

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

No. DE – 41/Sports/2019/15421-70

Dated: 11.12.2019

CIRCULAR

Sub: - Selection trial cum coaching camp for 65th National School Games in Softball Under-17 Years (Boys).

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to conduct selection trial cum-coaching camp for Delhi School Students in Softball (U-17 years) (Boys). The final selection trial cum coaching camp will be held w.e.f. 14.12.2019 from 12.00 noon onwards at Sports Complex, F-Blk, Vikas Puri, New Delhi.

Eligibility criteria
For Under-17 years category student should be born on or after 01.01.2003
Participant should be a student of up to 12 th class but not below 6 th class

The selected players will represent Delhi Team in 65th National School Games Softball Under-17 years (Boys) w.e.f. 05.01.2020 to 09.01.2020 at Dongargarh (Rajnandgaon), Chhattisgarh.

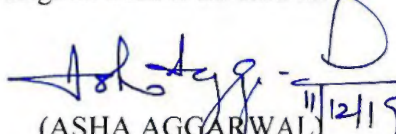
For any further enquiry, please contact Shri Vijay Gaur, PGT (PE) (9811779996), Shri Anoop Kumar, PET (9868951513) and Shri Mandeep, PET (9718472153).

Note:

1. Only those students who are studying in Govt.of NCT of Delhi schools/schools aided by Govt. of NCT of Delhi/schools which are recognized by the Dte. of Education, Govt.of NCT of Delhi, are eligible to participate in this tournament.
2. The copy of birth certificate 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 in that hospital where the facility is available.
4. In case any discrepancy/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. It's a must for the protesting team to provide evidence against the particular player(s) in support of their claim.

6. Decision of the Technical Committee would be final.

7. The participating student must carry proof of his date of birth and original school ID card on the date of competition.


(ASHA AGGARWAL) 11/12/19

Dy. Director of Education (Sports)

Copy forwarded to:-

- i. All Spl. DEs
- ii. All Addl. DEs
- iii. All RDEs
- iv. All DDEs
- v. All ADEs
- vi. All EOs
- vii. All SPEs
- viii. All HOSs
- ix. PS to Secy. (Edn.)
- x. PS to Director (Edn.)
- xi. Concerned person(s) whose name(s) is/are mentioned above.
- xii. OS (IT) with the request to place the circular on website.

ENTRY FORM FOR SOFTBALL (U-17 YEAR'S) (BOYS)

Name of the player:

Sex (Male/Female):

Name of the school:

Father's / Mother's Name:

Date of Birth (in figure):

(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 school, the details of student namely _____ are as under:

Name of the student:

Father's Name:

D.O.B.:

Admitted in school from the session:

(Signature of the HoS with seal)

Recent color
photograph

(To be attested by
Head of the School)

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				
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)

It is to certify that as per record available in school, the details of student namely _____ are as under:

Name of the student:
 Father's Name:
 D.O.B. :
 Admitted in school from the session:

(Signature of the HoS with seal)