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

No. DE/41/2014/Sports/ ) 04 50-99

Dated: 24 November, 2014

## CIRCULAR

Sub:- Preliminary Selection trial cum-coaching camp for 60th National School Games - 2014 in Net ball (Under-14 years Boys & Girls) at DAV School, Rohini Sector-7, Delhi.

Sir / Madam,

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct preliminary selection trial cum-coaching camp for Delhi School Students in – Net ball for (Under- 14 years) Boys & Girls. The details are as below:-

S.No	Game	Age Group	Venue		Date & Time	Eligibility
1.	Net Ball	Under-14 yrs. (Boys & Girls)	DAV School, Rohini, New Delh	7.0		Should be born on or after 1.1.2001 and Student of upto 8th Class

The interested players should bring their entries on the spot i.e. on the competition day <u>in enclosed</u> <u>prescribed performa at Chhatrsal Stadium</u> along with age proof/ school identity card. The performa may be downloaded from this office website <u>www.edudel.nic.in</u>.

For further information, you may contact Sh. Basant Rana (Mob. No. 9811180311), and Sh. Pawan Rana (Mob. No. 9999697575), Net Ball Coaches.

Final Selection of the players will be undertaken before the departure of the team.

The selected players will represent Delhi Team in 60th National School Games Net ball Under - 14

years (Boys & Girls) at Ghaziabad from 20th to 24th December, 2014.

(SATPAL)

Additional Director of Education (Sports)

Copy forwarded to the :-

- All RDE's
- All District DDEs
- All ADEs
- 4. All EOs
- All SPEs
- All HOSs
- PS to Director of Education
- Guard File
- 9. O.S. (IT) with the request to place the circular on website.

## ENTRY FORM (NETBALL)

## (Age Group - 14 years) Boys & Girls

Name of player	:	Recent colour
Father's Name	:	photograph
Mother's Name	:	(To be attested by
Sex (Male / Female)	:	Head of the School)
Date of Birth (in figure)	:	
(In words)		
Class in which studying	:	
School Name	:	
Student's I.D.	1	
Permanent Address	:	3 <del></del>
Contact No.	:	o <del></del> a
I hereby certify that	t the pa	rticulars given above are true. Any false information will lead
to cancellation of my can	didatur	e.
(Signature of playe	r)	

Dated :- \_\_\_\_\_

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