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

No. DE - 41/Sports/2019/ 12438- 87

Dated: 20-11-19

CIRCULAR

Sub: - Fixture of Inter Zonal Hockey matches for U-14 Years (Boys and Girls) categories.

Please find enclosed herewith fixture for Inter Zonal Hockey matches for U-14 year's (Boys and Girls) categories for the year 2019-20 to be held as per the schedule attached.

Dy. Director of Education (Sports)

Copy forwarded to:-

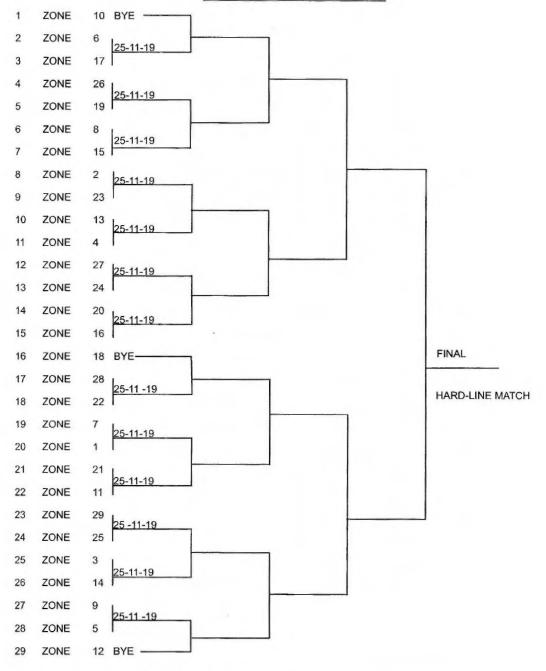
- 1. All Spl. DEs
- 2. All Addl. DEs
- 3. All RDEs
- 4. All DDEs
- 5. All ADEs
- 6. All EOs
- 7. All SPEs
- 8. All HOSs
- 9. PS to Secy. (Edn.)
- 10. PS to Director (Edn.)
- 11. OS (IT) with the request to place the circular on website.

INTER ZONAL HOCKEY TOURNAMENT (2019-2020)

ORGANISED BY: DIRECTOR OF EDUCATION (SPORTS BRANCH) GOVT. OF NCT OF DELHI

VENUE: G.B.S.S.S.GHUMAN HERE

FIXTURE: U-14 BOYS



^{1.} THE TEAMS SHALL BE IN PROPER KIT WITH DULY NUNDERS (1-18) BACK NUMBERS ON THEIR SHIRTS.

4. TEAM SHALL BE REPORT AT THE FIELD AT LEAST 30 MINUTES BEFORE THE STARTING OF THEIR MATCH.

5. A LIST OF 18 PLAYERS AND TWO OFFICIALS DULY SIGNED BY THE PRINCIPAL SPORTS SECRETARY OF THE ZONE SHOULD BE SUBMITTED BEFORE MATCH.

IN-CHARGE OF THE TOURNAMENT

PARDEEP MALIK (09818212044) SATISH RANA (08826855270) ORG. SECRETARY Mrs. Asha Aggarwa

DY DIRECTOR (SPORTS)

^{2.} DURATION OF THE MATCHES SHALL BE ON 60 MINUTES (30-10-30)

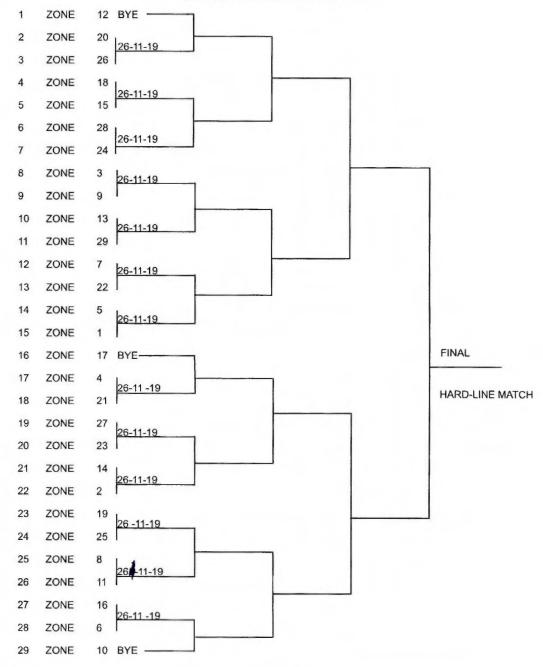
^{3.} NO TEAM WILL BE ALLOWED TO PLAY WITHOUT THEIR IDENTIE, CARDS, DULY SIGNED BY THE PRINCIPAL/SPORTS SECRETARY OF THE ZONE.

INTER ZONAL HOCKEY TOURNAMENT (2019-2020)

ORGANISED BY: DIRECTOR OF EDUCATION (SPORTS BRANCH) GOVT. OF NCT OF DELHI

VENUE: G.B.S.S.S.GHUMAN HERE

FIXTURE: U-14 GIRLS



^{1.} THE TEAMS SHALL BE IN PROPER KIT WITH DULY NUNDERS (1-18) BACK NUMBERS ON THEIR SHIRTS.

2. DURATION OF THE MATCHES SHALL BE ON 60 MINUTES (30-10-30)

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^{3.} NO TEAM WILL BE ALLOWED TO PLAY WITHOUT THEIR IDENTIE, CARDS, DULY SIGNED BY THE PRINCIPAL/SPORTS SECRETARY OF THE ZONE.

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.	1				
4.	11		a control of		
5.	- m				_
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)					
	is mel		certify	that			record under:	available	in	school,	the	details	of	student
			he studei lame:	nt:										
D.	O.B	. :	in schoo	l from	the	sessio	on:							

(Signature of the HoS with seal)

ENTRY FORM FOR INTER ZONAL HOCKEY TOURNAMENT-2019

Under-17 YEARS (BOYS/GIRLS)

ZONE NO.	
/ LINE NU	

S.No.	Name of the Student	D.OB.	Father's Name	Name of school & Class	Admission I.D No.	Photo
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.		-				
13.						
14.						
15.		-				
16.						
17.			· · · · · · · · · · · · · · · · · · ·			
18.						

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. Copies of the birth certificates are also checked and no discrepencies are noticed.

SECRETARY WITH SEAL & TEL. NO. CONVENER WITH SEAL & TEL. NO. SUPERVISOR WITH SEAL & TEL. NO.