

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

No. DE – 41/Sports/2019/ 7049-7098

Dated: 19/9/19

CIRCULAR

Sub: - Preliminary Selection trial cum coaching camp for 65th National School Games in FOOTBALL, U-17 Years (Girls).

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct selection trial cum-coaching camp for Delhi School Students in Football, U-17 years (Girls) w.e.f. 23.09.2019 at 3.00 p.m. onwards at Sports Complex, East Vinod Nagar, Delhi as per details given below:

ELIGIBILITY CRITERIA

Player should be born on or after 01.01.2003 and should be a student of up to Class XII but not below Class VI.

The interested teams should bring their entry in the enclosed prescribed proforma at Annexure-I, duly attested by the HoS/Convenor/Secretary at the above mentioned venue on 23.09.2019. The stamp of the concerned person 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 and must bring their school ID proof with them.

The selected players will represent Delhi Team in 65th National School Games Football Under-17 years (Girls) at Ajmer, Rajasthan, w.e.f. 21st Oct., to 25th Oct., 2019.

For any further enquiry, please contact Sh. Ashish Dayal (9654694735).

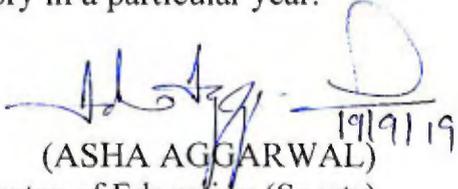
Note:

1. The students of Kendriya Vidyalaya are not eligible to participate in this tournament.
2. The copy of birth certificate of the student, issued by Municipal Authority, is to be mandatorily 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.

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3. In case of need, a student might have to undergo medical examination for age verification. No objection certificate should be obtained from parents to undergo to medical examination. The fees of medical test will be borne by concerned school/student. The test will be undertaken only in that hospital where the facility is available.
4. In case any discrepancy/malpractice related to date of birth is found, the concerned zone has to report the same to the DDE (Sports) with all the records related to admission in school. A thorough inquiry will be conducted and a coercive action, including lodging of F.I.R., will be initiated, if the player is found guilty of any wrong doing and the student will be debarred from the event for at least 3 years.
5. It's a must for the protesting player to provide evidence against the particular player(s) in support of his/her claim.
6. Decision of the Technical Committee would be final.
7. The participating student must carry proof of his date of birth and original school ID card on the date of competition.
8. A student can participate in only one age category in a particular year.


(ASHA AGGARWAL)
Dy. Director of Education (Sports)
011-27005201

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 mentioned above.
12. OS (IT) with the request to place the circular on website.

ENTRY FORM

Name of the player:

Name of the school:

Father's / Mother's Name:

Date of Birth (in figure):

(in words):

Class in which studying :

School Admission No. :

Student's I.D. :

Permanent Address :

Contact No. :

Recent color
photograph
(To be attested by
Head of the School)

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

(Signature of the 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	Whether represented DDCA/SGFI
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				

It is to certify that the above given information is true to the best of my knowledge.

(Signature of student/Parent)

It is to certify that as per record available in school, the details of student namely _____ are as under:

Name of the student:

Father's Name:

D.O.B. :

Admitted in school from the session:

(Signature of the HoS with seal)