GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION: SPORTS BRANCH CHHATRASAL STADIUM: MODEL TOWN, DELHI-110009

No. DE-41/2013/Sports/ 9192 - 9242

Dated:- 18.11.2013

To

The Heads of All Schools, Directorate of Education, Delhi / New Delhi

Sub:-Organization of Inter-Zonal Sports Tournament in Wrestling Under-14, 17 & 19 years (Boys) w.e.f. 21.11.2013 to 27.11.2013 at Chhatrsal Stadium, Model Town, Delhi.

Sir / Madam,

Sports Branch, Directorate of Education, Govt. of NCT of Delhi is organizing Inter-Zonal Sports Tournament in Wrestling Under-14. 17 & 19 years (Boys) at Chhatrsal Stadium, Model Town, Delhi. Details are as below:-

21.11.2013 - Weighing (Under -14 years) from 3.00 p.m. onwards (All Category)

22.11.2013 - Wrestling Bout (U-14 yrs.) from 9.00 a.m. onwards (All Category)

23.11.2013 - Wrestling Bout (Under-14 years) from 9.00 a.m. onwards (All Category)

Weighing - Under-17 years from 3.00 p.m. onwards (All Category)

24.11.2013 - Wrestling Bout (Under-17 years) - from 9.00 a.m. onwards (All Category)

25.11.2013 - Wrestling Bout (Under-17 years) - from 9.00 a.m. onwards (All Category)

Weighing - Under-19 years - from 3.00 p.m. onwards (All Category)

26.11.2013 - Wrestling Bout (Under-19 years) - from 9.00 a.m. onwards (All Category)

27.11.2013 - Wrestling Bout (Under-19 years) - from 9.00 a.m. onwards (All Category)

The interested players should bring their entries on the spot i.e. on the weighing day <u>in enclosed</u> <u>prescribed performa at Chhatrasal Stadium, Model Town, Delhi</u> along with age proof/ school identity card.

For any further inquiry, you may contact our Wrestling Coach: - Sh. Ramphal, 9868242199.

Yours faithfully,

(SATPAL)

O Additional Director of Education (Sports)

Copy forwarded to the:-

- 1. All RDE's
- 2. All District DDEs
- 3. All ADEs
- All EOs
- 5. All SPEs
- 6. PS to Director of Education
- 7. Guard File
- 8. O.S. (IT) with the request to place the circular on website.

ENTRY FORM (WRESTLING)

(Age Group - 14, 17 & 19 years) Boys & Girls

| Name of player | : | | |
|---------------------------|---------|---|-----------------------------|
| Father's Name | : | | Recent colour photograph |
| Mother's Name | : | | (To be attested by |
| Sex (Male / Female) | : | | Head of the School |
| Date of Birth (in figure) | : | | |
| (In words) | | | |
| | | | |
| Weight Category | : | | |
| Class in which studying | : | | |
| School Name | : | | |
| Student's I.D. | : | | |
| Permanent Address | : | ` | |
| | | | |
| Contact No. | : | 3 -1-11-12-11-12-11-12-11-12-11-11-11-11-1 | |
| | | | |
| I hereby certify that | the par | ticulars given above are true. Any false informat | tion will lead |
| to cancellation of my can | | | |
| (Signature of player) | | | |
| Dated : | | | |

Name & Signature of the Head of the School with Seal.