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

No. DE-41/Sports/2018/ 11258-11257 Dated:-14/11/18

Sub: - <u>Inter Zonal Judo competition in Under-19 years (Boys & Girls) for Delhi</u> school students.

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to organize Inter Zonal Judo competition in Under-19 years (Boys & Girls) for Delhi school students w.e.f. 24.11.2018 onwards at Rajiv Gandhi Stadium, Bawana, Delhi as per detail given below:

Eligibility

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.

24.11.18 - Weighing from 11.00 A.M. to 1.00 P.M. for Boys & Girls

26.11.18 - Bout for Girls (all weight categories) from 9.30 A.M. onwards

27.11.18 - Bout for Boys (all weight categories) from 9.30 A.M. onwards

Weight Category (in Kgs):

Girls - -36, -40, -44, -48, -52, -57, -63, -70 and +70. Boys - -40, -45, -50, -55, -60, -66, -73, -81, -90 and +90.

The interested players should bring their entry in the enclosed prescribed proforma at Annexure-I, duly attested by the Head of the School at the above mentioned venue on 24.11.2018. 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. The players will have to report in the proper playing kit and must bring their school ID proof with them. The selection of Delhi Team for participation in 64th National School Games Judo Under-19 years (Boys & Girls) category would largely be made on the basis of inter zonal tournament.

For any further enquiry, please contact Mrs. Sukhwinder Saini, Coach (8630034312), Shri Sheelak Ram, Coach (9811910036) and Smt. Kiran Sudan, Sr. Asstt. (9958606445)

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Note:

- 1. The students of Kendriya Vidyalaya are not eligible to participate in the event.
- 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. In case of need, a student might have to undergo medical examination for age verification from the Govt. hospital.
- 4. All players should have mandatory <u>AADHAAR Number</u>.
- 5. Only two players are allowed in each weight category from one school. All the participants should be in their proper kit.
- 6. A player can participate in only one age category in that particular year.
- 7. All the SPEs are requested to ensure that the accompanying managers and coaches of the respective teams should be a Govt. official/PET/coach.

(ASHA AGGARWAL)

Dy. Director of Education (Sports)

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(s) whose name(s) is/are mentioned above.
- 12.0S (IT) with the request to place the circular on website.

ENTRY FORM (U-14/17/19 years)

| Name of the player: | | | |
|----------------------------|--------------------------|--------------------------------|-------------------------|
| Game: | | | |
| Weight Category: | | | |
| Name of the school: | | | |
| Father's / Mother's Nam | : | | 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 tha | the particulars given ab | ove are true. Any false inform | mation will lead to |
| cancellation of my candi | | | |
| | | | |
| | | | |

Verification by PET of the School

Name & Signature of the Head of the School with Seal

(Signature of the player)

| * T | 0.1 | . 1 . | |
|------|---------|---------|--|
| Name | of the | student | |
| Name | OI LIIC | SEUCOIL | |

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)