

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

No. DE- 41/2016/Sports/

10426-10475
CIRCULAR

Dated:-

13/10/16

Sub: - Preliminary selection trials-cum-coaching camp in Baseball in Under-19 years (Boys & Girls) for Delhi school students.

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to organize preliminary selection trials-cum-coaching camp in Baseball in Under-19 years (Boys & Girls) for Delhi school students w.e.f. 20.10.2016 onwards as per details given below:-

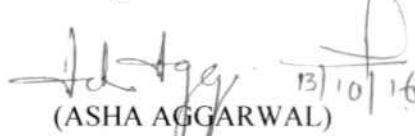
Venue	Eligibility	Date & Time
Sarvodaya Co-ed Vidyalaya, L-Block, Hari Nagar, New Delhi-64	Should be born on or after 1.1.1998 and Student of upto class XII but not below class VI.	20.10.2016 from 3.00 P.M. onwards

The interested players should bring their entry in the enclosed prescribed proforma at Annexure-I, duly attested by the Head of the School at the above mentioned venue on the date of selection trials i.e. 20.10.2016 onwards. The stamp of the Head of the school on the proforma should be clearly visible and legible. The stamp on the photo of the student should have been affixed in such a manner that the half of it should be on the photo and half on the proforma. The players will have to report in the proper playing kit.

For further information, please contact Sh. Surender Negi (9953003659), Sh. Anil Bhalothia (9910998727) and Sh. Prashant Verma (9990251589).

Note:

1. The students of Kendriya Vidyalaya are not eligible to participate in the selection trial.
2. The copy of birth certificate of the student, issued by Municipal Authority, is to be enclosed. The birth of the child should have been registered by the Municipal authority within one year of the birth of the student. In case it is not so, then the student will have to furnish details of his educational qualification from nursery onwards in the proforma enclosed at Annexure-II.
3. In case of need, a student might have to undergo medical examination for age verification from the Govt. hospital.


(ASHA AGGARWAL)
Dy. Director of Education (Sports)

Copy forwarded to the:-

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

✓ 11. OS (IT) with the request to place the circular on website.

ENTRY FORM

Game: _____

Age Group: _____

Name of the School:

Name of the player:

Father's Name:

Mother's Name:

Sex (Male / Female):

Date of Birth (in figure):

(in words):

Weight Category (wherever applicable):

Class in which studying :

School Admission No. :

Student's I.D. :

Permanent Address :

Contact No. :

Recent color
photograph

(To be attested by
Head of the School)

I hereby certify that the particulars given above are true. Any false information will lead to cancellation of my candidature.

(Signature of player)

Verification by PET of the School

Name & Signature of the Head of the School with Seal

ANNEXURE-II

Name of the student :

Date of Birth :

Details of educational qualifications :

S. No.	Class	Name and complete address of the school	Admn. No.	Year of study
1.	Nursery/LKG			
2.	KG/UKG			
3.	I			
4.	II			
5.	III			
6.	IV			
7.	V			
8.	VI			
9.	VII			
10.	VIII			
11.	IX			
12.	X			
13.	XI			
14.	XII			

(Signature of student/Parent)