

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

No. DE 41(336)/ Sports/ 2024/4428-4433

Dated: 01/01/25

CIRCULAR

Subject: Regarding Open Trials for Participation in Senior National Volleyball Championship 2025 (Men & Women).

This is to inform that Sports Branch, Directorate of Education, Govt. of NCT of Delhi is conducting open trials for selecting Delhi Team for participation in Senior National Volleyball Championship 2025 (Men and Women) organized by Ad-hoc Committee Volleyball Federation of India to be held at Jaipur, Rajasthan from 07.01.2025 to 13.01.2025. The trials will be held at Volleyball Centre, SU Block Pitampura on 04.01.2025 at 10:00 AM. All eligible and interested athletes are requested to submit the registration form (copy enclosed) to Sh. Vijay Chuadhary, In-Charge, Volleyball Centre, SU Block, Pitampura on or before 03.01.2025. No candidate will be allowed to participate in the selection Trials without filling the form.

No TA/DA or any allowance for dress/refreshment will be paid to the participating players.



(S. SUNIL)

Deputy Director of Education (Sports)

Copy to:-

1. PS to Secretary (Education), Directorate of Education, Old Sectt., New Delhi – 110054.
2. PS to Director (Education), Directorate of Education, Old Sectt., New Delhi – 110054.
3. PS to Additional Director of Education & Sports, DoE, Old Sectt., New Delhi – 110054.
4. Adhoc-committee Volleyball Federation of India
5. Organizing Committee – Senior National Volleyball Championship – 2025.
6. In-Charge, Volleyball Center, SU Block Pitampura, New Delhi-110088.
7. Guard file.



(S. SUNIL)

Deputy Director of Education (Sports)

REGISTRATION FORM - SENIOR TRAILS 2025
(FILL IN THE CAPITAL LETTERS)

NAME OF THE STATE:

MEN

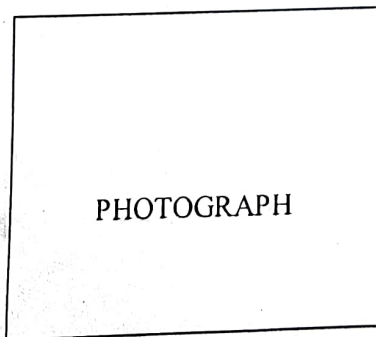
DATE:

1	Name of the player	
2	Father's Name	
3	Date of Birth	
4	Height in cm	
5	Weight in Kg	
6	Mobile No	
7	State	
8	Address	
9	E-mail ID	
10	Playing Position	
11	Playing Position Preference	1. 2. 3.

Date:.....

Place:.....

Signature of the Player



Note: Kindly submit the filled form at the time of trail

REGISTRATION FORM - SENIOR TRAILS 2025
(FILL IN THE CAPITAL LETTERS)

NAME OF THE STATE:

WOMEN

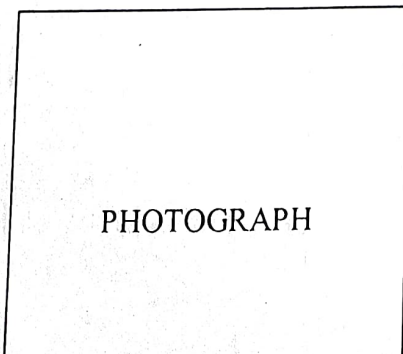
DATE:

1	Name of the player	
2	Father's Name	
3	Date of Birth	
4	Height in cm	
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Date:.....

Place:.....

Signature of the Player



Note: Kindly submit the filled form at the time of trail