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

No. DE-41/2017/Sports/ 92/18-92/67

students.

Dated:- 16/11/7

Sub: - Preliminary selection trials-cum-coaching camp in Cricket in Under-17 years (Girls) for Delhi school

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to organize <u>preliminary</u> selection trials-cum-coaching camp in Cricket in Under-17 years (Girls) on 20.01.2017 at 2.30 P.M. as per eligibility given below:-

GBSSS, G-Block, Vikas Puri, New Delhi Player should be born on or after 01.01.2000 and should be a student of Class VI to X 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. 17.01.2017. 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. Babloo Nayak (9728289348).

The selected players will represent Delhi Team in 62<sup>nd</sup> National School Games Cricket Under-17 years (Girls) category at Jammu, J&K w.e.f. 07.02.2017 to 11.02.2017.

#### Note:

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

 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
- 6. All EOs
- 7. All SPEs
- 8. All HOSs
- 9. PS to Secy. (Edn.)
- 10. PS to Director (Edn.)
- 11. Concerned person(s) whose name(s) is/are mentioned above.
- 12. 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:		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 (if applied	eable):	
Class in which studying	:	
School Admission No.	£	
Student's I.D.	:	
Permanent Address		
Contact No.	:	
I hereby certify that	the particulars given above are true. Any false informa	tion will lead to
cancellation of my candid	lature.	
(Signature of player)		

Name of the studer	nt :	
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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			
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)