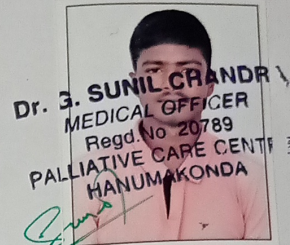


ANNEXURE-II.

(Para 7.1.1 refers)

Age Estimation Format



A. Informed consents

- B. I, M. Sanjay.....S/D/O or Guardian of Malyala Ravi
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.

C. Preamble

1. Age category..... 17 years.....
2. Sports Discipline..... Boxing..... Boxing.....
3. Events to be participated..... National..... Boxing.....
4. Case serial No.....
5. Name..... M. Sanjay.....
6. Age as stated (Any documentary evidence like birth certificate)
..... 04-12-2006.....
7. Sex..... Male.....
8. Permanent address..... errammagadda, Ghanpur (Mulugu),
..... - 506345.....
9. Corresponding Address.....
10. Name of school/ College/institute..... E.S.W.R.S (Etunagaram) (Boys
11. Tel.no & e-mail..... 9908926942, 8978557641, Sanjay Sanj.
..... 3351995@gmail
12. Father's name..... M. Ravi.....

II. 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. Where radiological Examination is not indicated MRI/CT Scan may be done.

1. X-ray advised (as per requirement):
 - I. Shoulder joint: A.P. view ✓
 - II. Elbow joint: A.P. and lateral view ✓
 - III. Hand with wrist: A.P. view ✓
2. Date of radiological examination:
3. Name of the radiological:

Radiological findings:

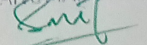
S.No.	X-ray advised.	Findings.	Age interference
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NAD

G. Age certificate

After performing general physical, dental and radiological, we are of the considered opinion that the biological age of the person is about 17 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)

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 HANUMAKONDA

13. Mother's name..... M. Swarupa

14. Name of the person accompanying.....

15. Date and time of examination..... 22/05/2023 1:30pm

16. Place of examination..... Warangal

17. Marks of identification(sear/mole/deformity.etc):

1. A mole on the left cheek
2. A mole on the left hand

18. Thumb impression(right in female and left in male)



19. Signature

D. General Physical Examination

1. Height(cm): 176 cms
2. Weight(kg): 58 kgs
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. Biliospinate breath(cm):
 - III. Forearm circumference (cm) in male:
 - IV. Mid-thigh circumference (cm) in female:
6. Voice (Hoarseness of voice): Good

E. Dental Examination

- I. Dental Data: (S) 87654321. 12345678 (S)
 (Rt.).....(Lt.)
 (S) 87654321. 12345678 (S)
 a. Temporary ✓ No ✓ N ✓ N
 b. Permanent ✓ Yes
 c. Space for third molar(S) Normal.
 d. Partially erupted/completely erupted

Good.

II. Dental X-ray: oral pantogram (OPG) ✓

Dr. G. SUNIL CHANDRA
 MEDICAL OFFICER
 Regd. No 20789
 PALLIATIVE CARE CENTRE
 HANUMAKONDA