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

# No. DE-41/Sports/2018/ 16051-16100 Dated:-19/12/18

#### CIRCULAR

# Sub: - <u>Preliminary selection trial-cum-coaching camp for 64<sup>th</sup> National School Games – 2018-19 in Throw Ball Under-19 years (Boys & Girls).</u>

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct <u>preliminary selection trial cum-</u> <u>coaching camp of Delhi school students for 64<sup>th</sup> National School Games – 2018-19 in Throw Ball Under-19 years (Boys & Girls) at Rajiv Gandhi Stadium, Bawana, Delhi, w.e.f. 22.12.2018 from 3.00 P.M. onwards. The eligibility criteria are as under:-</u>

Under-19 category student should be born on or after 01.01.2000. The player should be a student of up to Class XII but not less than Class VI in both the above categories.

The interested players should send their entry in the enclosed prescribed proforma (Annexure-I), duly attested by the Head of the School on the date of trial. 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. Only those student players, who submit the complete proformas, will be allowed to participate in the selection trials. The players will have to report in the proper playing kit.

For further information, please contact Shri Naresh Mann (9871407090).

The selected players will represent Delhi Team in <u>64<sup>th</sup> National School Games Throw Ball Under-19 years (Boys & Girls) at Delhi, w.e.f. 03.01.2019 to 09.01.2019.</u>

Note:

- 1. The students of Kendriya Vidyalaya are not eligible to participate in the selection trial.
- 2. The copy of birth certificate of the student, issued by the Municipal Authority within one year of the birth of the child, is to be enclosed. If it has been issued after one year of the birth of the child, then it has to be supported with the orders of the Competent Authority e.g. SDM of the area concerned.
- 3. The student will also have to furnish details of his educational qualification from nursery onwards in the proforma enclosed at Annexure-II.
- 4. In case of need, a student might have to undergo medical examination for age verification from the Govt. hospital.
- 5. All players should have mandatory AADHAAR Number.
- 6. A player can participate in only one age category in that particular year.

(ASHA A Deputy Director of Education (Sports)

Att Aret

Copy forwarded to:-

- 1. All Spl. DEs
- 2. All Addl. DEs
- 3. All RDEs
- 4. All DDEs
- 5. All ADEs
- 6. All EOs
- All SPEs
  All HOSs
- 9. PS to Secy. (Edn.)
- 10. PS to Director (Edn.)
- 11. Copeerned person as mentioned in the circular.

1 12: OS (IT) with the request to place the circular on website.

### ANNEXURE-I

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### ENTRY FORM FOR THROWBALL (U-19 YEAR)(BOYS)

|                            | 2-67 (S.)   |
|----------------------------|---|
| Name of the player:        |   |
| Male/Female:               |   |
| Name of the school:        | Recent color  |
| Father's / Mother's Name:  | photograph  |
|                            | (To be attested by  |
| Date of Birth (in figure): | Head of the School)   |
| (in words):                |   |
| Class in which studying:   | and the second se |
|                            |   |
| School Admission No.:      |   |
| Student's I.D.:            |   |
| D-1                        |   |
| Permanent Address:         | a the second  |
|                            |   |
| Contact No.:               | - 1 8 -   |
|                            |   |
|                            |   |

I hereby certify that the particulars given above are true. Any false information will lead to cancellation of my candidature.

(Signature of the player)

d to be

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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.<br>No. | Class       | Name and complete address of the school | Admn. No. | Year of study |
|-----------|-------------|---|-----------|---------------|
| 1.        | Nursery/LKG |   | -         |               |
| 2.        | KG/UKG      |   |           |               |
| 3.        | Ι           |   |           |               |
| 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)