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

CHHATRASAL STADIUM: MODEL TOWN, DELHI-110009

No. DE-41/2016/Sports/ 18392 -18441

Dated:-1/121)6

Sub: - Preliminary selection trials-cum-coaching camp in Cricket in Under-19 years (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 Cricket in Under-19 years (Girls) on 05.12.2016 at 2.30 P.M. as per eligibility given below:-

GBSSS, G-Block, Vikas Puri, New Player should be born on or after 01.01.1998 and should be a student of either Class XI or XII only.

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. 05.12.2016. 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. Vinod Kumar Matta (9990440004) and Sh. A. N. Sharma (9818270507).

The selected players will represent Delhi Team in 62nd National School Games Cricket Under-14 years (Girls) category at Indore, M.P. w.e.f. 24.12.2016 to 29.12.2016.

Note:

- 1. The students of Kendriya Vidyalaya and those studying below VI Class 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.

Dy. Director of Education (Sports)

Copy forwarded to:-

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

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

ENTRY FORM

	Game:	
A	ge Group:	
Name of the School:		
Name of the player:		
Father's Name:		Recent color photograph
Mother's Name:		(To be attested by
Sex (Male / Female):		Head of the School)
Date of Birth (in figure):		
(in words):		
Weight Category (whereve	er applicable):	
Class in which studying	:	
School Admission No.	:	
Student's I.D.	:	
Permanent Address		
Contact No.	:	
I hereby certify that cancellation of my candida	the particulars given above are true. Any false informa ature.	tion will lead to
(Signature of player)		

Name of the stu	dent	:
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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	<u></u>		
2.	KG/UKG			
3.	I			
4.	П			
5.	III			
6.	IV	20		
7.	v			
8.	VI			
9.	VII			
10.	VIII			
11.	IX			
12.	X			
13.	XI			
14.	XII			

(Signature of student/Parent)