

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

F. No. DE. 41/ Sports/2017/ 9128-9177

Dated: 22<sup>nd</sup> Sept. 2017

CIRCULAR

Sub: Invitation for participation in 1<sup>st</sup> NDMC Delhi State School Level Championship for Devyang Athletics Meet on 11<sup>th</sup> to 13<sup>th</sup> October 2017 at Talkatora Cricket Ground, New Delhi-110001

Please find enclosed herewith a copy of letter no.D-1896/LWD/17 dated 16<sup>th</sup> August 2017 received from Director (Welfare), New Delhi Municipal Council, Welfare Department, Palika Kendra, New Delhi on the subject cited above.

All the concerned Head of Schools are requested to bring the contents of the attached letter into the knowledge of Devyang athletes so that they can participate in the above tournament.

The entries with regards to participation of athletes may directly be sent to Sh. Dwarika Prasad Bhatt, Sports Officer, NDMC, Room No.1, NDMC Barat Ghar, Mandir Marg, New Delhi-110001 by 25<sup>th</sup> September 2017.

  
(ASHA AGGARWAL)  
DDE (SPORTS) 22/9/17

Encl: As above.

F. No. DE. 41/ Sports/2017/

Dated: 22<sup>nd</sup> Sept. 2017

Copy to:

1. All Addl. Des, Directorate of Education
2. All RDEs, Directorate of Education
3. All DDEs of the Districts and zones, Directorate of Education
4. All ADEs, Directorate of Education
5. All SPEs, Directorate of Education
6. PS to Secy. (Edn.), Directorate of Education
7. PS to Director (Edn.), Directorate of Education
8. OS (IT) with the request to place the same on website.



**New Delhi Municipal Council  
Welfare Department,  
Palika Kendra, New Delhi-110001**

No. D-1896/LWD/17

Dated 16<sup>th</sup> August 2017

✓ **The Additional Director of Education (Sports),  
Government of National Capital Territory of Delhi,  
Directorate of Education, Sports Branch,  
Chhatrasaal Stadium Gate No. -4,  
Model Town,  
Delhi - 110009.**

**Sub.:- Invitation for participation in 1<sup>st</sup> NDMC Delhi State School Level  
Championship for Devyang Athletics Meet on 11<sup>th</sup> to 13<sup>th</sup> October  
2017 at Talkatora Cricket Ground, New Delhi-110001.**

Sir/Madam,

The New Delhi Municipal Council is going to organize 1<sup>st</sup> NDMC Delhi State School Level Championship for Devyang Athletics Meet on 11<sup>th</sup> to 13<sup>th</sup> October 2017 from 10.00 AM to 6.00 PM at Talkatora Cricket Ground, New Delhi.

The purpose of the meet is to encourage participation of physically challenged persons in various sports, so that they can lift their self-esteem in the society. Also this would help us to find new talent for competitions at National and International level.

You are requested to ensure maximum participation in our said endeavour and make it a success. And also requested for circulation of this information in all MCD's Schools & added schools under the jurisdiction of NCT Govt. of Delhi & MCD's. We will arrange snacks for all participants besides cash prize i.e. Rs. 1000/- for Winner, Rs. 800/- for Runner-up & Rs. 500/- to 3<sup>rd</sup> place along with Medal & Certificate. No transportation will be provided by the organizing committee. No TA/DA and food will be provided.

1180/900/22  
18/8/17

While confirming the availability of athletes (by name) please indicate the type of disability alongwith. Kindly intimate to the Schools concerned that the athletes are in possession of the following:-

- Disability Certificate in original, three photocopies of each certificate and two passport size photographs.

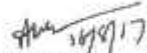
OS  
G. Am.

- 8/C
- IQ Certificate (for Intellectually Disabled athletes) in original and three copies of the certificate.
  - Forms and Categories are enclosed herewith. Athletes without proper Sports Kit will not be allowed to participate in the games. No athletes kit will be provided by the organizing committee.
  - Athletes F54, F55 - (Wheel Chair) will carry their own wheel chair for Championship. No Wheel Chair will be provided by the organizing committee.
  - Please carry photocopies of (i) Delhi resident proof (Voter ID / Aadhar Card) (ii) 1 passport size photos at sports venue.
  - Please take own Guide/Runner (Only for T11 - Visually Category).

You are also requested that intimation of participants in enclosed forms be sent to Sh. Dwarika Prasad Bhatt, Sports Officer, NDMC, **Room No. 1, NDMC Barat Ghar, Mandir Marg, New Delhi-110001** by **15<sup>th</sup> September 2017**, to enable us to plan activities accordingly and also plan to do classification timely.

- Encl. : 1. Athlete Registration Form.  
 2. Declaration by parents/Guardians  
 3. Athlete Medical form.  
 4. Coach/Guide/Unified Runner registration form.  
 5. Event Category.  
 6. Athlete release Form.

Thanking you,

  
**(A K Singh)**  
 Director (Welfare)  
 23748163

Copy to :

1. **Director (Education), NCT Govt of Delhi**, Old Sectt., Vidhan Sabha, Civil Lines, New Delhi, Delhi -110054 for kind information.
2. **Director (Education), NDMC** with the request for circulation of this letter in NDMC Schools for participation of Devyang athlete students of NDMC Schools in said meet.
3. **Sh. Satpal, Additional Director (Sports)**, Sports & Physical Education Branch & Nodal Officer, Bharat Scout & Guide, Govt. of NCT of Delhi, Directorate of Education, Old Sectt, Delhi-110054 with the request for circulation of this information in Schools & added schools under the jurisdiction of NCT Govt. of Delhi of Devyang athlete students on said meet.
4. **Advisor (PR), NDMC** with the request for arrangement of press conference/advertisement in the National News Papers.

7/c

5. **Director (IT), NDMC** with the request for uploading this & enclosed Forms in the NDMC website.
6. **Sh. Dalip Kumar Singh, Project Officer (Teams)**, Sports Authority of India /Nodal Officer, 1<sup>st</sup> NDMC Delhi State School Level Championship for Devyang Athletics Meet, with the request for uploading information in SAI website.
7. **PS to Secretary (Education)**, NCT Govt of Delhi for information.
8. **PS to Chairman**, NDMC for information.
9. **PS to Secretary**, NDMC for information.
10. A L W O, NDMC
11. Sports Officer, NDMC
12. Office Order File.

6/c



**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**



Attached/paste two Photographs

**Athlete Registration Form for : '1<sup>st</sup> NDMC Delhi State School level  
Championship for Devyang Athletes Meet from 11<sup>th</sup> to 13<sup>th</sup> Oct., 2017.**

**(Please print in ink using block letters or type)**

Name & address of School : .....

Participation for Category of Events:.....

Name of Athlete: .....

Father Name: .....

Mother's Name.....

Class in which studying:..... School Roll No.....

Date of Birth : DD/MM/YYYY..... Present Age:.....

Residential Address: .....

.....

Residential phone /Mobile Nos. ....

Adhar Card No. : .....

Wheel Chair : Yes or No.....

Signature of Participant/Athlete

Mobile No.....

Above particulars are correct as per the School record.

**Signature & Seal of School Principal**

**Phone No. ....**

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**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**

**Annexure C**

**DECLARATION BY PARENTS / GUARDIANS**

1. It is hereby certified that we will not interfere in the selection process for any game and will refrain from being at the site where selection of athletes is in progress. The arena of selection will be out of bound for us.
2. The decision of the Selection Committee duly constituted by New Delhi Municipal Council will be final.
3. We will not use any external influence through any person or agency to get our ward selected for participation in the game.
4. Violation of any foresaid undertaking will lead to deletion of the name from consideration.

Name of Athlete:

\_\_\_\_\_

Name & Full Address of School

.....

.....

Signature of Parents:

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Father / Guardian

Mother

Date:



**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**

**Athlete Medical examination Form for : '1<sup>st</sup> NDMC Delhi  
State School level Championship for Devyang Athletes  
Meet from 11<sup>th</sup> to 13<sup>th</sup> Oct., 2017.**

I have examined this athlete.....  
S/D/o Sh....., age.....,  
he is not suffering from Blood Pressure, Asthma & other internal  
disease. In my professional opinion, this athlete may participate  
in 1<sup>st</sup> NDMC Delhi State School Level Championship for Devyang  
Athletes Meet.

**Signature of Athlete**

Signature of MBBS Doctor.....

Name & Rubber seal of Doctor ....

Phone/Mobile No.....

3/C



**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**



Attached/paste two Photographs

**FORM B –Coach & Unified Partner Registration -Page 1 of 2 for : '1<sup>st</sup> NDMC  
Delhi State School level Championship for Devyang Athletes Meet  
from 11<sup>th</sup> to 13<sup>th</sup> Oct., 2017.**

**(Please print in ink using block letters or type)**

Name of Athlete coach & Unified /Guide/Partner:.....

Father's Name : .....

Date of Birth :...DD/MM/YYYY.....

Address & Mobile No. : .....

Nationality : .....

Name of Athlete : .....

Participating in Games /Sports : .....



**FORM B -Coach & Unified Guide/Runner/ Partner Registration-**  
page 2 of 2

**Medical Information**

**Does this person use a wheelchair?**                       **YES**  
 **NO**

Is there a history of:                                      Yes                      No

Heart problems / high blood pressure



Head injury/history of concussion

Seizures

Heat Stroke

**Signature of Coach & Unified Guide/Runner/ Partner**

**Name & Full Address**.....

.....

.....

**Phone/Mobile No**.....

**Place**.....**Date**.....



2/c

**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**

**1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes  
Meet from 11<sup>th</sup> to 13<sup>th</sup> Oct., 2017, at Talkatora Cricket Ground, New Delhi.  
Reporting Time : 9.00 AM Sharp**

<b>EVENT</b>	<b>CATEGORY 15 to 18 Years (Male &amp; Female)</b>
<b>50 MTR</b>	T11, T42, T44, T45/46
<b>100 MTR</b>	T11, T42, T44, T45/46
<b>200 MTR</b>	T11, T42, T44, T45/46
<b>LONG JUMP</b>	T11, T42, T44, T45/46
<b>DISCUSS</b>	F11, F42, F44, F45/46, F-54, F55
<b>SHOTPUT</b>	F11, F42, F44, F45/46, F-54, F55
<b>JAVELLIN</b>	F11, F42, F44, F45/46, F-54, F55
<b>Relay Race</b>	4 x 100 Mtrs. (subject to availability of participants).
<b>EVENT</b>	<b>CATEGORY 11 to 14 year (BOYS &amp; GIRLS)</b>
<b>50 MTR</b>	T11, T42, T44, T45/46
<b>100 MTR</b>	T11, T42, T44, T45/46
<b>200 MTR</b>	T11, T42, T44, T45/46
<b>LONG JUMP</b>	T11, T42, T44, T45/46
<b>DISCUSS</b>	F11, F42, F44, F45/46, F-54, F55
<b>SHOTPUT</b>	F11, F42, F44, F45/46, F-54, F55
<b>Relay Race</b>	4 x 100 Mtrs. (subject to availability of participants).

T-Track events.....F- Field Events....T-11 Visual Category... F-54, F-55 .. Wheel Chair.

**IMPORTANT GUIDELINES FOR ATHLETICS.**

1. Birth Certificate with photocopy of Boys & Girls is compulsory required at game venue.
2. Please carry photocopies of (i) Disability certificate (ii) Delhi resident proof (Voter ID / Aadhar Card)(iii) 1 passport size photos.
3. Please take own Guide/Runner (Only for T-11 & T-12 - Visually Category).
4. For all Categories of Girls/Boys the events shall be held on from 11<sup>th</sup> to 13<sup>th</sup> October, 2017.
5. For Visually Category Junior & Senior (Girls/Boys) the event shall be held on 12/10/2017.
6. For all other categories, the events shall be held on 11<sup>th</sup> to 13<sup>th</sup> Oct., 2017.
7. FOR MORE DETAILS PLEASE VISIT NDMC WEBSITE.
8. Reporting time 8.30 AM (Daily from 11<sup>th</sup> to 13<sup>th</sup> October, 2017).
9. Age Groups:

**11 to 14 Years & 15 to 18 Years (Men & Women)**

10. Discipline is compulsory failing which disciplinary action may be taken as per rules of Paralympic Committee of Delhi.  
For more details please visit organising Committee of 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet



1/c

**New Delhi Municipal Council  
Welfare Department, Sports Wing  
Room No. 1, NDMC Barat Ghar,  
Mandir Marg, New Delhi-110001**



Attached/paste two Photographs

**FORM C2- Athlete Release Form**

**Instructions:** This form is required for all 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang athletes and health program participants.

I want to participate in 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet from 11<sup>th</sup> to 14<sup>th</sup> October 2017 and agree to the following:

1. **Able to Participate.** I am able to participate in 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet. I am submitting a completed MEDICAL FORM that says it is safe for me to participate.
2. **Photo Release.** I give permission to 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet to use my picture, video, name, voice, and words to promote permission.
3. **Personal Information.** I understand that my personal information may be used and shared by employees and volunteers of 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet to:
  - Make sure I am eligible and can participate safely in 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet activities;
  - Coordinate training and competition events and compile competition results for 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet, the media, and the public;
  - Input my information in a computerized database maintained by 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet;
  - Provide healthcare treatment, make referrals, consult other doctors, and remind me about follow-up services;
  - Research, communicate, and respond to needs of 1<sup>st</sup> NDMC Delhi State School level Championship for Devyang Athletes Meet participants (Identifying information is removed if shared with the public); and
  - Discipline is compulsory failing which disciplinary action may be

taken as per rules of organizing Committee, as required by law.

- Athletes have to make their own arrangements to reach and depart at sports venue. No TA/DA, food and accommodation will be provided. Snacks packet will be provided at sports venue.
- I will participate in 2 events only excluding Relay Race.

I have read and understand this release. By signing, I agree to this release and abide by them.

**PARTICIPANT NAME:**

\_\_\_\_\_

**Participant Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

I have reviewed this Release Form with the Participant. I am satisfied that the Participant understands and agrees to this Release Form.

**PARENT/GUARDIAN SIGNATURE**

I am a parent or guardian of the Participant. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Participant.

**Parent/Guardian Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_