**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)**