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

No. DE - 41/Sports/2019/14 4 26 - 14475 Dated: 5/12/19

Sub: - Preliminary selection trial cum coaching camp for 65<sup>th</sup> National School Games in Wushu, U-19 Years (Boys & Girls).

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct preliminary selection trial cum-coaching camp for Delhi school students in <u>Wushu</u>, U-19 years (Boys & Girls) w.e.f. 10.12.2019 onwards at Thyagraj Stadium, Thyagraj Nagar, INA, New Delhi-110003 as per details given below:

Under-19 years—Player should be born on or after 01.01.2001
The participant should be a student of up to Class XII but not below Class VI

### The detailed programme is as below:-

10.12.2019 from 9.00 A.M. onwards-Weighing and bout for all U-19 catagorie(Boys &Girls)

Weight categories (in Kgs.):

Boys (U-19):

-40, -45, -48, -52, -56, -60, -65, -70, -75, -80 and -85.

Girls (U-19):

-36, -40, -45, -48, -52, -56, -60, -65 and -70.

The selected players will represent Delhi Team in 65<sup>th</sup> National School Games Wushu Under-19 years (Boys & Girls) at jhallander Punjab w.e.f. 19.12.2019 to 24.12.2019.

For any further enquiry, please contact Sh. Vivek Samania, Coach (8447116643).

#### Note:

- 1. The students of Kendriya Vidyalaya are not eligible to participate in this tournament.
- 2. The copy of birth <u>certificate</u> 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.
- 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 discrepency/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. In case of any dispute, protest can be lodged with applicable protest fee, within one hour of completion of the match. No request would be allowed after the stipulated time.
- 6. It's a must for the protesting team to provide evidence against the particular player(s) in support of their claim.
- 7. Decision of the Technical Committee would be final.
- 8. The participating student must carry proof of his date of birth and original school ID card on the date of competition.

9. A student can participate in only one age category in a particular year.

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

# ENTRY FORM FOR WUSHU (U-19 YEAR'S) (BOYS & GIRLS)

Name of the player:	
Sex (Male/Female):	+
Weight:	
Name of the school:	Recent color
Father's / Mother's Name:	photograph
Date of Birth (in figure):	(To be attested by Head of the School)
(in words):	
Class in which studying:	
School Admission No.:	
Student's I.D.:	
Permanent Address:	
Contact No.:	
I hereby certify that the particulars given above are	true. Any false information will
lead to cancellation of my candidature.	
	(Signature of the player)
It is to certify that as per record available in namely are as under:	school, the details of student
Name of the student: Father's Name:	
D.O.B.:	
Admitted in school from the session:	
	(Signature of the HoS 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			Y	
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.

				(S	(Signature of student/Parent)					
It is to certify that as per record available namely are as under:				available	in	school,	the	details	of	student
Name of the stu	ident:									
Father's Name:										
D.O.B.:										
Admitted in sel	nool from	the se	ession:							