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

No. DE - 41/2017/Sports/ | 0487-10536 Dated:- 9 | 10 | 17

Sub: - Selection Trial cum-coaching camp for 63rd National School Games – 2017-18 in Target Ball 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 – <u>Target Ball U/19 years (Boys & Girls)</u>. The details are as below:-

Age Group	Venue	Date & Time	Eligibility
	S.K.V., No.1, Gandhi Nagar, Delhi-110051		Should be born on or after 01.01.1999 and student of up to class 12 ^{th.}

The interested players should report at above said venue along with age proof / school identity card in proper playing kit.

For further information, please contact Shri Sanjay Kumar (Mob. No. 9811506434) and Ms. Uma Sharma (Mob. No. 9350288370) & Sh. Jitender Singh (9999708599).

The selected players will represent Delhi Team in 63rd National School Games Target Ball Under-19 years (Boys & Girls) at Warangal, Telangana w.e.f. 10th November, 2017 to 14th November, 2017.

Note: Students of Kendriya Vidyalaya and student of below VI class are not eligible to participate in the selection trial.

Deputy Director of Education (Sports)

Copy forwarded to the:-

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

16-0SCIT)

ENTRY FORM

TARGET BALL (U-19 Y	EARS) (BOYS / G	IRLS) KATING	_
Name of the School:			
Name of the player:			
Father's / Mother's Name:			Recent color photograph
Date of Birth (in figure):			(To be attested by
(in words):			Head of the School)
Class in which studying	:		
School Admission No.	:		
Student's I.D.	:		
Permanent Address	:		
Contact No.	:		
I hereby certify that to cancellation of my candida		n above are true. Any false informa	tion will lead to
			(Signature of player)
Verification by PET of the	School	Name & Signature of the Head of	the School with Seal

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		110	
11.	IX			
12.	X			
13.	XI			
14.	XII			

(Signature of student/Parent)