

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

No. DE-41/Sports/2017/ 14661-14710 Dated: -13.11.2017

CIRCULAR

Sub: - Organization of Inter-Zonal Sports Tournament 2017-18.

Sports Branch, Directorate of Education, Govt. of NCT of Delhi will conduct Inter-Zonal Sports Tournament for the year 2017-18 from 21st to 25th November, 2017 onwards. These tournaments will be conducted in three age groups i.e. Under - 14, 17 & 19 years (Boys & Girls). The Sports Tournament will start with Athletic meet.

Inauguration of the tournament will be held on 21st November, 2017 at 9.00 A.M. at Chhatrasal Stadium, Model Town, Delhi-110009. All the zonal SPEs / Conveners / Secretaries are requested to prepare the students for March Past. A shield will be awarded to the best marching zone in both groups i.e. boys & girls. Zonal flags will be provided by the sports branch. It is compulsory for all the zones to take part in March Past.

Accordingly, all zonal sports tournaments should be completed by 15th November, 2017 and result of the same must reach in the office of the undersigned by 16th November, 2017. It should be ensured that the entry is sent, team must participate in the tournament.

All the zonal SPEs / Convener / Secretaries make sure that their zone must participate in all the disciplines.

While participating in any discipline of Inter-Zonal-Tournament, players should bring identity card duly signed by the school Principal by fillings all columns as per enclosed performa. No player will be allowed to participate without complete identity card.

All the Zonal SPEs / Convener / Secretaries are requested to send detailed entry in each discipline containing name of the player, father's name, date of birth, class & I.D. No. which should be duly signed by Convener / Secretaries. No team will be entertained without proper entry & duly signed by the concerned officials. The entry form is enclosed.

Inter-Zonal-Tournament will be played on the pattern of School Games Federation of Delhi. Cutoff date of age group is as under:-

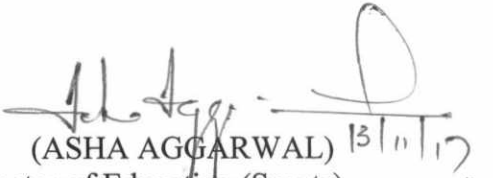
Age Group (Boys & Girls)	Eligibility
Under 14 years	Should be born on or after 1.1.2004.
Under 17 years	Should be born on or after 1.1.2001.
Under 19 years	Should be born on or after 1.1.1999

Contd....page 2....

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Note:

1. The students of Kendriya Vidyalaya and those studying in below Class VI are not eligible to participate in the above competition.
2. The copy of birth certificate of the student, issued by Municipal Authority, is to be enclosed. The student will also 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.
4. In case of any dispute, protest can be lodged with protest fees of Rs.500/-, within one hour of completion of the event. No request would be allowed after the stipulated time.
5. Participant must possess a valid AADHAR number.
6. Decision of the Technical Committee would be final.


(ASHA AGGARWAL) 13/11/17
Deputy Director of Education (Sports)

Copy forwarded to the:-

1. All Spl. DEs
2. All Addl. DEs
3. All RDEs
4. All DDEs of the District and zones
5. All ADEs
6. All SPEs
7. PS to Secy. (Edn.)
8. PS to Director (Edn.)
9. OS (IT) with the request to place the circular on website.

ENTRY FORM

INTER-ZONAL ATHLETIC MEET

Zone: _____

Year: 2017-18

Age Group _____ (Boys/Girls)

Chest No.	Event	Student's Name	Class	Father's Name	Date of Birth	Name of School
	100 mt.					
	200 mt.					
	400 mt.					
	600 mt.					
	800 mt.					
	1500 mt.					
	3000 mt.					
	5000 mt.					
	4X 100 mt. (R)					
	4X400 mt. (R)					

	Shot-put					
	Discus					
	Javelin					
	Long jump					
	High jump					
	Triple jump					

SIGNATURE OF SECRETARY

SIGNATURE OF CONVENER

SIGNATURE OF SPE, ZONE _____

ENTRY FORM (FOR OTHER GAMES)

INTER-ZONAL SPORTS TOURNAMENT

Zone: _____

Year: 2017-18

Age Group _____ (Boys/Girls)

Name of the Game _____

S.No.	Student's Name	Class	Father's Name	Date of Birth	Name of School
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

SIGNATURE OF SECRETARY

SIGNATURE OF CONVENER

SIGNATURE OF SPE, ZONE _____

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			

(Signature of student/Parent)