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

No. DE/41/2015/Sports/ 7688-7738

Dated:-21

September, 2015

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

Sub:- Preliminary Selection trial cum- coaching camp for 61st National School Games - 2015-16 in Kabaddi (U-19 years Boys & Girls) w.e.f. 23.09.2015 onwards at 2 p.m.

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 Kabaddi (Under-19 years Boys & Girls). The details is as below:-

S.No	Game	Age Group	Venue	Date & Time	Eligibility
1.	KABADDI	Under-19 yrs. (Boys & Girls)	Chattrasal Stadium, Model Town, Delhi		Should be born on or after 1.1.1997 and Student of upto 12 <sup>th</sup> Class

The interested players should report for Selection trial on above said venue on the date and time mentioned in proper playing kit. They also bring their age proof/ school identity card and bring their entries in prescribed proforma with school ID and photograph.

For further information, you may contact Sh. Mukesh Dabas (Mob no. 9971300998) and Sh. Dalbir Singh (Mob. No. 9868300457).

The final selection trial will be taken, in due course, before departure of the team for 61st National School Games.

The selected players will represent Delhi Team in 61st National School Games for Kabaddi to be held at Nalgonda District (Telangana) w.e.f. 14th to 18th October, 2015

Deputy Director of Education Sports

Copy forwarded to the :-

- 1. All Addl. DEs
- 2. All RDEs
- 3. All DDEs
- 4. All ADEs
- 5. All EOs 6. All SPEs
- 7. PS to Pr. Secy. (Edn.)
- 8. PS to Director (Edn.)

## ENTRY FORM (KABADDI)

## (Age Group - 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)			e.
Class in which studying	:		e
School Name	:		e .
Student's I.D.	:		£
Permanent Address	:		<b>-</b> -
			_
Contact No.	:		
Body Weight	:	Kg.	
I hereby certify that	the par	ticulars given above are true. Any false inform	nation will lead to
cancellation of my candid			
(Signature of player	.)		
Dated :			

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