

AGE CERTIFICATE

Affix
Photograph

Name of the pupil : _____
(In Block Letters)

Name of Institution : _____

Father's Name : _____

Home Address : _____

Date of Birth : _____
(to be entered by the school as per the admission Register)

Date of Joining in the School : _____

Admission No & Class : _____

Identification Marks 1) _____

2) _____

CERTIFICATE BY THE HEAD OF THE INSTITUTION

I Certify that the candidate is a regular and a bonafide student of this institution as per the admission register and other Records of the institution.

Signature of the Ed Teacher
Physical Director

Signature of the Head of
the institution
(With Seal)

CERTIFICATE BY THE PARENT / GUARDIAN

I have no objection to permit Master / Miss. _____
To attend the State and National Tournaments.

Signature of the Pupil

Signature of the parent /
Guardian.