place	District	State	
7	Place of Birth Details (Please give details of actual place such as Name of Hospital, If at home address etc..)				
8	Two Identification Marks	a)			
		b)			
9	Communication Address				
10	E-Mail Address				
11	Mobile				
12	Age as at 1st January of the calendar year of the date of this certificate				
		Years	Months		
13	In case of students, class in which studying as at 1 st 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)	

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FOR BADMINTON COACHING AT _____

NAME OF THE PLAYER:

FATHER /GUARDIAN'S NAME:

ADDRESS & CONTACT NO.:



Signature of student

Signature of parent/guardian

To be certified by a Registered Medical Practitioner:

I certify that I have carefully examined (Name.....) and I am satisfied beyond doubt that he/she is fully fit/not fit for undergoing the strenuous physical training programme.

Signature of Registered Medical Practitioner

Regd. No.

Name

Date

Seal