

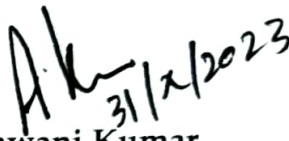


File No. 01/2023/24-AVT-HO-KITD

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.


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 24th 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)

- 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).

- 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.
- I am also aware that I will be given Scholarship/Stipend for my personal expenses.
- Further, I am aware that I would be assessed on my performance regularly.
- 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)

*Sports Authority of India / Khelo India Talent Identification / Age Verification Guidelines***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.

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Annexure-3

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:

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

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)



*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)

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

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

Forearm circumference (corrected) = Forearm circumference given – Rohrar index (RI)(Corrected)

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		



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, 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.

