



**SPORTS AUTHORITY OF INDIA,  
REGIONAL CENTRE CHANDIGARH**  
Patiala Road, Near Gurudwara Nabha Sahib,  
Zirakpur, Punjab, 140603

**On behalf of**

**MINISTRY of YOUTH AFFAIRS &  
SPORTS, GOVERNMENT OF INDIA**

**EXPRESSION OF INTEREST (EOI) FROM  
HOSPITALS FOR AGE VERIFICATION TEST  
(AVT)**

-

Sports Authority of India (SAI), Regional Centre, Chandigarh on behalf of Ministry of Youth Affairs (MYAS) invites Expression of Interest for empanelment of Hospitals for period of 03 year initially, with a provision for extension for two more years, subject to satisfactory services. The interested Hospitals may submit their proposals as per Annexure "A" & "B" in this EOI.

Sports Authority of India, RC Chandigarh under Ministry of Youth Affairs & Sports intends to set up a panel of Hospitals specializing in Age Verification Test for athletes. These empaneled entities will be the recommended list of hospitals for athletes under the umbrella of Sports Authority of India & Ministry of Youth Affairs & Sports (MYAS) to approach for AVT related requirements. These requirements may include all services as per the Circular and addendum to AVT guidelines enclosed here.

SAI, RC Chandigarh on behalf of MYAS invites expression of interest from Hospitals from UT of Chandigarh and State of Punjab to become part of the panel of AVT Centre's for Khelo India athletes under Khelo India Scheme. Hospitals are invited to state their respective area/s of specialization and will undergo a due-diligence process before being empaneled. They are required to submit their Price-List for offered services or any other information as may be required.



## **Eligibility Criteria -**

1. Hospitals working/ having experience in the area of Age Verification tests based on the AVT guidelines attached here for reference.
2. The interested Hospitals should not have any of their contracts Depaneled or debarred in the last two years by any State or Central Government /PSU/BFSI/Private Sector.

## **Scope of Work/Services -**

- Clinical/Physical Examination by Medical Doctor
- Dental Examination by Dentist
- Radiological Examination (TW3 method) by Radiologist

(Detailed guidelines along with methodology and formats are attached in the AVT Guidelines enclosed here)

## **Rate Structure for AVT -**

The total permissible cost for conducting AVT is Rs. 2,266/- (Rupees Two Thousand Two Hundred and Sixty-Six only) per AVT per athlete. Rates are in accordance with latest CGHS rates.

## **Key Responsibilities -**

1. The Hospitals will provide the report of the tests as per the AVT guidelines enclosed here.
2. Reports are to be submitted preferably on the same day of the AVT or the next working day.
3. Hospitals to ensure strict confidentiality and protection of the AVT data.
4. The Hospitals must conduct the AVT test in the presence of SAI representative who will be specifically deputed for AVT from RC Chandigarh.

## **Terms and Conditions -**

1. The validity of empanelment of Hospitals will be for period of 03 year initially, with a provision for extension for two more years, subject to satisfactory services.
2. The performance of the hospitals may be assessed periodically if required on the basis of the quality of work, timeliness and feedback from stakeholders.
3. The decision of SAI, RC Chandigarh on both the empanelment and award of specific order shall be final and no queries or appeal for review shall be entertained.

4. Govt. Hospital/agencies/clinics can also apply and preference will be given to Govt. agencies.
5. Beyond the list of submitted services, SAI can also intent for additional services from time to time.
6. Hospitals once empaneled, shall have to promptly reply to all the queries, execute orders as per the terms of SAI, RC Chandigarh and keep the organization informed of new products/ developments / innovative ideas that shall help reduce the cost and improve quality, reliability, etc.
7. Upon selection of the Hospitals, this document will be treated as a valid contract between SAI, RC Chandigarh and Hospital followed by signing of MOU between SAI, RC Chandigarh and the empaneled hospital.
8. In case an empaneled Hospital is found in breach of any terms & condition(s) of SAI, RC Chandigarh, or concealment or misrepresentation, or indulges in fraudulent or corrupt practice at any stage during the course of services, the action as per prevailing norms shall be initiated against the Hospital, besides debarring and blacklisting the Hospital from further dealings with SAI.
9. The Hospital shall not assign or sublet the empanelment or any part or it to any other Hospital in any form. If found doing so, shall result in termination of empanelment.
10. Incomplete expressions of interest or expressions not in proper format or received after the due date shall not be entertained.
11. All empaneled Hospitals are expected to maintain absolute integrity, confidentiality of the AVT data of the athlete, follow medical ethics and do nothing unbecoming of a registered supplier.
12. The AVT data of the athlete will not be used by the empaneled hospitals for any other purpose other than purpose defined in the EOI i.e for induction of the athlete in the Khelo India Scheme.
13. **Price Variation Clause:** The AVT shall be conducted by the hospital at the approved price clause given in the AVT guidelines.
14. **Indemnity:** The selected Hospitals shall indemnify the SAI and user departments against all third party claims of infringement of patent, trademark/copyright or industrial design rights arising from the use of the supplied & related services or any part thereof. SAI stands indemnified from any claims that the vendor's manpower may opt to have towards the discharge of their duties in the fulfillment of the purchase orders.
15. **Termination for Default:** Default is said to have occurred i) If the Hospital fails to deliver any or all of the services within the time period(s) specified.
  - ii) If the Hospital fails to perform any other obligation(s) under the empanelment.



Ministry of Youth Affairs and Sports  
Government of India



16. If the Hospital in either of the above circumstances does not take remedial steps within a period of 30 days after receipt of the default notice from SAI, RC Chandigarh (or takes longer period in spite of what SAI, RC Chandigarh may authorize in writing), SAI, RC Chandigarh may terminate the empanelment.

Notwithstanding above, SAI, RC Chandigarh reserves its right to terminate the empanelment with one month's notice for any reasons whatsoever.

17. All disputes in this connection shall be settled in Courts of Punjab/Chandigarh jurisdiction only.



**Interested Hospitals may submit their applications super scribing" Expression of Interest from Hospitals for Age Verification Test of Athletes" to the Executive Director, RC Chandigarh (SAI), Patiala Road, Near Gurudwara Nabha Sahib, Zirakpur, Punjab - 140603 latest by 3:00PM, 15<sup>th</sup>April,2025.**

**The EOI Documents will be opened on 16<sup>th</sup> April, 2025 at 11.00 AM in the presence of Hospital who wish to attend.**

<b>Last Date &amp; Time of Submission of EOI</b>	<b>15<sup>th</sup>April, 2025 by 3:00PM</b>
<b>Date &amp; Time of Opening of EOI</b>	<b>16<sup>th</sup> April, 2025 at 11:00AM</b>

**Note:**

- The interested Hospital should clearly fill all details as per Annexure A & B in EOI.
- The Price-List for AVT services should be duly signed by the interested Hospital.
- For any further queries : Mobile No : 9805628320 and email id [Kheloindiasaichd@gmail.com](mailto:Kheloindiasaichd@gmail.com)

o **Enclosures:**

**AVT Circular and Addendum to AVT guidelines. (Which includes the detailed SOP for conducting the AVT test including Medical examination by Physician, dental examination by dentist and radiological examination by Radiologist, Consent form, Medical certificate and Age certificate etc)**



## Annexure -“A”

### **FORMAT OF EXPRESSION OF INTEREST FOR EMPANELMENT OF HOSPITAL**

Name of Hospital:

Registrations details:

Status of Hospital (Government/Private/etc.):

Ongoing Empanelment (Details):

#### **Information of the Hospital**

1. Address and contacts of the Hospital :
2. Type of feedback & monitoring system used with example, if any:
3. Details of Staff along with the educational qualification who will be performing the AVT :
4. Details of Medical Infrastructure available for AVT:



**Annexure -"B"**

**ACCEPTANCE CERTIFICATE**

I.....(designation).....,of (Name of the Hospital)..... do here by accept the above mentioned Terms & Conditions of empanelment of Hospitals for AVT test

**Signature of the authorized Official  
Of the Interested Hospital**

**Hospital Stamp and Seal with Date and  
Registration Number.**

**Sports Authority of India**  
**Khelo India Talent Identification Division**  
**JNS, New Delhi**

File No. 01-25009/3/2022-HO – KITD

Date: 24.08.2022

**Circular**

To streamline the process of Age Verification Test (AVT), scientifically in line with the leading practices and to complete the process expeditiously, the AVT guidelines have been approved by the 13<sup>th</sup> High Power Committee (HPC) held on 08.06.2022 (Minutes Annexed). This AVT guidelines shall supersede all previous guidelines.

2. The approved guidelines for Age Verification Test (AVT) are as follows:

**I. Age and methodology**

Sr. No.	Gender	Age up to which AVT is to be conducted	Methodology
1	Male	Up to 17 years	<ul style="list-style-type: none"><li>• Clinical/Physical Examination by Medical Doctor.</li><li>• Dental Examination by Dentist.</li><li>• Radiological Examination (TW3 method) by Radiologist.</li></ul>
2	Female	Up to 15 years	

Based on all three examinations the Age certificate shall be issued (Format enclosed) certified by all three experts. This shall be matched with the claimed chronological age of the athlete.

**II. Documents**

- For proof of DOB: Birth Certificate, Matriculation Certificate mentioning the DOB, Passports, Aadhar card, voter Id etc., preferably all documents where DOB is mentioned.
- Consent Form to undergo AVT.
- Players basic information Form.

**III. Important Guidelines to be followed for smooth functioning**

- The Medical Officer/doctor at Regional Centre shall verify these documents and tie up with the local hospital for Radiological & Dental Examination & accompany the athletes to the hospital for AVT.

  
24/08/22



• The process for AVT shall be completed at RC/NCOE level and they will be the custodian of all data related to AVT. The final report to be shared with KITD & National Centre for Sports Science & Research (NCSSR). In case, athlete is not satisfied she/he can appeal to Medical Appellate Board at AIIMS New Delhi, which is already constituted by the High-Power Committee. All appellate cases will be dealt by National Centre for Sports Science & Research (NCSSR) at SAI, HQ.

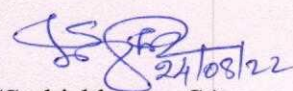
3. Format of the following important documents are attached :

1. Players Basic information form
2. Consent forms
3. X-Ray protocol

4. The Fee for the AVT shall be as follows:

- Consultation Fee – Rs.1000/- per opinion.
- X ray- Rs.1000/- per opinion (for dental and radiological examination).

This issues with the approval of Competent Authority.

  
(Sathishkumar S.)  
Deputy Director (KITD)

Copy to

1. ED/RDs of SAI Regional Center
2. Director, NCSSR, SAI-HO
3. DD, Khelo India Secretariat, SAI -HO.
4. All HPDs/HPMs of KITD
5. O/o DG, SAI.
6. O/o ED Operations, SAI HO
7. O/o Head HPAC, SAI-HO
8. Office File

**KHELO INDIA**  
Talent Identification and Development(KITD)

**MINTUES OF THE 13TH MEETING OF THE HIGH – POWER COMMITTEE (HPC) OF KHELO INDIA TALENT DEVELOPMENT (KITD) VERTICAL HELD ON 08.06.2022 AT 11:00 AM THROUGH VIDEO-CONFERENCING.**

**RECORD OF PROCEEDINGS**

The 13<sup>th</sup> Meeting of the High-Power Committee (HPC) was held on 08.06.2022 at 11:00 AM through videoconferencing under the Chairmanship of DG,SAI.

At the outset, the Sr. Director (KITD) welcomed the Chairperson, Members and all the participants.

The list of Attendees is placed at ANNEXURE – I

Thereafter, with the permission of the Chair, the following Agenda items were discussed:

S.No	Agenda	Decision / Discussion Points / Action Taken
1.	<b>Confirmation of the Minutes of 12th Meeting of HPC held on 24.02.2022</b>	No comments have been received from HPC members. The 13th HPC confirmed the minutes of 12th HPC held on 24.02.2022
2.	<b>ATR of the 12th Meeting of the HPC 24.02.2022</b>	The ATR of 12th HPC meeting was accepted.
3.	<b>Age verification Guidelines.</b>	<ol style="list-style-type: none"> <li>1. HPC ratified the Age Verification Test guidelines for talent identification. The guidelines to be notified.</li> <li>2. The following consultation fee for conducting AVT was approved. <ol style="list-style-type: none"> <li>a. Consultation charges – Rs.1000 per opinion</li> <li>b. X ray- Rs.1000 (for dental and radiological examination)</li> </ol> </li> </ol>
4.	<b>Concept Note for Gradation of Academies for Hockey Discipline.</b>	The HPC ratified the concept note for gradation of academies for Hockey discipline
5.	<b>Declaration of deemed to be Khelo India Athletes (DTK).</b>	HPC ratified the agenda for declaring deemed to be KIA athletes.

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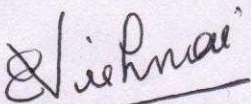
S.No	Agenda	Decision / Discussion Points / Action Taken																				
6.	Accreditation of Academies & status of proposals.	<p>1. The HPC approved the accreditation of 03 academies under Khelo India Scheme. The details are given below:</p> <table border="1"> <thead> <tr> <th>SN</th> <th>Name of the Academy</th> <th>Sports Discipline</th> <th>Gender</th> <th>Residential/ Non Residential</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Rustam E Hind Amol Buchade Sports Foundation, Pune (Maharashtra)</td> <td>Wrestling</td> <td>B &amp; G</td> <td>R</td> </tr> <tr> <td>2</td> <td>JGI Sports School, Bangalore (Karnataka)</td> <td>Badminton Basketball Football Swimming</td> <td>B &amp; G</td> <td>R</td> </tr> <tr> <td>3</td> <td>Selenite Sports Academy Pvt. Ltd, Bangalore (Karnataka)</td> <td>Badminton</td> <td>B &amp; G</td> <td>NR</td> </tr> </tbody> </table> <p>2. The HPC ratified the inclusion of "Fencing Discipline" in M.P. Academy, Bhopal and approved the inclusion of "Hockey Discipline" in Center for Sports Science, Chennai.</p> <p>3. The academies namely, Maxwell Trevor Cycling Welfare Association, Hyderabad (Cycling) and Barns School and Junior College, Nasik (Kho – Kho and Kabaddi) have not been approved.</p>	SN	Name of the Academy	Sports Discipline	Gender	Residential/ Non Residential	1	Rustam E Hind Amol Buchade Sports Foundation, Pune (Maharashtra)	Wrestling	B & G	R	2	JGI Sports School, Bangalore (Karnataka)	Badminton Basketball Football Swimming	B & G	R	3	Selenite Sports Academy Pvt. Ltd, Bangalore (Karnataka)	Badminton	B & G	NR
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2	JGI Sports School, Bangalore (Karnataka)	Badminton Basketball Football Swimming	B & G	R																		
3	Selenite Sports Academy Pvt. Ltd, Bangalore (Karnataka)	Badminton	B & G	NR																		
7.	Weeding out of Khelo India Athletes.	<p>HPC ratified weeding out of 96 KIAs from 02 sport discipline.</p> <table border="1"> <thead> <tr> <th>Sr. No</th> <th>Sports Disciplines</th> <th>No. of weedout athletes</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Boxing</td> <td>80</td> </tr> <tr> <td>2</td> <td>Cycling</td> <td>16</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td><b>96</b></td> </tr> </tbody> </table>	Sr. No	Sports Disciplines	No. of weedout athletes	1	Boxing	80	2	Cycling	16	<b>Total</b>		<b>96</b>								
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8	Induction of Khelo India Athletes & Increase the sanctioned strength in Hockey Discipline	<p>1. The HPC ratified the list of 196 athletes for induction of athletes into Khelo India Scheme subject to the clearance of Age Verification Test. The details are given below:</p> <table border="1"> <thead> <tr> <th>Sr. No</th> <th>Sports Disciplines</th> <th>No. of athletes</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Boxing</td> <td>62</td> </tr> <tr> <td>2</td> <td>Cycling</td> <td>31</td> </tr> <tr> <td>3</td> <td>Hockey</td> <td>49</td> </tr> <tr> <td>4</td> <td>Weightlifting</td> <td>54</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td><b>196</b></td> </tr> </tbody> </table> <p>2. The HPC ratified the total sanctioned strength of KIA in Hockey discipline as 187 retrospectively.</p>	Sr. No	Sports Disciplines	No. of athletes	1	Boxing	62	2	Cycling	31	3	Hockey	49	4	Weightlifting	54	<b>Total</b>		<b>196</b>		
Sr. No	Sports Disciplines	No. of athletes																				
1	Boxing	62																				
2	Cycling	31																				
3	Hockey	49																				
4	Weightlifting	54																				
<b>Total</b>		<b>196</b>																				

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S.No	Agenda	Decision / Discussion Points / Action Taken
9.	<b>Any other matter with the approval of Chair</b>	<ol style="list-style-type: none"><li>1. The HPC was briefed about the implementation of facial attendance across all the academies. In this regard Ms. Suma Shirur, HPC member raised the concern that it may amount to the intrusion of privacy of the athletes. It was clarified that the Government is funding for training, boarding and lodging of Khelo India Athletes, which is public money. Hence, it is very essential to record the attendance of the athletes to ensure that the money is utilized in a rightful way.</li><li>2. It was directed that KITD division to make endeavor to fill the vacancies of KIAs to at least total 2900 Nos by the end of the June.</li><li>3. It was decided to prepare a Performa for consent from athletes for conducting the performance assessment. It should also include the No Objection Certificate (NOC) from athletes for doing the photo/videography during the assessment camp. The Performa should be to duly vetted legally.</li></ol>

The Agenda for 13<sup>th</sup> HPC is annexed (Annexure-II)

**The meeting ended with a vote of thanks to the Chair.**

  
(Ekta Vishnoi)  
Sr. Director, KITD

**Annexure -I**

**The List of attendees(HPC Members):**

- |  |              |
|--|--------------|
| 1. Sh. Sandip Pradhan DG SAI,                        | Chairman HPC |
| 2. Dr. Ajay Kumar Bansal (Hockey) - Eminent Coach.   | Member       |
| 3. Ms. Suma Shirur (Shooting) - Eminent sportsperson | Member       |

**In Attendance**

1. Mrs. Ekta Vishnoi , Sr. Director , KITD
2. Dr. (Brg.) Bubhu Nayak, Director, NCSSR
3. Sh. Ajay Kumar Singh, Director (Khelo India)
4. Sh. Manikant Sharma, DD (KITD)

**Player Basic Information Form**

Passport  
Size  
Photograph

Sports Discipline: \_\_\_\_\_ Event: \_\_\_\_\_

Full Name (IN CAPITAL LETTER): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY) Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Aadhaar Card Number: \_\_\_\_\_

Email Id: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

Father/Mother Mobile Number: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Mobile No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_

IFSC Code: \_\_\_\_\_ A/c Holder Name: \_\_\_\_\_

Training Centre Name & Place: \_\_\_\_\_

Kit Size: Tracksuit Size: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Pant/Short Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

If already registered, please provide your Khelo India UID Number, **KI UID No:** \_\_\_\_\_

**(Signature of Player)**

\* Note: Attach copies of following documents along with this form

- Aadhaar Card
- Birth Certificate/10<sup>th</sup> Marksheet
- Bank Passbook/Cancelled Cheque (Players Bank Account)

**(For Office Use Only)**

Name of the Competition/Activity: \_\_\_\_\_ Venue: \_\_\_\_\_

Category: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**KHELO INDIA ATHLETE (KIA) CONSENT/ADMISSION FORM**

**Sports Discipline - \_\_\_\_\_**

DOB

Mobile No.

Tentative Date of Joining

I, \_\_\_\_\_, Male/Female (Please Tick), is  
undergoing training in \_\_\_\_\_ (name of the present academy)  
would like to train in an accredited academy (Residential/Non Residential) in order of preference.

(List of accredited Academies mentioned on [https://sportsauthorityofindia.nic.in/tview3.asp?link\\_temp\\_id=10961](https://sportsauthorityofindia.nic.in/tview3.asp?link_temp_id=10961))

I. \_\_\_\_\_

II. \_\_\_\_\_

III. \_\_\_\_\_

IV. \_\_\_\_\_

( OR )

I, \_\_\_\_\_, Male/Female (Please Tick),  
athlete in \_\_\_\_\_ sports discipline would not like  
to join any accredited academy and continue to train at \_\_\_\_\_ (name of  
the current academy).

1. I have gone through the KIA Identification letter, I am aware that my expenses such as for diet, boarding, lodging, laundry. Medical expenses, kitting, tournament expenses, would be paid only to the accredited academy.
2. I am also aware that I will be given Scholarship/Stipend for my personal expenses.
3. Further, I am aware that I would be assessed on my performance regularly.
4. I accept the terms and conditions which I have received with KIA Identification letter.

Signature: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Counter Signature of Parent: \_\_\_\_\_  
(In case of Minor)

**ANNEXURE-I**

**CONSENT FORM**



**Informed Consent**

I.....S/D/O or Guardian of.....  
voluntarily give my consent for complete medical examination for the purpose of age estimation. I understand that this examination may involve physical examination, dental 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:**

**Place:**

**Note: Consent by guardian is essential in respect of athletes below 15 years (Girls) & 17 Years (Boys)**



**Format for Medical Examination**

**A. General Physical Examination:**

1. Height (cm):
2. Weight (kg):
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. Biliospinale breath (cm):
  - III. Forearm circumference (cm) in males:
  - IV. Mid thigh circumference (cm) in females:
6. Voice (Hoarseness of voice):

**Signature**

**Name:**

**Designation:**

**B. Dental Examination**

1. Dental Data: ( S ) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 ( S )  
( Rt. )..... ( L t.)  
( S ) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 ( S )
  - a. Temporary
  - b. Permanent
  - c. Space for third molar( S )
  - d. Partially erupted/completely erupted
2. Dental X- ray: Oral pantogram (OPG)
3. Dental X- ray findings:

**Signature**

**Name:**

**Designation:**

**C. Radiological Examination/MRI/CT Scan (as applicable)**

Note: A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT Scan may be done.

1. X-ray advised (as per requirements):

- i. Shoulder joint: A.P view
- ii. Elbow joint: A.P and lateral view
- iii. Hand with wrist: A.P view
- iv. Pelvis with hip joint: A.P view

2. Date of radiological examination:

3. Name of the radiographer:

Radiological findings:

S.No. X-ray advised Findings Age inference

**Name:**  
**Designation:**

**Signature**

**ANNEXURE- III**

**Age Certificate**

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about  years which is consistent / not consistent with birth certificate/ age document.

**Dated:**

**Signature  
Name:  
Designation:  
(Physician)**

**Signature  
Name:  
Designation:  
(Dentist)**

**Signature  
Name:  
Designation:  
(Radiologist)**

**(All the parameters should be considered for the age estimation)**

**ANNEXURE-IV**

**CERTIFICATE OF MEDICAL EXAMINATION**

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)

Countersigned by  
(Head /RD/Dir/ of The SAI Center)

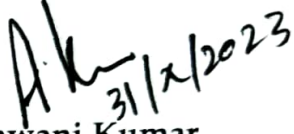


File No. 01/2023/24-AVT-HO-KITD

Date: 31.10.2023

**Sub: Addendum to Age Verification Test (AVT) guidelines.**

Please find enclosed herewith the Addendum to Age Verification Test (AVT) guidelines for your kind perusal and record please.

  
31/10/2023  
Ashwani Kumar  
Director (KITD) & Head (HPAC)

Encl: As above

To,

- The All Academic & Regional Heads
- All the members of the HPC

Copy to;

1. The Deputy Director General, SAI, Khelo India
2. The Deputy Director General (OPS), SAI
3. DD to DG SAI
4. Office File

**Sports Authority of India  
KITD Division**

**Subject: Addendum to Age Verification Test (AVT) guidelines.**

**ADDENDUM**

This is addendum no 01/2022, to the circular no. 01-25009/3/2022-HO-KITD dated 24th August, 2022, regarding the Age Verification Test (AVT) guidelines:

**1. Following additional guidelines are issued for the smooth conduct of AVT process:**

- 1.1. A combined opinion of Radiologist, Dentist and Physician as proposed in circular dated 24<sup>th</sup> August 2022 is made necessary to ascertain the age of the athletes.
- 1.2. Regional Centres shall identify reputed proactive hospital(s) having the facility to do AVT as per the procedure. For this purpose, one or more hospitals may be identified so that AVT process may not get delayed due to non-availability of doctors / lab technicians in a particular hospital. Hospitals may be identified in multiple cities across the region so that athletes have to travel less for conducting AVTs. Fee for the consultation and tests may also be negotiated and fixed as per GFR and CGHS rules. Attempt should be made that AVT be done in a single day.
- 1.3. Regional Centres shall establish formal MoUs with the hospitals so that hospitals can be made responsible for conducting the tests and for recommendations in future. Once MoU is established, a copy of MoU along with price list (for test and consultation) may be forwarded to KITD for calculating budget and advances as required. MoUs should be renewed timely so as to make sure that sufficient number of hospitals are empaneled and available to conduct tests. The Terms of reference for Regional Centers to establish a formal MoU are presented below:

**AVT Rate Structure-**

The total permissible cost for conducting AVT is revised to **Rs. 2,266/- (Rupees Two Thousand Two Hundred and Sixty-Six only)**. Rates are in accordance with latest CGHS rates. A relaxation of **10%** in the ceiling of rates is permissible to Northeastern States, Jammu & Kashmir, Ladakh & Island Territories of India. Final upper ceiling shall NOT exceed **2,500/- (Rupees Twenty-Five Hundred only)**.

**AVT Age Band Gap/Range-**

The hospital shall give an age band/range of **±1 year**. The MoU between RCs and the empaneled hospital should clearly indicate this age band gap/range restricted to **± 1 year**.

### **Availability of 3 Specialties in the Hospital-**

Since furnishing an AVT report requires coordination between 3 departments [Dental, Radiology and Medical (Physician)], hence RCs have to ensure availability of all 3 departments at the hospital which is being sought for empanelment. Furthermore, a single certificate as per testing protocol has to be signed by the hospital consisting signature of heads of all 3 departments conjointly mentioning & agreeing upon the age of subject as per their respective testing.

### **Testing Protocol-**

The Age Verification Test of an athlete has to be conducted as per the latest AVT testing protocols.

1.4. AVTs conducted for induction of Athletes under Khelo India Athlete (KIA) Scheme, Regional Centres may book the expenditure of tests under Khelo India Talent Identification budget head. The bills of the tests may be forwarded to KITD Division,

SAI HO for regular settlement. For NCOE athletes, the expenditure may be booked at Regional Centre level under appropriate NCOE budget head.

### **2. SOP for AVT Process for induction of Athletes under both Khelo India Athlete (KIA) and National Centre of Excellence (NCOE) Scheme:**

2.1. TIDC shall recommend list of athletes who are to be inducted.

2.2. HPMs have to submit a merit list of athletes to KITD clearly mentioning athletes for whom AVT is required. The AVT list shall contain contact details of the athletes, their preferred location for AVT and name of the responsible RC/NCOE under whose jurisdiction the specified location falls.

2.3. KITD shall forward the list of athletes (for whom AVT is required) to RC/ NCOE under which jurisdiction the location falls.

2.4. HPMs shall coordinate with the RCs, athletes and the nearest empaneled hospital for making arrangements for AVTs. A representative from RC shall accompany athlete(s) throughout the process of AVT in Hospital. RCs shall assign dedicated officials for the same.

(Note: As far as possible all tests for AVT are to be conducted in a single day so that no boarding and lodging expenditure are incurred. However, if the justification is satisfactory, and if there is no other option, Regional Directors may take a call to provide boarding and lodging for a period up to two days in SAI facilities on a case-to-case basis. Such exceptional cases have to be clearly mentioned and intimated to KITD while sending the bills.)

2.5. Within three working days from the test, RCs/NCOEs shall collect the AVT reports (clearly

mentioning consistent/inconsistent) and forward the report in the enclosed format only to KITD and keep all the medical records of the athletes at their medical center for record purposes. It is advised that RCs may allot a Unique ID/ serial number to each AVT report so that they can be easily identified for future reference.

2.6. If AVT is consistent, further induction/selection process will be initiated by KITD as per vacancy within a week.

2.7. If AVT is found to be inconsistent, then report shall be forwarded to NCSSR for further process/action and the same shall be informed to the Athlete/ Parent/ Guardian. If the Athlete/ Parent/ Guardian is not satisfied with the AVT report, they may appeal to NCSSR, which in turn will get it examined through the experts engaged as medical consultants through EOI. This examination should be done within 10 working days from the date of receiving the report from KITD. It is mandatory for the concerned athlete to be physically present at NCSSR for the expert opinion. His /Her presence should be ensured by KITD/Concerned RD with all previous documentation and imaging related to AVT. The TA/DA and boarding & lodging expenditure towards appeal has to be borne by individual athlete/ parent/ guardian. Expenditure towards AVT (Appeals) will be borne by NCSSR.

2.8. If opinion from NCSSR pertaining to the age of Athlete is found to be consistent, then further process of induction of Athlete shall be initiated by KITD as per vacancy within a week.

2.9. If the opinion from NCSSR pertaining to the age of Athlete is inconsistent, then the same shall be forwarded to TIDC for further decision. (This process has been established as per advice of HPAC for athletes who might have been selected in lower age category and found inconsistent in AVT, however, their current performance is at par with the benchmark of induction for higher age/ category).

**3. In case any assessment camps are conducted to induct athletes in KIA/NCOE Scheme, HPMs shall diligently identify athletes falling in this age category who may be probably included in merit list (including waiting list) and organize AVT immediately at the end of the selection trials /assessment camp at the same RCs.**

**4. A revised consent form, format for medical examination, age certificate and certificate of medical examination is enclosed as Annexures for conducting AVT of Athletes.**



**Ashwani Kumar**  
Director (KITD) & Head (HPAC)





**KHELO INDIA ATHLETE (KIA) CONSENT/ADMISSION FORM**

**Sports Discipline - \_\_\_\_\_**

DOB

Mobile No.

Tentative Date of Joining

I, \_\_\_\_\_, Male/Female (Please Tick), is undergoing training in \_\_\_\_\_ (name of the present academy) would like to train in an accredited academy (Residential/Non Residential) in order of preference.

(List of accredited Academies mentioned on [https://sports.authorityofindia.nic.in/view3.asp?link\\_temp\\_id=10961](https://sports.authorityofindia.nic.in/view3.asp?link_temp_id=10961))

- I. \_\_\_\_\_  
II. \_\_\_\_\_  
III. \_\_\_\_\_  
IV. \_\_\_\_\_

( OR )

I, \_\_\_\_\_, Male/Female (Please Tick), athlete in \_\_\_\_\_ sports discipline would not like to join any accredited academy and continue to train at \_\_\_\_\_ (name of the current academy).

1. I have gone through the KIA Identification letter, I am aware that my expenses such as for diet, boarding, lodging, laundry, Medical expenses, kitting, tournament expenses, would be paid only to the accredited academy.
2. I am also aware that I will be given Scholarship/Stipend for my personal expenses.
3. Further, I am aware that I would be assessed on my performance regularly.
4. I accept the terms and conditions which I have received with KIA Identification letter.

Signature: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Counter Signature of Parent: \_\_\_\_\_  
(In case of Minor)

A.h

## CONSENT FORM

Space for colour  
photograph self  
attested

### Informed Consent

I.....S/D/O or Guardian of.....  
voluntarily give my consent for complete medical examination for the purpose of age  
estimation. I understand that this examination may involve physical examination, dental  
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:**

**Place:**

**Note: Consent by guardian is essential.**

A.k

*Sports Authority of India / Khelo India Talent Identification / Age Verification Test*

**Format for Medical Examination**

**A. General Physical Examination:**

1. Height (cm):
2. Weight (kg):
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. Biliospinale breath (cm):
  - III. Forearm circumference (cm) in males:
  - IV. Mid thigh circumference(cm) in females:
6. Voice (Hoarseness of voice):

**Signature**

**Name:**  
**Designation:**

**B. Dental Examination**

1. Dental Data: ( S ) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 ( S )  
( Rt. )..... ( L t.)  
( S ) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 ( S )
  - a. Temporary
  - b. Permanent
  - c. Space for third molar (S)
  - d. Partially erupted/completely erupted
2. Dental X- ray: Oral pantogram (OPG)
3. Dental X- ray findings:

**Signature**

**Name:**  
**Designation:**

A.K

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**C. Radiological Examination/MRI/CT scan (as applicable)**

Note: A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT scan may be done.

1. X-ray advised (as per requirements):
  - i. Shoulder joint: A.P view
  - ii. Elbow joint: A.P and lateral view
  - iii. Hand with wrist: A.P view
  - iv. Pelvis with hip joint: A.P view
2. Date of radiological examination:
3. Name of the radiographer:

Radiological findings:

S. No. X-ray advised Findings Age inference

**Signature**

**Name:**  
**Designation:**



*Sports Authority of India /Khelo India Talent Identification / Age Verification Test*

**Age Certificate**

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about  years which is consistent /not consistent with birth certificate/ age document.

**Dated:**

**Signature  
Name:  
Designation:  
(Physician)**

**Signature  
Name:  
Designation:  
(Dentist)**

**Signature  
Name:  
Designation:  
(Radiologist)**

**(All the parameters should be considered for the age estimation)**

A.K

*Sports Authority of India / Khelo India Talent Identification / Age Verification Test*

## CERTIFICATE OF MEDICAL EXAMINATION

Date:.....

I hereby testify that the General Physical, Dental and 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)

Countersigned by  
(Head /RD/Dir/ of The SAI Center)



**Guidelines**

Body development index method: Optional method (BDI method is valid upto 18 years)

$$BDI = \frac{\text{Middle breadth} \times 2 \text{ forearm circumference (corrected)}}{\text{Body height} \times 10}$$

$$\text{Middle breadth} = \frac{\text{Biacromial breadth} + \text{Biliospinale breadth}}{2}$$

$$\text{Forearm circumference (corrected)} = \text{Forearm circumference given} - \text{Rohrar index (RI)} \text{ (Corrected)}$$

$$\text{Rohrar index} = \frac{\text{Body weight (kg)}}{\text{Body height}^3 \times 10^3}$$

Corrected Rohrar index = Corresponding corrected value to the calculated Rohrar index  
(Correlate with table 1: Rohrar index – corrected value)

Biological age = Corresponding age to the BDI index value  
(Correlate with table 2: Mean value of body development index children, wutschrk, 1973)

Table-1: ROHRAR INDEX AND CORRECTED VALUE

RI	Correction	RI	Correction	RI	Correction
0.90	+3.7	1.13	0.0	1.36	-3.7
0.91	+3.5	1.14	0.2	1.37	-3.8
0.92	+3.4	1.15	0.3	1.38	-4.0
0.93	+3.2	1.16	0.5	1.39	-4.2
0.94	+3.1	1.17	0.6	1.40	-4.3
0.95	+2.9	1.18	0.8	1.41	-4.5
0.96	+2.7	1.19	1.0	1.42	-4.7
0.97	+2.6	1.20	1.1	1.43	-4.8
0.98	+2.4	1.21	1.3	1.44	-5.0
0.99	+2.3	1.22	1.5	1.45	-5.1
1.00	+2.1	1.23	1.6	1.46	-5.3
1.01	+1.0	1.24	1.8	1.47	-5.5
1.02	+1.8	1.25	1.9	1.48	-5.6
1.03	+1.6	1.26	2.1	1.49	-5.8
1.04	+1.5	1.27	2.3	1.50	-5.9
1.05	+1.3	1.28	2.4		
1.06	+1.1	1.29	2.6		
1.07	+1.0	1.30	2.7		
1.08	+0.8	1.31	2.9		
1.09	+0.6	1.32	3.1		
1.10	+0.5	1.33	3.2		
1.11	+0.3	1.34	3.4		
1.12	+0.2	1.35	3.5		

*Ak*

Table-2 Mean Values of Body Development Index of GDR Children (WUTSCHRK, 1973)

Biological Age in Years	Boys	Girls
4	0.52	0.52
5	0.57	0.57
6	0.57	0.61
7	0.59	0.64
8	0.62	0.67
9	0.65	0.70
10	0.67	0.73
11	0.69	0.75
12	0.70	0.75
13	0.72	0.79
14	0.80	0.84
15	0.83	0.87
16	0.84	0.88
17	0.86	0.91
18	0.90	0.97
Adult	0.00	0.97

AK



**SPORTS AUTHORITY OF INDIA**

Human Performance Lab, J.N. Stadium, New Delhi  
Email - [hpl.kheloindia@gmail.com](mailto:hpl.kheloindia@gmail.com), [hpl.smc@gmail.com](mailto:hpl.smc@gmail.com)

**PROTOCOL FOR TAKING HAND AND WRIST X RAY OF THE LEFT HAND OF THE  
ATHLETE**

1. The centre should have digital X-Ray facility. CR or DR. preferably DR.
2. Image of left hand and wrist should be taken. The wrist part should be cover 2 inches from the hand.
3. Images should be transferred online in DICOM format only.
4. Images should also be given in a CD/DVD/Pen Drive
5. Athletes should be made to wear a lead gown to reduce the radiation effect on other body parts.
6. Correct Name, Photo and Date of Birth of the athlete should be written on the image.
7. Personal details form, Consent form should be attached with report.
8. Height and Weight are necessary, so insure height and weight should be mention in the form.
9. Ensure that Certificate of Radiology Test (Undertaking form signed by Competent Authority) should be attached with report.
10. Date of Birth Certificate and Aadhar card / Any other ID proof should be attached.

A.K