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

No. DE.41/sports/2018/ 5431-5480

Dated: 29.08.2018

To

All the Heads of Schools Delhi / New Delhi

Sub: - Organization of Pre-Subroto Cup Football tournament for Sub Junior (Boys U-14 yrs), Junior (Girls U-17 yrs) and Junior (Boys U-17 yrs)

Sir / Madam,

Sports Branch, Directorate of Education, Govt. of NCT of Delhi is going to organize Pre-Subroto Cup Football tournament w.e.f 06th Sept., 2018 onwards at Chhatrasal Stadium, Model Town, Delhi in Sub Junior (Boys U-14 yrs), Junior (Girls U-17 yrs) and Junior (Boys U-17 yrs)

You are requested to send your entries latest by 04th Sept., 2018 at Chhatrasal Stadium, Model Town, Delhi. Entries should be submitted in enclosed proforma duly signed by the Principal, separately for each groups. Make sure that the teams participate in proper age group and in proper kit.

The players born on or after the dates indicated below are eligible to participate in the tournament:

Age Category

Born on or After

1.	Sub junior (Boy U-14 yrs)	-	01-01-2005
2.	Junior (Boys U-17 yrs)	-	01-01-2002
3.	Junior (Girls U-17 yrs)	-	01-01-2002

The players should have been on the rolls of the school for at least two months prior to the start of Pre-Subroto Cup Football tournament.

The winning teams will participate in the prestigious Subroto Cup International Football Tournament for the year 2018.

In case of any inquiry, please contact Sh. Sanjay, Coach (Mob. No.. 9278776738) or Sh. Vijender Singh, Coach (Mob. No. 9818785843)

Yours Faithfully,

(ASHA AGGARWAL)

Deputy Director of Edn. (Sports)

Copy to:

1. All Spl. DEs

2. All RDEs

3. All SPEs

4. All DDEs of districts and zones

5. All HoS

6.PS to DE

7. PS to Secy (Edn.) 8. OS (IT) with the request to place the same on website.

ENTRY FORM FOR PRE SUBROTO CUP FOOTBALL TOURNAMENT 2018 Under- 14 / 17 YEARS (BOYS / GIRLS)

NAME OF	SCHOOL			
TAY MALE OF	DOLLOOL	 	 	

S.No.	Name of the Student	D.OB.	Father's Name	Name of school & Class	Admission I.D No.	Photo
1.						
2.						
3.					ń	
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

I hereby certify that I have personally checked the documents deposited in our school relating to date of birth of the above students and found in order.

P.E.T. WITH SEAL & TEL. NO. PRINCIPAL WITH SEAL & TEL. NO.

* T	C	. 1	. 1 .	
Name	OT 1	the	student	
Name	OI.	uic	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)