GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION: SPORTS BRANCH

CHHATRASAL STADIUM: MODEL TOWN, DELHI-110009

No. DE - 41/2016/Sports/14 005-54 CIRCULAR Dated: 11.11.2016

Sub: - Preliminary Selection trial cum coaching camp for 62nd National School Games in Unifight (U-19 Years) (Boys & Girls).

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct selection trial cum-coaching camp for Delhi School Students in Unifight (U-19 years) (Boys & Girls) w.e.f. 17.11.2016 onwards at 3.30 P.M. onwards at Chhatrasal Stadium, Model Town, Delhi. The eligibility is as under:

Player should be born on or after 01.01.1998 and should be a student of up to class XII.

The trials will be conducted in the following weight categories (in Kgs):-

-38, 39-41, 42-44, 45-47, 48-50, 51-53, 54-56, 57-59, 60-62, 63 & above.

Only one player is allowed in each weight category from one school. All the participants should be in their proper kit and bring their own safety guards.

All the participants should bring their original Date of Birth Proof (its mandatory). No player will be allowed without ID proof. Please bring original and duly attested individual entry form with recent photograph (as per Annexure-I).

The selected players will represent Delhi Team in 62nd National School Games Unifight Under-19 years (Boys & Girls) at Chhattisgarh w.e.f. 26th December 2016 to 30th December 2016.

For any further inquiry, please contact Mr. Sudershan Kumar (9289676188) and Ms. Ruksana (8076102327).

Note:

- The students of Kendriya Vidyalaya and below Class 6th are not eligible to participate in the (i) selection trial.
- 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 / her educational qualification from nursery onwards in the proforma enclosed at Annexure-II.

(iii) In case of need, a student might have to undergo medical examination for age verification from the Govt. hospital.

Dy. Director of Education (Sports)

Copy forwarded to:-

- (i) All Spl. DEs.
- All Addl. DEs (ii)
- All RDEs (iii)
- (iv) All DDEs
- All ADEs (v)
- (vi) All EOs
- All SPEs (vii)
- (viii) All HOS
- PS to Secy. (Edn.) (ix)
- (x) PS to Director (Edn.)
- OS (IT) with the request to place the circular on website.

ENTRY FORM

	Game:		
A	age Group:		
Name of the School:			
Name of the player:			
Father's Name:			ecent color hotograph
Mother's Name:		(To l	be attested by
Sex (Male / Female):		Head	of the School)
Date of Birth (in figure):			
(in words):			
Weight Category (wherev	er applicable):		
Class in which studying	:		
School Admission No.			
Student's I.D.			
Permanent Address	1		
Contact No.	•		
I hereby certify that	the particulars given above are true.	Any false information will	lead to
cancellation of my candid	ature.		
(Signature of player)			

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		12.	