**CONSENT FORM**

Space for colour photograph self attested

**A. Informed Consent**

**B.** I..........................................S/D/O or Guardian of…........................................ voluntarily give myconsent for complete medical examination for the purpose of age estimation. I understand that this examination may involve physical 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 Date :**

**CERTIFICATE OF RADIOLOGY TEST**

 Date:

I hereby testify that the Radiology test (X Ray Examination) of Mr./Miss **(name of the player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Son/Daughter of Sh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in **(name of the sports discipline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_** was conducted in my presence .

**Signature of the Coach/Coordinator /Nominated personnel**

**Countersigned by**

**(Head /RD/Dir/ of The SAI Center)**