

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

No. DE /41 /Sports/2015/ 11017-11066

Dated: 29.10.2015

CIRCULAR

Sub:-Organization of Inter Zonal Cricket Tournament for Under - 19 years (Boys) w.e.f. 04.11.2015.

Sir / Madam,

Sports Branch, Directorate of Education, Govt. of NCT of Delhi is organizing Inter Zonal Cricket Tournament for school students Under - 19 years (Boys) at different venues, **w.e.f. 4th November, 2015.**

All Zonal Supervisors are requested to send their entries (as per enclosed proforma) of Team upto 02.11.2015 at Chhatrasal Stadium, Model Town, Delhi -110009 from 10.00 a.m. to 5.00p.m.

THIS OFFICE WILL NOT RECEIVE ANY ENTRY AFTER 02.11.2015 UNDER ANY CIRCUMSTANCES.

The selection of Delhi Team for participation in National School Games in Cricket (U-19 Yrs Boys) to be held at Indore (M.P.) w.e.f. 19th to 24th November, 2015, will be made on the basis of the performance of the players in this tournament.

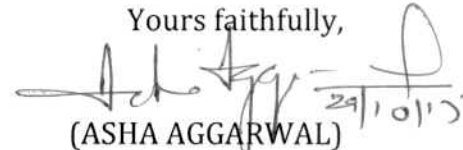
The tournament will be played on 20 overs match.
The students should bring their school I/Card during their matches.

The Fixture of the matches will be available on the website of the Directorate on 3rd November, 2015.

For any queries, you may contact Sh. Jitender, Cricket Coach (Mob. No. 9968440374) and Sh. Sanjay Bhardwaj, Cricket Coach (Mob. No. 9990901166).

Eligibility for participation: Should be born on or after 1.1.1997 and Student of upto 12th Class.

Yours faithfully,



(ASHA AGGARWAL)

Deputy Director of Education (Sports)

Copy forwarded to the:-

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

ENTRY FORM (CRICKET)
(U-19 Yrs. BOYS)

NAME OF THE ZONE:

S.No.	Name of the Student	Date of Birth	Class	Student I.D. No. (if applicable)	Name of School	Contact No. of the player.
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						

Name and contact No. of Coach & Manager of Team:

(Signature of the Zonal Supervisor)
Contact No.